

EDCNS

The European Doctoral Conference in Nursing Science
Designing the Future of Healthcare – Nurses Taking the Lead



The 19th European Doctoral Conference in Nursing Science Designing the Future of Healthcare – Nurses Taking the Lead

9 - 10 September 2022,
Bern, Switzerland



Foreword

Welcome to the 19th European Doctoral Conference in Nursing Science (EDCNS) in Bern, Switzerland. In line with the theme of this year's conference, we look forward to discussing together the design of future healthcare and the necessary changes in role of the different health professions based on academisation as well as foreseeable challenges. As you all know, demographic trends, changes in the epidemiological situation, climate changes as well as environmental pressures and medical progress are posing major challenges to health care worldwide. At the same time, the increasing shortage of health professionals worldwide is continuously worsening. To meet these urgent requirements, new ideas, developments, and design solutions are needed. Design here does not only mean the equipment of a health facility, but also how the patient pathway will be designed in the future. Which professional group is responsible in which patient situation? How will the processes and procedures be designed? The academisation of the health professions leads to new possibilities, which, however, still have to be exploited in many countries. A redesign of healthcare emerging on the horizon, in which nurses, as the largest and very well-educated professional group, will take over a key position. However, nurses might still need to learn how to take over on this important and leading role in times of scarce personnel resources.

Conferences such as the EDCNS provide a big opportunity to change ideas, to learn from each other and find out about the latest developments in other regions of the world or institutions. Developments that might also be relevant for our own health care system. The EDCNS is aimed specifically at the professionals of the future. Innovative people who have only just started their professional journey helping to shape the future. At this conference, we look forward to offering you inspiring keynotes on what *Designing the Future of Healthcare* may look like. We hope that you will be able to explore the relevance of the impulses in workshops. And of course, we are eager to hear from you what new knowledge has been generated in your countries and research institutions that provides us with new insights.

I wish you all inspiring moments, a lot of fun in the exchange with like-minded scholars and successful days.

Sabine Hahn

Head of Unit of Applied Research & Development in Nursing
Bern University of Applied Sciences

Organization Committee

A warm welcome to all participants by the organization committee!

Silvia Thomann, Christoph Golz, Caroline Gurtner, Niklaus Stefan Bernet, Franziska Geese, Maisa Gerlach, Ramona Blättler, Elena Bachmann



Conference Program - 19. European Doctoral Conference in Nursing Science (EDCNS)

Thursday, September 8th

18:00– 20:00	Registration & Welcome Reception <i>Best Western Plus Hotel Bern, Foyer 2nd floor, Zeughausgasse 9, 3011 Bern</i>
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Friday, September 9th

08:30– 09:00	Registration <i>Entrance Schwarztorstrasse 48, 3007 Bern</i>		
09:00– 09:30	Welcome & conference opening Day 1 <i>Room 004</i>		
	<p>Prof. Dr. Brügger, U. (Director of the School of Health Professions, Bern University of Applied Sciences, Switzerland)</p> <p>Prof. Dr. Hahn, S. (President of the Swiss Association for Nursing Science, Switzerland)</p> <p>Molls, S. (Head of Clinical Practice Development, Nursing Department, University Hospital Bern, Switzerland)</p>		
09:30 10:15	Keynote 1 Health economics in nursing science: why should nurses care? See abstract <i>Room 004</i>		
	Prof. Dr. Pletscher, M. (Head of Institute of Health Economics and Health Policy, Bern University of Applied Sciences, Switzerland)		
10:15– 10:45	Coffee break <i>Room 007</i>		
10:45– 12:00	Parallel sessions – taking the lead in...		
	research methods Session 1 <i>Room 004</i>	chronic care Session 2 <i>Room 003</i>	transcultural care Session 3 <i>Room 002</i>
	Chair: Prof. Dr. Zwakhalen, S.	Chair: Dr. Großschädl, F.	Chair: Prof. Dr. Lohrmann, C.
	1.1 External influencing factors on Missed Nursing Care in hospital settings: Testing aspects of the Missed Nursing Care Model using structural equation modelling <i>Cartaxo, A. (Austria)</i> See abstract	2.1 Health literacy of people with diabetes and family: Effectiveness of a nursing psycho-educational intervention <i>Soares, V. L. (Portugal)</i> See abstract	3.1 Older migrants' existential loneliness <i>Olofsson, J. (Sweden)</i> See abstract
			3.2 Healthcare needs in a multicultural context <i>Figura, M. (Italy)</i> See abstract

	<p>1.2 Extension and validation of the self-care index to predict transfer to a post-acute care institution in internal medicine patients <i>Conca, A. (Switzerland)</i> See abstract</p> <p>1.3 Development of a co-created intervention to reduce the risk of pressure ulcers, poor oral health and falls among older persons in nursing homes <i>Neziraj, M. (Sweden)</i> See abstract</p> <p>1.4 Identifying and addressing barriers and facilitators to older adults aging in their own homes: A participatory action research study <i>Gashi, S. (Switzerland)</i> See abstract</p>	<p>2.2 What is the role of interception in the symptom experience of people with a chronic condition? A systematic review <i>Locatelli, G. (Italy)</i> See abstract</p> <p>2.3 Family of children/ adolescents with chronic illness: Impact of a nursing intervention program <i>Lemos, S. (Portugal)</i> See abstract</p> <p>2.4 Exploring the evolution of cancer-related uncertainty over time: A longitudinal qualitative study to expand the Reconceptualized Uncertainty in Illness Theory <i>Eppel-Meichlinger, J. (Austria)</i> See abstract</p>	<p>3.3 What matters to migrant women during childbirth: A qualitative study exploring Chinese mothers' experiences in Switzerland <i>Cai, D. C. (Switzerland)</i> See abstract</p> <p>3.4 Women's experiences of prison-based mental healthcare: A systematic review of qualitative literature <i>Bright, A.-M. (Ireland)</i> See abstract</p>
12:10–12:45	Parallel poster presentations – taking the lead in...		
	<p style="text-align: center;">qualitative research, mixed methods research & literature review Poster presentation 1 <i>Room 002</i></p> <p style="text-align: center;">Chair and poster evaluation: Prof. Dr. Hahn, S. & Prof. Dr. Zwakhalen, S.</p> <p>1.1 Utilization and Barriers to mental health care access from the foster parent perspective <i>Grier, K. (USA)</i> See abstract</p> <p>1.2 Endless hopeless- the experiences of recurrent miscarriage women in Taiwan: A qualitative study <i>Shen, W. (Taiwan)</i> See abstract</p>	<p style="text-align: center;">quantitative research methods & instrument development Poster presentation 2 <i>Room 003</i></p> <p style="text-align: center;">Chair and poster evaluation: Prof. Dr. Lohrmann, C. & Dr. Großschädl, F.</p> <p>2.1 Sense of coherence, life satisfaction and self-esteem of the senior citizens living in community: Pilot study from Czech setting <i>Bobčíková, K. (Czech Republic)</i> See abstract</p> <p>2.2 The association between work environment, job characteristics and person-centered care for people with dementia in nursing homes – a cross-sectional study <i>Rutten, J.E.R. (The Netherlands)</i> See abstract</p>	



	<p>1.3 Knowledge mapping as analysis method in mixed methods research – a methodological discussion <i>Hübsch, C. (Switzerland)</i> See abstract</p> <p>1.4 Enhancing the understanding of the reconceptualized uncertainty in illness theory: Two principle-based concept analyses of probabilistic thinking & self-organization <i>Eppel-Meichlinger, J. (Austria)</i> See abstract</p> <p>1.5 Music in medicine and evaluation of fear, anxiety and pain in patients with cardiac surgery <i>Baudyšová, E. (Czech Republic)</i> See abstract</p> <p>1.6 The acuity of oncological emergencies using the Canadian triage guidelines <i>Alsharawneh, A. (Jordan)</i> See abstract</p>	<p>2.3 Modelling and investigation the impacts of coronavirus disease COVID-19 on the life in Jordan <i>Sawalha, M. (Jordan)</i> See abstract</p> <p>2.4 Maternal and neonatal salutogenic outcomes in association with midwifery staffing – a causal inference framework (MaNtiS) <i>Eggenschwiler L. C. (Switzerland)</i> See abstract</p> <p>2.5 Revised MISSCARE-Austria: using the TRAPD method to translate the revised MISSCARE Survey from English into German <i>Cartaxo A. (Austria)</i> See abstract</p> <p>2.6 Establishing content validity of a survey determining dysphagia prevalence and practices in residential long-term care settings <i>Estupiñán Artiles, C. (Ireland)</i> See abstract</p>
12:45–13:45	<p>Lunch <i>Cafeteria, 6th floor</i></p>	
13:45–14:30	<p>Keynote 2 Design for health care See abstract <i>Room 004</i></p> <p>Prof. Dr. Afzali, M. (Deputy Head of Institute of Design Research, Bern University of Applied Sciences, Switzerland) Prof. Dr. Hahn, S. (Division Head of School of Nursing, Bern University of Applied Sciences, Switzerland)</p>	

14:35–15:45			
Parallel sessions – taking the lead in...			
	translating evidence into practice Session 4 Room 004	family & childcare Session 5 Room 003	pre- to post-acute care Session 6 Room 002
	Chair: Prof. Dr. Zwakhalen, S.	Chair: Dr. Großschädl, F.	Chair: Prof. Dr. Lohrmann, C.
	<p>4.1 Achieving behavior change: The case is pediatric nurses' compliance with standard precautions guidelines <i>Sawalha, M. (Jordan)</i> See abstract</p> <p>4.2 Using prehospital guidelines for patients with acute chest pain – ambulance nurses' perspectives <i>Hansen, M. U. (Sweden)</i> See abstract</p> <p>4.3 Fragmentation in ADL-nursing care – a systematic review on ADL-nursing interventions targeting ADL-independence and comfort <i>Cremer, S. (The Netherlands)</i> See abstract</p> <p>4.4 Prediction of empathy, self-awareness, and perceived stress among nursing students <i>Hamaideh, S. (Jordan)</i> See abstract</p>	<p>5.1 Colorectal cancer specialist nurses' supportive care for family members <i>Samuelsson, M. (Sweden)</i> See abstract</p> <p>5.2 Social support needs of first-time parents during the early postpartum period: A qualitative study <i>Schobinger, E. (Switzerland)</i> See abstract</p> <p>5.3 Mother-infant bonding and infant development within the context of maternal childbirth-related posttraumatic stress disorder (CB-PTSD) symptoms <i>Devita, S. (Switzerland)</i> See abstract</p> <p>5.4 Safe start at home: Development of an assessment instrument for the adaptation to postpartum and parenthood <i>Silva, M. (Portugal)</i> See abstract</p>	<p>6.1 Patients' experience of pre-cardiovascular surgery during COVID pandemic - a qualitative study <i>Ahmetbegović, M. (Sweden)</i> See abstract</p> <p>6.2 Delivering bad news to the family of sudden death victims: A scoping review protocol <i>Ferreira Malta, H. (Portugal)</i> See abstract</p> <p>6.3 Effectiveness of post-acute care on functional recovery among stroke patients <i>Shen, W. (Taiwan)</i> See abstract</p> <p>6.4 Health care users' and professionals' perspectives and experiences in fertility treatment in Switzerland – where do we stand and what do we need (HoPE) <i>Bernet, M. (Switzerland)</i> See abstract</p>
15:45–16:00	Coffee break Room 007		



16:00–17:00		Parallel workshops		
	<p>Workshop 1 Cost-effectiveness analysis in nursing care See abstract <i>Room 004</i></p> <p>Prof. Dr. Pletscher, M. (Head of Institute of Health Economics and Health Policy, Bern University of Applied Sciences, Switzerland)</p>	<p>Workshop 2 Interprofessional science to design better health care See abstract <i>Room 003</i></p> <p>Prof. Dr. Afzali, M. (Deputy Head of Institute of Design Research, Bern University of Applied Sciences, Switzerland) Prof. Dr. Hahn, S. (Division Head of School of Nursing, Bern University of Applied Sciences, Switzerland)</p>	<p>Workshop 3 Academic-Practice-Partnership – a way of conducting translational research See abstract <i>Room 002</i></p> <p>Dr. Cerrito, A. (Post-Doctoral Researcher, APP University Hospital Bern, Bern University of Applied Sciences, Switzerland) Weber, M. (PhD candidate, APP University Hospital Bern, Bern University of Applied Sciences, Switzerland)</p>	
17:00–19:00	Individual transfer or city walk according to suggested itinerary to the conference dinner See details			
19:00–23:00	<p>Conference Dinner Kursaal Bern (Room Panorama 1), Kornhausstrasse 3, 3013 Bern</p>			

Saturday, September 10th

08:30– 09:00	Registration <i>Entrance Schwarztorstrasse 48, 3007 Bern</i>		
09:00– 09:05	Welcome & conference opening Day 2 <i>Room 004</i>		
	Prof. Dr. Hahn, S. (Division Head of School of Nursing, Bern University of Applied Sciences, Switzerland)		
09:05– 09:50	Keynote 3 Impact of nurses on patient safety and clinical outcomes See abstract <i>Room 004</i>		
	Prof. Dr. Aiken, L. H. (Professor of Nursing and Sociology, and Director of the Center for Health Outcomes and Policy Research, University of Pennsylvania, USA)		
09:50– 10:20	Coffee break <i>Room 007</i>		
10:20– 11:45	Parallel sessions – taking the lead in...		
	older adult's care Session 7 <i>Room 004</i>	the professionalisation of nursing Session 8 <i>Room 003</i>	exploring the healthcare professional's perspective Session 9 <i>Room 002</i>
	Chair: Prof. Dr. Hahn, S.	Chair: Dr. Thilo, F.J.S.	Chair: Prof. Dr. Lohrmann, C.
	7.1 Autonomy in nursing homes: Viewpoints of residents with physical impairments and staff members <i>Van Loon, J. (The Netherlands)</i> See abstract	8.1 Factors contributing to innovation readiness in health care organizations: A scoping review <i>Van den Hoed, M. W. (The Netherlands)</i> See abstract	9.1 Nursing Practice in Human Technology Interface Environment: A qualitative study exploring communication experiences registered nurses encounter when assisting in Robotics-Assisted Surgery (RAS) <i>Lee, L. (United Kingdom)</i> See abstract
	7.2 Dysphagia nursing competencies in residential long-term care settings: A study proposal. <i>Estupinan Artiles, C. (Ireland)</i> See abstract	8.2 Imparting knowledge levels for professional health literate nursing care <i>Fischill-Neudeck, V. (Austria)</i> See abstract	9.2 Unfinished nursing care antecedents as perceived by nurses: Findings from a descriptive qualitative study <i>Chiappinotto, S. (Italy)</i> See abstract

	<p>7.3 Attitudes toward older adults – how nurses relate to and care for adults aged 80+ <i>Lampersberger, L. M. (Austria)</i> See abstract</p> <p>7.4 Practice variation in needs assessment in home care nursing: A Delphi study <i>Van Dorst, J. (The Netherlands)</i> See abstract</p>	<p>8.3 Restraint use in somatic acute care hospitals: Synthesis of a multi-methods project <i>Thomann, S. (Switzerland)</i> See abstract</p> <p>8.4 Violence towards formal and informal caregivers and its consequences in the home care setting: A systematic mixed studies review <i>Lucien, B. (Switzerland)</i> See abstract</p>	<p>9.3 Traumatic intrusive memories in nurses following work-related traumatic events <i>Froté, Y. (Switzerland)</i> See abstract</p> <p>9.4 Interprofessional collaboration in primary care – a cross-sectional study on health professionals' preferences <i>Brandt, S. K. (Switzerland)</i> See abstract</p> <p>9.5 Factors impacting advanced practice nurses' scope of practice in cancer care under consideration of their job satisfaction and well-being: preliminary results of a qualitative study <i>Geese, F. (Switzerland)</i> See abstract</p>
11:45–12:45	<p>Lunch <i>Cafeteria, 6th floor</i></p>		
12:45–14:00	<p>Workshop 4 Priorities in actionable nurse staffing research See abstract <i>Room 004</i></p> <p>Prof. Dr. Aiken, L. H. (Professor of Nursing and Sociology, and Director of the Center for Health Outcomes and Policy Research, University of Pennsylvania, USA)</p>		
14:00–14:15	<p>Conference closing <i>Room 004</i></p> <p>Award ceremony: Best oral presentation & best poster presentation</p> <p>First announcement of EDCNS 2024</p>		

Abstracts Keynotes

Keynote 1

Health economics in nursing science: why should nurses care?

Prof. Dr. Pletscher, M.¹

¹ Head of Institute of Health Economics and Health Policy, Bern University of Applied Sciences, Switzerland

The integration of health economics into nursing sciences bears great potential for both disciplines and for the entire health care system. Health economics aims at maximizing population health using scarce resources efficiently. Re-allocations of scarce resources in health care can relate to the prioritization of medical interventions or to institutional reforms in service provision or the entire health care system. Nursing has become increasingly important in medical decision-making and in the provision of medical care. To be a major player in shaping the current changes in the health care system, however, nursing scientists must generate robust evidence on the marginal costs and health effects of nursing interventions and new professional roles. At the same time, institutional reforms need to take both the desired and undesired incentives for nurses, physicians and patients into consideration. In this presentation, I discuss empirical methods to inform the efficient allocation of scarce resources in nursing care, show the pitfalls of institutional reforms that alter incentives for individuals and introduce approaches for the empirical evaluation of institutional reforms in a real-world setting

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Keynote 2

Design for health care

Prof. Dr. Afzali, M.¹, Prof. Dr. Hahn, S.²

¹ Deputy Head of Institute of Design Research, Bern University of Applied Sciences, Switzerland

² Division Head of School of Nursing, Bern University of Applied Sciences, Switzerland

Today's healthcare system is permeated with design questions: To what extent does the spatial environment contribute to patient aggression? How can people with dementia better orient themselves in the hospital? How can communication between nurses and foreign-language patients be improved? Or: How must an intensive care unit be designed to support staff's work processes? In order to be able to answer these complex questions, knowledge and competences from different fields are needed.

The lecture will give an overview of evidence-based design in health contexts and show how interprofessional collaboration between researchers from different fields, such as design, architecture and nursing can work. It will address both the potential and challenges of interdisciplinary research using concrete project examples. At the newly founded Swiss Center for Design and Health (SCDH), knowledge and research competences of different disciplines are used to answer complex questions in healthcare and to come up with innovative solutions.

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Keynote 3

Impact of nurses on patient safety and clinical outcomes

Prof. Dr. Aiken, L. H.¹

¹ Professor of Nursing and Sociology, and Director of the Center for Health Outcomes and Policy Research, University of Pennsylvania, USA

Twenty years have passed since a ground-breaking report from the US Institute of Medicine followed by comparable evidence from the World Health Organization's World Alliance for Patient Safety concluding that medical errors are among the leading causes of death around the world. Progress improving patient safety has been slower than anticipated. The reasons why include insufficient investments in nursing including the transformation of nurse work environments. Research on the impact of nursing on patient safety will be discussed including implications for practice and policy.

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Abstracts workshops

Workshop 1

Cost-effectiveness analysis in nursing care

Prof. Dr. Pletscher, M.¹

¹ Head of Institute of Health Economics and Health Policy, Bern University of Applied Sciences, Switzerland

The efficient allocation of scarce resource in the health care system requires robust evidence about the costs and health effects of alternative medical interventions. In this workshop, we introduce the concept of cost-effectiveness analysis, and explain how it is used for political and medical decision making. We identify essential aspects nursing scientists need to consider in their clinical research projects to generate the evidence base needed to inform medical and political decision making. A strong focus will be put on the collection, analysis and interpretation of cost data in the clinical context.

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Workshop 2

Interprofessional science to design better health care

Prof. Dr. Afzali, M.¹, Prof. Dr. Hahn, S.²

¹ Deputy Head of Institute of Design Research, Bern University of Applied Sciences, Switzerland

² Division Head of School of Nursing, Bern University of Applied Sciences, Switzerland

In this workshop, participants will discuss their individual experiences with design problems within health care contexts and with design research. Together we will deepen our understanding of what interprofessional research in design and health means and which methods are suitable to include different stakeholders in research processes. Finally, the participants will jointly develop project ideas that require interprofessional collaboration and can contribute to design better health care.

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Workshop 3

Academic-Practice-Partnership – a way of conducting translational research

Dr. Cerrito, A.¹, Weber, M.²

¹ Post-Doctoral Researcher, APP University Hospital Bern, Bern University of Applied Sciences, Switzerland

² PhD candidate, APP University Hospital Bern, Bern University of Applied Sciences, Switzerland

It is well known that the transfer of scientific findings into regular clinical practice takes a long time to occur. To address this problem, the Bern University of Applied Sciences together with the University Hospital of Bern, has launched a partnership that has resulted in a research unit – the *Academic-Practice Partnership Insel Group*. It is composed of an interprofessional and multidisciplinary team and has a strong focus on translational research.

In this workshop, it is intended to illustrate the interprofessional and multidisciplinary approach of the research unit as well as how it is integrated into the academic and clinical settings. Methods of bridging these two entities will then be conferred via the presentation of past and current research projects, in which various health care professionals either collaborate with each other, with researchers or professionals from other fields, or both. The workshop will be concluded with a discussion on the challenges and opportunities in translational science.

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Workshop 4

Priorities in actionable nurse staffing research

Prof. Dr. Aiken, L. H.¹

¹ Professor of Nursing and Sociology, and Director of the Center for Health Outcomes and Policy Research, University of Pennsylvania, USA

A rigorous international evidence base suggests that safe nurse staffing in healthcare settings is associated with better patient outcomes, successful recruitment and retention of health professionals, and higher productivity in healthcare. While most research on nurse staffing has been cross-sectional, increasingly panel studies offer confirmation of the causal links between evidence-based staffing and superior outcomes. The evidence based is now adequate to move on to intervention research with rigorous evaluation studies to determine whether policies to improve nurse staffing causes better healthcare outcomes. The workshop discusses the design and implementation of prospective integrated nurse staffing policy research initiatives in different countries to advance health services research, improve patient outcomes, and enhance recruitment and retention of nurses in clinical care.

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Abstracts oral presentations

Oral presentation 1.1

External influencing factors on missed nursing care in hospital settings: Testing aspects of the missed nursing care model using structural equation modelling

Cartaxo, A.^{1,2}, Eberl, I.³, Mayer, H.¹

¹ Karl Landsteiner University of Health Sciences, Department of General Health Studies, Division Nursing Science with focus on Person-Centred Care Research

² Doctoral Fellowship Programme of the Austrian Academy of Sciences

³ Catholic University of Eichstätt-Ingolstadt, Faculty of Social Work, Eichstätt, Germany

Introduction: Missed Nursing Care (MNC) occurs when a necessary nursing intervention is not performed according to patient's needs. The MNC Model explains this problem and describes four types of external influencing factors that can lead to MNC: (1) demand for patient care, (2) available labor and (3) material resources, (4) relationship and communication problems. MNC and its external influencing factors can be surveyed using the revised MISSCARE Survey. Available versions of this survey, including an Austrian version, have proven reliable and valid for measuring this phenomenon from nurses' perspective.

Problem statement: Previous psychometric studies on the MISSCARE Survey are mainly exploratory and show a lack of theoretical grounding. As a result, disparities regarding the construct validity of MNC and its external influencing factors has been observed in the literature. Furthermore, studies using latent constructs, i.e., those which can test the theoretical theses as explained by Kalisch, Landstrom and Hinshaw (2009) in the MNC Model are lacking.

Aims: To test the structural validity of the MISSCARE Survey using the latent constructs (1) MNC, (2) demand for patient care, (3) labor resources, (4) material resources (5), and work environment, and to examine the statistical relationships between them; uncovering the specific impact of the single external influencing factors on MNC.

Methods: Cross-sectional study using the revised MISSCARE-Austria, which was completed by nurses in general units of Austrian hospitals between May and July 2021. Latent constructs were defined based on the MNC Model and tested using a confirmatory factor analysis; relationships between them were explored using structural equation modeling.

Results: Structural validity was confirmed. Measurement models for all latent variables are adequate but show high errors of variance for single items. The structural model is adequate but shows high covariances between external influencing factors. "Labor resources" have a statistically significant impact on MNC.

Conclusion: In our study, MNC is mostly influenced by a lack of appropriate labor resources. Further studies exploring mediation effects and using non-linear statistical approaches may contribute to a better understanding of the influence of external factors on MNC.

Relevance for research and practice: Theoretical theses regarding MNC and its influencing factors were tested, advancing the discussion on this topic. Identifying the impact of different reasons on MNC can further guide practice development when preventing MNC in acute care settings.

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Oral presentation 1.2

Extension and validation of the self-care index to predict transfer to a post-acute care institution in internal medicine patients

Conca, A.^{1,2}, Koch, D.³, Regez, K.³, Kutz, A.³, Haubitz, S.³, Schuetz, P.³, Mueller, B.³, Schindler, C.^{4,7}, Spirig, R.^{2,5}, Petry, H.⁶, on behalf of the TRIAGE investigators

¹ Kantonsspital Aarau, Department of Clinical Nursing Research and Development, 5001 Aarau, Switzerland and University Witten/Herdecke, Department of Nursing Science, 58453 Witten, Germany;

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⁴ Swiss tropical and public health institute, 4123 Allschwil, Switzerland;

⁵ University Basel, Institute of Nursing Science & Department of Public Health, 4056 Basel, Switzerland and University Witten/Herdecke, Department of Nursing Science, 58453 Witten, Germany;

⁶ University Hospital Zurich, Centre of Clinical Nursing Research and Development, 8091 Zürich, Switzerland;

⁷ University of Basel, 4051 Basel, Switzerland

Introduction: A systematic screening of patients with post-acute care demand is helpful to support interprofessional discharge planning teams.

Aim of study: We aimed to test self-care abilities, measured by the self-care index (SPI) as predictors of post-acute care transfer and to update the existing SPI prediction model.

Methods: We analysed data of a prospective, observational cohort study conducted at the Kantonsspital Aarau between February and October 2013. We updated the SPI model adding age and gender using a training and validation data set. Logistic regression models were run on the outcome "transfer to a post-acute care facility" and judged based on their AUC, AIC and BIC values. ROC-curves were derived from the models and cutpoints for the linear predictors of the models (defining the new scores) were defined. Sensitivities and specificities were calculated.

Results: This study included 1372 adult internal medicine in-patients admitted from home, which either returned home or were transferred to a post-acute care institution. The total SPI score was a significant predictor for post-acute care referral ($p < .001$). Including age and gender in the SPI model increased the AUC to 0.85 (training) and 0.84 (validation). An improvement of the AUC by 3% (0.81 [95% CI: 0.77-0.85] to 0.84 [95% CI: 0.80-0.87]), compared to the original SPI was achieved ($p = 0.004$). The new score reached a sensitivity of 81% and specificity of 74% compared to sensitivity of 64% and specificity of 84% of the original score.

Discussion / Conclusion: The extended SPI (SPI KSA plus) could be used as a tool for individualized discharge organization for internal medicine patients with higher accuracy.

Relevance for research and practice: The SPI KSA plus, based on the outcome-oriented patient assessment (ePA-AC), supports interprofessional discharge planning for medical patients. Therefore, social services/case management can be involved in a timely manner, thus supporting an individualized organization more quickly.

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Oral presentation 1.3

Development of a co-created intervention to reduce the risk of pressure ulcers, poor oral health and falls among older persons in nursing homes

Neziraj, M.¹, Axelsson, M.¹, Kumlien, C.¹, Hellman, P.¹, Andersson, M.¹

¹ Fakulteten hälsa och samhälle, Institutionen för Vårdvetenskap, Jan Waldenströms gata 25, rum: F218, SE-20506 Malmö, Sweden

Introduction: Despite evidence-based knowledge how to prevent the risk of pressure ulcers, malnutrition, poor oral health and falls among older persons in nursing homes, they continue to occur frequently, indicating that those working with older persons need support to accomplish this work. Consequently, involving stakeholders to develop a tailored intervention could improve the preventive work regarding these health risks.

Aim: To co-create an intervention together with nurse aides, registered nurses and managers to reduce the risk of pressure ulcers, poor oral health and falls among older persons in nursing homes.

Methods: Four workshops were conducted with participants from different nursing homes. The participants actively discussed the content and design of an intervention. During this creative phase, ideas and suggestions were written down. The discussions were audio recorded to support the written data collection during the analysis. Data were analysed using content analysis.

Results: The participants consisted of a total of 8 nurse aides, 4 registered nurses and 4 managers, were predominantly female (n=13) and aged 28 to 62. The developed co-created intervention included knowledge increase regarding the entire preventive process, a clearer working process and a clearer working description for the different professionals.

Conclusion: Changes in nursing homes are considered as complex, but if interventions are tailored to the local context and developed together with those to whom the intervention concerns, they are more likely to succeed. Therefore, developing an intervention in a co-creative design contributes to a more sustainable preventive work process for the four health risks.

Relevance for research and practice: The aging population is likely to put high demands on those working with older persons; hence, to deliver high quality of care, a co-created intervention could contribute to evidence-based practice regarding the entire preventive work which may, in turn, reduce these health risks among older persons.

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Oral presentation 1.4

Identifying and addressing barriers and facilitators to older adults aging in their own homes: A participatory action research study

Gashi, S.¹

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International literature shows that older adults desire to live in their own homes as long as possible. This study aims to better understand the experiences of older adults aging in their own homes by researching the challenges they face, the strategies they use to cope with those challenges, and the community resources that help them age in place well. A group of academic researchers collaborated with co-researchers (older adults, a nurse, and other community actors) to co-construct the study and conduct 21 semi-structured interviews with older adults from a small municipality in Switzerland, utilizing participatory action research paradigms. The findings were classified into five major categories: (a) physical limitations and potentials in old age; (b) general well-being and mental health; (c) social participation, relationships, and networks; (d) asking for, accepting, and giving help; and (e) barriers. Our findings may be useful to healthcare professionals who provide community care services by providing them with pertinent information on the living experiences of older adults. This additional knowledge can help health professionals and older adults better understand and communicate with one another.

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Oral presentation 2.1

Health literacy of people with diabetes and family: Effectiveness of a nursing psycho-educational intervention

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Introduction: Diabetes Mellitus (DM) has been growing prevalence worldwide. It impacts at several levels: personal, family, socioeconomic and in health systems, and requires the development of new approaches to therapeutic education with the patient and their family involvement.

The inclusion of the family, highlighted in the literature, is a determinant factor for the success of educational approaches. It promotes self-management of DM and health gains, with a consequent reduction in comorbidities and complications, usually associated with DM. However, the evidence in this subject is scarce. To prevent and reduce the complications and mortality associated with DM, it is urgent to involve the unit family in diabetes challenges.

Aim of Study: To assess the effectiveness of the involvement of the person with DM and family, in a psychoeducational program oriented towards health gains.

Methods: The project will be developed based on four studies. Study 1 refers to a systematic review to identify the family assessment instruments relevant for families with a member with diabetes. Study 2 is methodological and aims at adapting and validating the family assessment instrument, identified in study 1, to the Portuguese population. Study 3 aims to develop a psychoeducational intervention for the diagnosed person as well as their family. Study 4, a randomized clinical study, aims to implement and evaluate the effectiveness of the nursing psychoeducational intervention.

Relevance for research and practice: Recognizing the family support is vital for the success of the approaches developed within the scope of Diabetes and in alignment with international recommendations. This project represents an opportunity to developed DM psychoeducational intervention, centered in both, the person diagnosed and their family, which intends to be more effective with value creation and health gains for all involved.

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Oral presentation 2.2

What is the role of interception in the symptom experience of people with a chronic condition? A systematic review

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Introduction: Interoception, the ability of the human organism to sense, interpret, and regulate signals originating from within the body, plays an important role in how individuals process symptoms. However, there is scarce evidence on the role that interoception plays within the symptom experience of chronic ill people.

Aim of study: Synthesize the role of interoception in the symptom experience of adults with a chronic condition.

Methods: Systematic review. We searched PubMed, Psycinfo, Embase, CINAHL for primary research published between 2010-2021. Search terms included interoception, and chronic condition, disease, or illness. We included the main chronic conditions and the WHO's four sub-categories of chronic conditions (persistent communicable conditions, noncommunicable conditions, long-term mental disorders, ongoing physical/structural impairments). No language limits were applied. Only adult population (≥18 years old) was included.

Results: 18 quantitative studies were included. They were conducted around the whole globe, scoped 10 different chronic conditions, investigated the relationship between the three interoceptive subdimensions (sensibility, accuracy, awareness) and their association with the condition's specific symptoms. Most studies reported that chronic ill patients had lower interoceptive accuracy and sensibility than healthy controls, and that interoceptive sensibility was negatively associated with symptoms severity/frequency. Among studies exploring interoceptive accuracy, 50% found a negative association and 50% a positive association with symptom severity/frequency. Only one study explored interoceptive awareness.

Discussion / Conclusion: Interoceptive abilities are lower in patients with chronic conditions compared to healthy subjects. Interoceptive sensibility is negatively associated with symptom severity/frequency, but this relationship is unclear when it comes to interoceptive accuracy and awareness. Most of the investigated conditions are neurodivergent, and studies investigating the relationship between interoception and symptoms in conditions with stronger physical traits are lacking. Evidence on how the three interoceptive subdimensions interrelate is also scarce.

Relevance for research and practice: Our results contribute to better characterize how interoceptive subdimensions are associated with how people suffering from a chronic condition experience their symptoms.

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Oral presentation 2.3

Family of children/adolescents with chronic illness: Impact of a nursing intervention program

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Introduction: A growing number of families with children are dealing with a new diagnosis of chronic illnesses or health problems that are demanding. Many parents, when faced with their children's health condition manage to adapt healthily. However, others maintain a continuous suffering that may be associated with worse health outcomes. Considering the challenges related to care in this context, nurses need to look at the family unit as a whole, identifying the factors that influence the family's quality of life and their adaptation, to improve the nursing intervention.

Aim of Study: To develop a nursing intervention program to support parents of children/adolescents with chronic illness in their caregiving role.

Methods: The research project will be developed based on five studies. The first study, part of an international project, is a cross-sectional and longitudinal study whose goals are to assess the variables: families' perceived support, families' beliefs, satisfaction with health care, impact of pediatric chronic disease on the family functioning, and the integration of the illness into family life. And, to compare the experiences of the Portuguese families with the ones of Iceland, Finland, Denmark, and Spain. Study 2 refers to a qualitative descriptive and exploratory study, to understand the families' experiences caring for a child with chronic disease. Study 3 consists of a systematic review of the literature about family's needs of children with chronic disease. Study 4 refers to a scoping review to map the existing literature of nursing intervention programs. In Study 5 we will carry out an experimental study to evaluate the impact of a nursing intervention program.

Relevance for research and practice: The implementation of this program aims to empower families of children/adolescents with chronic conditions in their caregiving role and to obtain gains in health and quality of life. And, to provide nurses with robust scientific knowledge to guide their work in assisting these families.

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Oral presentation 2.4

Exploring the evolution of cancer-related uncertainty over time: A longitudinal qualitative study to refine the Reconceptualized Uncertainty in Illness Theory

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Introduction: The significance of cancer as a chronic disease is becoming increasingly important, but not only because of the physical consequences due to lengthy treatments or recurrences. Uncertainty in illness has emerged as a central psychosocial phenomenon for those affected and is associated with feelings of loss of control, emotional distress, and reduced quality of life. According to the Reconceptualized Uncertainty in Illness Theory (RUIT) the subjective meaning of uncertainty as a danger in the acute illness phase develops into an opportunity in the chronic course of a disease. However, what causes this development, what characterizes and influences it becomes not sufficiently clear from the theory.

Aim of the study: To explore the evolution of the subjective uncertainty meaning within one year on the example of women with vulvar neoplasia and finally to discuss the significance of the findings for the refinement of the RUIT.

Methods: A longitudinal qualitative study was performed. Recruitment and data collection took place in four Swiss and in one Austrian hospital. Eight women were recruited. Data were collected five times per participant, if accessible, during one year from the diagnosis via semi-structured interviews. The analysis was conducted for each data collection point of each participant using the Grounded Theory coding strategy. To determine changes over time, each case will be then analysed over all time points using Saldaña's framework for longitudinal qualitative research. By means of a cross-case analysis, the results of the longitudinal analyses of all cases will be compared, similarities and differences will be elaborated and condensed into a theoretical model.

Results: The data are currently being analysed. Findings will be presented at the conference.

Relevance for research and practice: The findings will support in refining the RUIT to increase its applicability in practice and research. Thereby nurses can achieve a deeper understanding of uncertainty in chronic illness, in particular in cancer (survivors), and theory-based development of nursing interventions can be promoted. Furthermore, a contribution to theory dynamics in nursing will be made.

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Oral presentation 3.1

Older migrants' existential loneliness

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Introduction: A deeper sense of loneliness, i.e., existential loneliness (EL), is one aspect of loneliness described as the ultimate aloneness. EL can be triggered by losses, diseases and being near end of life. EL has been considered in several healthcare contexts such as psychiatry, chronic illness, palliative care, and care for older adults. However, to best of our knowledge, there appears to be sparse knowledge regarding being a migrant experiencing EL in old age.

Aim of Study: Explore older migrants experience of existential loneliness

Methods: This qualitative study collected data through semi-structured face-to-face interviews (n=15) with older (>65) migrants' living in nursing homes or visitors to senior citizen centers in a multi-cultural city south of Sweden. A thematic analysis in six steps according to Braun and Clarke (2006) was performed to analyze the data.

Results: The result was described in terms of three themes: (1) Choices made in life, (2) seeking reconciliation with life and (3) thoughts about death and dying in a foreign country. When migration did not turn out to the meaningful life they hoped for, the participants could express existential guilt for the choices they made earlier in life. Dealing with accepting their lives in old age in the host-country was difficult leading to EL.

Discussion / Conclusion: Ethical reflection and knowledge about older migrants' life story leading to experiencing existential loneliness, could be of use in care for older migrants.

Relevance for research and practice: This study indicates that the experience of existential loneliness derived from being a migrant is a long-term and significant process. When being able to put their life story in a broader context, earlier negative situations could help to bring about meaningfulness. Therefore, this study implies that participants life stories hold the key to handling existential loneliness emphasizing the importance for health care professionals to establish a partnership with the older migrant.

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Oral presentation 3.2

Healthcare needs in a multicultural context

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Introduction: Migration is an intrinsically human phenomenon and a heatedly debated topic. Under political conflicts, economic instability, and climate change pressure, refugees have increased significantly in the last decade. Language and cultural barriers often complicate the adaptation and social integration processes of one of the most discriminated groups of people globally.

Aim of the Study: The study aimed to identify general healthcare needs, such as physical, psychological, social and cultural needs, in a multicultural territory.

Methods: Individual semi-structural interviews were conducted. Specifically, questions were related to two major thematic areas: the population's expressed and unexpressed needs and the interventions that need to be improved in the community to achieve a better quality of life for the people. Data were analysed using the Automatic Analysis of Textual Data (AADT) approach. The study used theoretical sampling consisting of representative parts of the stakeholders, who had to be over 18 years of age and actively engaged in the community.

Results: The sample consisted of 16 stakeholders, including healthcare professionals, social workers and people involved in community management. Literacy and job training emerged as necessities for migrants' economic survival and social integration. Some barriers were also related to the lack of healthcare structures, cultural-free tools and specific transcultural skills needed for professionals. Finally, to ensure proper care, the importance of caring for families and children and creating a connection with the people's symbolic and cultural dimensions emerged as central themes.

Discussion/Conclusion: In host countries, healthcare systems should be adequately equipped to support the needs of migrants and refugees. The perspectives of migrants and natives should be considered to develop a comprehensive framework of multicultural healthcare needs and implement tailored interventions.

Relevance for Research and Practice: Health is a fundamental human right, and promoting the health of migrants and refugees is a matter of social justice. The International Council of Ethics for Nurses emphasises the pivotal historical role of nurses in advocating for social justice and equity, including resource allocation, access to health care services and social and economic integration.

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Oral presentation 3.3

What matters to migrant women during childbirth: A qualitative study exploring Chinese mothers' experiences in Switzerland

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Introduction: Differences in reproductive health outcomes according to the mothers' origins have been reported in Switzerland, for example, between women from European and non-European countries. The Swiss Federal Office of Public Health has therefore called for specific Swiss-wide studies on migrant populations.

Aims: This qualitative study aimed to explore the childbirth experiences of Chinese migrant mothers in Switzerland and identify their maternity care needs.

Methods: In-depth interviews with 14 Chinese mothers and 13 family members were conducted in Chinese or English and audio recorded. All audio recordings were transcribed verbatim. Thematic analysis was performed with the assistance of the qualitative data analysis software.

Results: Three main themes were extracted from the transcripts: (1) Sense of security, (2) Physical and psychological comfort, and (3) Needs going beyond childbirth.

Conclusions: Our findings suggest that Chinese mothers placed a high value on a physiologically and psychologically safe labor. They generally desired a vaginal birth with an epidural with continuity of practical and emotional support from a birth companion. Chinese mothers wished to avoid emergency cesarean sections and instrumental births at all costs. However, when it was necessary, they desired information transparency and participation in decision-making. Our study also reveals that the needs of Chinese mothers went beyond the maternity care they received during their labor and birth, emphasizing the needs for postpartum support during the hospital stay and obtaining culturally sensitive care.

Relevance for research and practice: We expect our findings on the Chinese migrants could facilitate the understanding of mothers of other Asian cultural groups and their childbirth experiences in Switzerland.

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Oral presentation 3.4

Women's experiences of prison-based mental health care: A systematic review of qualitative literature

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Background: The rate of female committals to prison has grown rapidly in recent years. Mental health problems are over-represented in the female prison population and women that are sentenced to prison are likely to have significant trauma histories. The existing reviews in this area focus on mental health interventions and the prevalence rates of mental ill-health but neglect to consider gender-specific differences or make gender-specific recommendations. This systematic review aims to synthesise the findings of qualitative literature in order to gain a deeper understanding of the experiences of women in the context of prison-based mental healthcare.

Methods: A systematic search of five academic databases Cumulative Index to Nursing and Allied Health Literature, Applied Social Sciences Indexes and Abstracts, PsycINFO, Embase and Medline was completed in December 2020. Thomas and Harden's (2008) framework for thematic synthesis was used to analyse data. Quality appraisal was conducted using the Joanna Briggs Institute Checklist for Qualitative Research. As this was a desk-based activity, ethical approval was not required.

Results: A total of 4615 studies were returned and seven (n=7) included for review. Four analytic themes were identified that detail women's experiences of prison-based mental healthcare: the type of services accessed and problems encountered; a reduction in ability to self-manage mental wellbeing; the erosion of privacy and dignity and strained relationships with prison staff.

Conclusions: There is a paucity of research conducted with women in the context of prison-based mental healthcare. The findings suggest there is a need for greater mental health support, including the need to enhance relationships between women and prison-staff in order to promote positive mental health and to ensure prison is a truly rehabilitative process.

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Oral presentation 4.1

Achieving behavior change: The case is pediatric nurses' compliance with standard precautions guidelines

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Introduction: Achieving high levels of compliance with standard precautions guidelines (SPGs) among healthcare providers has been an ongoing challenge. This issue remains and negatively impacts on paediatric patients. In literature, compliance with SPGs referred as a complex, multivariate and sometimes non-scientific issue. It is suggested that using qualitative approach in this study may facilitate more understanding of compliant behavior change and design infection control interventions accordingly.

Aim of study: The study was designed to examine paediatric nurses' views and perceptions concerning infection control practice. It also enables a better understanding of the barriers and facilitators that influence nurses' compliance with SPGs.

Methods: The study used a qualitative approach and conducted in three Jordanian hospitals. Face-to-face semi-structured audio-taped interviews were held with twenty (n=20) qualified paediatric nurses from different paediatric areas. These interviews were transcribed verbatim and coded through constant comparative analysis.

Results: This study identified causes of enduring failure by nurses to comply fully with SPGs. These causes were viewed as behavioural and influenced by various determinants. Paediatric nurses claim to be willing to comply with SPGs, but sometimes fail to achieve this. Risk of exposure to microorganisms was perceived as a major factor in compliance. Also, nursing practice in paediatric settings was seen as different to adult practice and needs different consideration's to apply SPGs properly.

Discussion / Conclusion: Nurses were reluctant to see themselves as change-agents to improve practice. So, they understood the non-compliance problem but not acted on. They prioritized the culture of nursing care of different clinical areas rather than the evidenced based practice guidelines, such as SPGs. Therefore, Infection prevention and control is not going to get any better until nurses feel empowered to initiate change and work professionally to deal with the practical difficulties that impact on good infection control practice.

Relevance for research and practice: Nursing needs to develop to become fully professional in its orientation so that nurses take full responsibility for their actions. Only when nurses see their actions and behaviour as fully their responsibility.

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Oral presentation 4.2

Using prehospital guidelines for patients with acute chest pain – ambulance nurses' perspectives

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Introduction: Ambulance nurses are often the first medical contact for patients with acute chest pain where early recognition and treatment is imminent. However, guidelines adherence is low with limited research addressing ambulance nurses' experience of using guidelines.

Aim of Study: To explore ambulance nurses' experience of using prehospital guidelines for patients with acute chest pain

Methods: The study was conducted with a qualitative approach. In total, 22 ambulance nurses were purposively recruited at ambulance stations in southern Sweden for semi-structured interviews. Data were analyzed using content analysis.

Result: Two main themes emerged during the analysis, Sense of professional obligation and Clinical difficulties using guidelines. In the first theme, ambulance nurses highlighted their important role when caring for patients with acute chest pain. Understanding one's role in the interprofessional collaboration within the care of chain made them adhere to the guidelines. However, due to lack of feedback on care provided and insufficient collaboration within the care of chain made them uncertain regarding whether they needed to follow guidelines or not. In the second theme, they reflected on clinical difficulties, especially when encountering patients with unspecific chest pain which may challenge their use of guidelines.

Discussion / Conclusion: In the prehospital setting, ambulance nurses encounter several challenges which have implication for their use of guidelines for patients with acute chest pain. Additionally, when encountering patients with unspecific chest pain and receiving insufficient feedback and interprofessional collaboration made them uncertain and led to them deviating from the guidelines. Thereby, to increase adherence in guidelines, post-registration education to update knowledge and skills about guidelines for acute chest pain is needed together with feedback on care provided.

Relevance for research and practice: The study adds value by contributing to a deeper understanding of ambulance nurses' perspective of using guidelines. This is important components in efforts to improve adherence to guidelines for patient with acute chest pain in prehospital care.

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Oral presentation 4.3

Fragmentation in ADL-nursing care – a systematic review on ADL-nursing interventions targeting ADL-independence and comfort

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Introduction: Nursing professionals fulfil a crucial role in supporting persons to manage their Activities of Daily Living (ADL), regardless of diagnosis, cultural background, or healthcare setting. The goal of ADL-care is twofold to maximize independence and/or comfort. Despite the fact that ADL-care is frequently provided, it remains poorly informed by evidence. Hence, nursing professionals are insufficiently guided on how nursing interventions in ADL-care can effectively improve independence and comfort.

Aim: To determine the effect of ADL nursing interventions on independence and comfort.

Methods: We performed a systematic review in three databases (PubMed, CINAHL, Cochrane) over two phases including publications from March 2000 to October 2021. First, we searched for systematic reviews as a portal to select eligible (quasi-) experimental studies. After data extraction, we narratively summarized and compared data on study characteristics, reported effects, and intervention components. We performed this review according to the PRISMA analyses and assessed the risk of bias using the critical appraisal tools from the Joanna Briggs Institute.

Results: We included 31 studies of which fourteen studies evaluated independence, fourteen studies measured comfort and three studies assessed both outcomes. Most interventions were offered in long-term care and focused on a combination of personal care activities (e.g. dressing combined with showering) (n=12), followed by bathing (n=7), daily mobility (n=6), grooming (n=1), dressing (n=1), and toileting (n=1). Seven interventions significantly improved independence and seven interventions significantly improved comfort related outcomes. However, the studies highly vary in intervention characteristics and components as well as outcomes measures and study quality.

Conclusion: Evidence on ADL nursing interventions affecting independence and comfort remains fragmented and inconclusive, limiting guidance for nursing professionals.

Relevance for research and practice:

Further research on ADL nursing interventions across healthcare settings is needed to provide effective and applicable guidance on maximizing independence and comfort in daily care provision.

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Oral presentation 4.4

Prediction of empathy, self-awareness, and perceived stress among nursing students

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Aim: The study aimed to assess the levels, correlations, and predictors of empathy, self-awareness, perceived stress, and demographics in a sample of undergraduate Jordanian nursing students.

Method: A predictive cross-sectional design was employed to collect data from 330 students using a web-based survey.

Results: Significant positive correlation found between self-awareness and perceived stress. Students who are studying in public universities, have higher grade point average, have no intention of leaving nursing studying, and who are satisfied with nursing studying reported higher level of empathy. Students with lower income levels who have no intention of leaving nursing and are satisfied with nursing reported more heightened self-awareness. Female students who slept less, did not eat a balanced diet or exercise, attended public universities with lower grade point averages, planned to leave nursing studying, and were dissatisfied with nursing studying reported a higher level of perceived stress.

Conclusion: Since the study results show adequate empathy, low self-awareness, and moderate perceived stress levels among students, implementing an effective psychoeducational intervention to strengthen self-awareness and empathy while minimizing stress among nursing students is a dire need.

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Oral presentation 5.1

Colorectal cancer specialist nurses' supportive care for family members

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Introduction: Colorectal cancer is the third most common cancer diagnosis globally and is increasing in both incidence and prevalence. There is, consequently, also an increase of affected family members. Cancer specialist nurses have been highlighted as having a key position in leading the supportive care for both the patient and the family members. However, there is a gap in the literature regarding colorectal cancer nurses' support for family members.

Aim of study: To explore cancer specialist nurses' experiences of supporting family members of persons diagnosed with colorectal cancer.

Methods: The study was designed as a qualitative study with an inductive approach. Data was collected using semi-structured individual interviews with 21 cancer specialist nurses and analyzed with reflexive thematic analysis.

Results: Preliminary findings indicate one overarching theme: *In the shadow of the person diagnosed*. The supportive care was experienced as competing with high amounts of administration and coordination of the medical care for the patient. The colorectal cancer care was structured in detail by national guidelines, whereas there were no allocated resources and no structure for the care for family members.

Conclusion: For colorectal cancer specialist nurses to lead the supportive care for family members, allocated resources and a structure applicable within the colorectal cancer care are needed. However, a re-evaluation of cancer specialist nurses' current role also appears crucial. That involves making sure nursing responsibilities are not replaced by administrative, medical-oriented tasks. Instead, nursing competences should be recognized and valued, and highlighted as the core of the assignment.

Relevance for research and practice: The implementation of structured assessments of family members' supportive care needs, can bring to light the importance of supportive care also for family members and guide supportive care plans. In addition, recurrent reflection on the role of cancer specialist nurses should be integrated in clinical cancer care.

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Oral presentation 5.2

Social support needs of first-time parents during the early postpartum period: A qualitative study

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Background: Transition to parenthood (especially in the early postpartum period) is challenging for first-time parents as they adapt to their new role. During this period, a risk factor for developing mental health problems is perceived lack of social support. Up to 50% of parents have reported inappropriate professional support. Social support that appropriately meets parents' needs is a protective factor for parents' wellbeing; however, little is known about the social support needs of both first-time parents.

Aims and objectives: To determine *both* first-time parents' social support needs in the early postpartum period and to identify which behaviors healthcare professionals (HCP) demonstrate to meet first-time parents' social support needs.

Method: In this qualitative study, first-time parents were recruited on the postpartum ward of a Swiss university hospital. Semi-structured interviews were conducted individually during the first week after discharge. Thematic analysis was used to identify themes and sub-themes.

Results: 15 mothers and 11 fathers were interviewed. Mothers' social support needs were related to "change of their body after birth", "creation of a family unit", "self-esteem", "emotions", "the postpartum stay" and "difficulties in expressing their needs". Fathers' themes were "to be included in care procedures on the postpartum ward", "to be reassured", "to consider their needs as non-priority" and "to anticipate their postpartum stay". Support behaviors perceived by parents were: "welcoming parents on the postpartum ward", "establishing a partnership with parents", "guiding them in acquiring their new parenting role", "caring for their emotions", and "creating a serene atmosphere".

Conclusion: Mothers' and fathers' needs differed. Mothers needed more emotional support than fathers, as fathers considered themselves as the main support for their partner. Fathers wanted to be included in the care procedures.

Relevance: This study will provide a better understanding of first-time parents' social support needs and professional behaviors that are meeting these needs. It will help sensitize HCP to first-time parents' support needs.

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Oral presentation 5.3

Mother-infant bonding and infant development within the context of maternal childbirth-related posttraumatic stress disorder (CB-PTSD) symptoms

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Background: Some women experience trauma during childbirth that can develop into childbirth-related posttraumatic stress disorder (CB-PTSD). There is mounting evidence that maternal mental health problems affect mothers' bonding to their infants, which in turn may affect the infant's development negatively. However, to our knowledge, few studies investigated mother-infant bonding in the context of CB-PTSD and the results were mixed. In addition, studies about the association of CB-PTSD symptoms and infant development were also limited, with mixed results.

Aims and objectives: The first aim of the current study was to investigate the associations between maternal CB-PTSD symptoms and mother-infant bonding. The second objective was to assess the associations between maternal CB-PTSD symptoms and infant development (i.e., motor, language, cognitive outcomes).

Method: The population was French speaking mother-infant dyads (n=47) of the control group of a RCT looking at an intervention to prevent PTSD following emergency caesarean (NCT 03576586). We only included infants born at term. Maternal CB-PTSD symptoms and mother-infant bonding were measured with the PTSD Checklist for DSM-5 and the Mother-Infant Bonding Scale at 6 weeks and 6 months postpartum. Infant development was assessed with Bayley Scales of Infant Development, 3rd edition at 6 months postpartum. In addition, sociodemographic and medical data were also collected via questionnaire and extracted from hospital medical records.

Results: Data analysis is currently ongoing. Relationships between CB-PTSD symptoms and mother-infant bonding and infant development will be examined prospectively and cross-sectionally at 6 weeks postpartum and 6 months using linear regressions.

Conclusions: This study will contribute to a better understanding of mother-infant bonding and infant development in the context of maternal CB-PTSD symptoms. This may provide a basis for the development of interventions to improve the outcomes of infant development.

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Oral presentation 5.4

Safe start at home: Development of an assessment instrument for the adaptation to postpartum and parenthood

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Introduction: The first 8 weeks postpartum are agreed upon as the most critical and demanding weeks after childbirth. These difficulties arise at the moment of discharge from hospital, as the return-to-home transition can be perceived as challenging since most parents are confronted with feelings of inadequacy in their new roles. Studies have shown that parents who feel less ready to return home have greater difficulties coping, which results in more frequent calls to healthcare professionals, more urgent care visits and re-hospitalizations.

Aim of study: To create and validate an instrument to identify parents at risk of maladaptation to the return-to-home transition after childbirth.

Methods: Our study design is a three-fold process, including several studies that build on each other: 1. Characterization of the study phenomena: 2 scoping reviews, one to map available evidence regarding mothers' and fathers' needs in the first 8 weeks postpartum and another to identify validated instruments related to discharge planning after childbirth. 2. Identify the main variables involved: a qualitative descriptive study will be conducted, with both parents and midwives in a maternity ward and in the community; 3. Formulation of the assessment instrument: a qualitative exploratory study will be conducted, by organizing focus groups with midwives and nurses experts in this field, to assess the content validity of the instrument.

Results: -

Discussion / Conclusion: -

Relevance for research and practice: If unmitigated, the stressors of the postpartum period can lead to an increased risk of postpartum depression. In addition to long-term implications for parents, it is associated with suboptimal health and developmental outcomes for infants. An assessment tool that can assist in identifying parents at risk for difficulty in coping at home following hospital discharge can be an effective way to reduce these outcomes and prevent urgent care admissions. This project will also help identify possible gaps in knowledge, providing conclusions about the overall state of research activity in this area and the need for future research.

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Oral presentation 6.1

Patients' experience of pre-cardiovascular surgery during COVID pandemic - a qualitative study

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Introduction: Cardiovascular disease (CVD) not only causes high mortality but also contributes to patients' lower quality of life, disability, and is therefore a burden on society's economy as well. Many patients, who undergo cardio surgery, suffer not only from physical disabilities but also from the psychological effects of their disease. Acute myocardial infarction is the leading cause of death in FB & H, which can be attributed to a variety of factors such as a high smoking population, undiagnosed hypertension, and the fact that people in FB & H have been under stress in general during wartime. This had a negative impact on the country's socioeconomic situation and the mental health of the entire population. The assumption for patients who came to heart surgery during the COVID pandemic was an aggravating factor with the restrictive measures that were implemented at the time.

Aim of study: The aim of the study is to shed light on patients' experience before cardiovascular surgery during the COVID pandemic in Bosnia and Herzegovina.

Methods: A descriptive qualitative study. The data from 20 face-to-face interviews with patients aged 19 to 65 years old were analyzed using inductive thematic analysis.

Results: The study's preliminary findings revealed two themes that provide an overview of the patient's experiences, reflections, and feelings, providing a better foundation for professionals to plan the necessary care. The outcome suggests that patients should have a professional conversation before surgery, which is not usually the case in FB&H.

Discussion / Conclusion: -

Relevance for research and practice: This study can help researchers gain a better understanding of patients' needs, and the findings can improve the chances of individual patient planning and adequate psychological support.

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Oral presentation 6.2

Delivering bad news to the family of sudden death victims: A scoping review protocol

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Introduction: Bad news can be defined as any information that involves a drastic and negative change in a person's life, as their future perspective, destroying plans, hopes, and dreams. The process of Bad News Communication, particularly in the context of sudden death, is painful for families and health professionals.

Aim of study: Examine and map all the strategies used for Communicating Bad News to the relatives of sudden death victims, existing in the literature.

Methods: The JBI recommendations for scoping review will be followed. An initial search will be undertaken, followed by a second search for published and unpublished studies with no time limitations in major healthcare related electronic databases. Studies published in English, Spanish, French and Portuguese will be included, without geographic or cultural limitations.

This review will include studies on families of sudden death victims. All studies that focus on the strategies used in the communication of bad news, implemented, and evaluated by any person (health professional or not), in intrahospital or prehospital settings will be considered.

The data selection extraction and synthesis will be performed independently by two reviewers in tabular form and include details about the populations, study methods, interventions, and concepts of interest. A narrative synthesis will accompany the results and will describe how they relate to the review objectives.

Results: A diagrammatic map of the evidence will be produced to emphasize the level and amount of evidence for each strategy used in the outcome. A narrative summary will synthesize the results.

The communication of bad news in sudden death is one of the responsibilities that is included in the daily routine of health professionals. The strategies used in communicating a person's death so their family can profoundly impact the grief management process. For this, the knowledge of the strategies, for this communication, including in a protocol to be carried out in a future study, can make the process less painful for everyone.

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Oral presentation 6.3

Effectiveness of post-acute care on functional recovery among stroke patients

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Introduction: Stroke is the second leading cause of death and the third leading cause of disability worldwide. In order to reduce disability and improve the quality of life of the stroke patients, Taiwan National Health Insurance Administration (NHIA) has launched the Post-Acute Care (PAC) Program since 2014 which can benefit the stroke victims to reacquire the ability to carry out activities of daily living and return to independence.

Aim of Study: This study aims to evaluate functional outcomes of stroke patients after receiving the PAC program.

Methods: A retrospective cohort study design was used. We collected data of stroke patients who entered the PAC programs from a stroke registry database in a southern Taiwan medical center. Functional outcomes including modified Rankin Scale (mRS), Barthel Index (BI), Functional Oral Intake Scale (FOIS), and Mini Nutritional Assessment (MNA) were assessed before and after the PAC program. A generalized estimating equation (GEE) method was used for analyzing data with repeated measures.

Results: This study collected complete data from a total of 572 patients. The average length of stay in the program was 45.0 days. Stroke patients showed significant improvement in the mRS, the BI, the FOIS, and the MNA. After discharge from PAC program, 73.1% of the patients returned to their home and community.

Conclusion: PAC program had significant effects on functional recovery and improved independence for stroke patients.

Relevance for research and practice: According to the study result, PAC program has positive effects on functional status for stroke patients. These findings may be used to support Taiwan NHIA reimbursement decisions and should be helpful for policy makers of stroke care worldwide.

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Oral presentation 6.4

Health care users' and professionals' perspectives and experiences in fertility treatment in Switzerland – where do we stand and what do we need (HoPE)

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Introduction: Infertility is a spreading phenomenon which is expected to gain further relevance, due to the ongoing trend to a higher age of primiparous women which has been observed in recent decades. From the age of 35 years, infertility increases because of the decreasing quality of the ovaries. Since 2019, fertility preservation has been a mandatory benefit of Swiss health insurance companies for patients with oncological diseases. This aspect together with a general trend towards an increased demand for consultations leads to a rising number of time-intensive consultations in fertility clinics. Affected persons have special care needs in the context of fertility treatments, and nurses and midwives play a key role in the treatment process of patients and their families. Consequently, the subject described is also relevant to nursing science.

Aim of the study: The planned study aims to collect and describe the perspectives, experiences, and needs of persons undergoing fertility treatment as well as professionals in this field (nurses, midwives, and physicians). Based on this, the current care situation in reproductive medicine will be discussed to formulate suggestions for adaptation. The implementing of a specialized nursing/midwifery role will be examined, and recommendations will be formulated.

Methods: To comprehensively describe the present care situation and to identify adaptation needs, a mixed-methods research design will be applied, involving a scoping review, cross-sectional surveys, face-to-face qualitative interviews (individuals/couples), and focus groups (health care professionals).

Relevance for research and practice: The study aims to identify challenges and gaps in a specific area of health care and helps to develop solutions and new concepts. The project sheds light on a patient group that receives rather little attention but is often considerably burdened. In addition, the project contributes to the promotion of interprofessional cooperation and should lead to an improvement in the quality of care.

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Oral presentation 7.1

Autonomy in nursing homes: Viewpoints of residents with physical impairments and staff

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Introduction: Although the importance of maintaining autonomy for nursing home residents is recognised, little is known about this process in daily practice.

Aim: The aim was to explore how residents maintain autonomy and how staff acts in relation to the autonomy of residents.

Method: Shadowing, a non-participative observational method, including a short interview at the end, was used. Seventeen residents with physical impairments living in two different nursing homes were shadowed in their own environment during daily activities. Moreover, fifteen staff members, working in the same nursing homes, were shadowed. Field notes of the shadowing were typed out and the recorded interviews were transcribed verbatim resulting in a report per respondent. These were coded and thematically analysed.

Results: Residents maintained autonomy by; 'being able to decide and/or execute decisions', 'active involvement', 'transferring autonomy to others', 'using preferred spaces', 'choosing how to spend time in daily life' and 'deciding about important subjects'.

Four activities of staff were identified; 'getting to know each older adult as a person and responding to her/his needs', 'encouraging an older adult to self-care', 'stimulating an older adult to make choices' and 'being aware of interactions'.

Discussion and conclusion: Maintaining autonomy requires effort from both residents and staff. Although most residents with physical impairments experience restrictions in their autonomy because of the care-environment they live in, residents seemed to maintain autonomy in daily life. Moreover, staff consider it important to strengthen the autonomy of residents and use different activities to enhance autonomy.

Relevance for research and practice: These insights help to improve autonomy of nursing home residents because the perspectives of both residents and staff are included. Therefore, the next step is to transfer these insights towards nursing home practice in such a way that it enhances staff and older adults to better maintain autonomy.

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Oral presentation 7.2

Dysphagia nursing competencies in residential long-term care settings: A study proposal

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Introduction: Older adults admitted to residential long-term care settings (RLTCS) are considered the most vulnerable in the ageing population due to complex care needs requiring specialised nursing intervention. Although dysphagia is recognised as one of the most common issues in this population, nursing core competencies concerning the identification and management of dysphagia in RLTC settings are not well defined.

Aim of Study: To identify core nursing competencies regarding swallow screening in RLTC settings in the Republic of Ireland.

Methods: A sequential explanatory mixed-methods study has been proposed, and currently in progress. The quantitative phase involves conducting a national online survey involving RLTCS in the Republic of Ireland. The qualitative phase involves conducting semi-structured interviews using focus groups with clinical and management nursing personnel and speech and language therapists, using the conceptual Interprofessional Dysphagia Framework.

Results: Findings from the survey will provide evidence on current prevalence rates of dysphagia and associated practices in RLTCS in the Republic of Ireland. The qualitative interviews will provide further in-depth understanding in addition to the quantitative survey data. The objectives of this research work are to provide potential gaps and identify the evidence regarding current nursing practices and required upskilling in dysphagia screening, assessment and management in RLTCS.

Conclusion: Findings from this research will contribute to the development of gerontological nursing core competencies, hence improving professional and interprofessional practice, and may inform future national policy and practice guidelines in the area of dysphagia care in RLTCS.

Relevance for Research and Practice: This study will inform future research by adding to the body of evidence regarding potential developments towards establishing core competencies for specialised gerontological nursing in RLTCS.

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Oral presentation 7.3

Attitudes toward older adults – how nurses relate to and care for adults aged 80+

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Introduction: Qualified nurses are and will be needed to care for the increasing older population. The quality of care is influenced positively or negatively by nurses' attitudes toward older adults. Especially adults aged 80+ are vulnerable to ageism because of their higher risk for e.g. care dependency. This particular age group has not been sufficiently researched in this respect, neither in Austria nor internationally.

Aim of study: The aim of this study was to assess Austrian nurses' attitudes toward adults 80+ and their care as well as influencing factors for nurses' attitudes.

Methods: A cross-sectional study was conducted via an online questionnaire. Data was collected in Austria between May and October 2021 consisting of a convenience sample of 1,179 participants. The Ageing Semantic Differential (ASD) Scale was used to assess nurses' attitudes and the Perspectives on Caring for Older People (PCOP) Scale measured views on caring for older adults.

Results: Nurses show neutral to positive attitudes toward people aged 80+ and view caring for them positively. Having a positive view on caring for older adults, a higher education, and a personal relationship with an older family member indicate positive attitudes. Interacting frequently with older care receivers or being female indicates more negative attitudes.

Discussion / Conclusion: The quality of the contact seems to have an influence on nurses' attitudes since positive contact with an older family member or friend can reduce negative age stereotypes. Relevance for research and practice: In future studies, qualitative methods are recommended to obtain a deeper knowledge of ageism in healthcare, as this study only considers attitudes. In nursing practice, the results of this study can be used as a basis for educational interventions about older adults, influencing factors to attitudes and caring aspects.

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Oral presentation 7.4

Practice variation in needs assessment in home care nursing: A Delphi study

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Introduction: Since 2015, homecare nurses in the Netherlands determine the amount, nature and duration of care for clients in need of homecare to legitimize insured homecare. However, signals of practice variation are heard. Practice variation may be justified, but it can lead to over- or underuse of care, which may affect clients' outcomes. If influencing factors and patterns that contribute to practice variation can be identified, we might gain a better understanding of practice variation and improve homecare.

Aim: Which factors may influence the practice variation in needs assessment in homecare in the Netherlands?

Method: A Delphi study, with a response, analysis, feedback, response process, took place between December 2020 and February 2021 preceded by literature search and an expert meeting. Factors derived from literature and an expert meeting were presented, and participants were asked to classify the factor as a factor of influence and as warranted or unwarranted. The expert group consisted of homecare nurses, nursing lecturers, researchers, patient representatives, insurers, policymakers and representatives from government.

Results: Experts reported 34 factors as warranted and 25 as unwarranted out of 59 influencing factors. Most client related factors scored warranted, such as clients' self-management and learning abilities and 17 nurse' context related factors unwarranted, for example the organization being money-driven. Nurse related factors, such as years of experience, felt responsibility and ability to self-reflect scored more undecided.

Discussion: Undecided scoring factors may suggest patterns leading to sometimes warranted and sometimes-unwarranted influence. Having insight in influencing factors may support the professionals to discuss and improve unity and quality of their decision-making process in homecare provision.

Relevance: With this knowledge, we can take the next step in investigating the amount and nature of actual variation in needs assessment, and develop interventions to reduce unwarranted practice variation.

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Oral presentation 8.1

Factors contributing to innovation readiness in health care organizations: A scoping review

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Introduction: Increasing innovation readiness of healthcare organizations is necessary to meet upcoming challenges, including population aging and staff shortages. Health care organizations differ in the extent to which they are innovation ready.

Aim of Study: This review aims to clarify the concept of innovation readiness and identify which factors contribute to innovation readiness in health care organizations.

Methods: A scoping review was conducted based on the framework from Arksey and O'Malley. PubMed/MEDLINE, CINAHL and Web of Science were searched for studies that (a) aimed to contribute to scientific knowledge about innovation readiness of health care organizations, (b) were peer-reviewed, (c) reported empirical data and (d) were written in English, Dutch or German.

Results: Of the 6,208 studies identified, 44 were included. The authors used a variety of terms and descriptions addressing innovation readiness, and hardly any theoretical frameworks for innovation readiness were presented. Findings were clustered into four main factors and 10 sub-factors contributing to the innovation readiness of health care organizations: strategic course for innovation, climate for innovation, leadership for innovation and commitment to innovation. Climate for innovation (n=16) was studied the most and individual commitment to innovation (n=6) the least.

Conclusion: Our study identified four main factors contributing to the innovation readiness of health care organizations. Research into innovation readiness of health care organizations is a rather new field. Future research could be directed towards defining the concept of innovation readiness and the development of a framework for innovation readiness.

Relevance for research and practice: More understanding of the interplay of factors contributing to innovation readiness in all stages of the innovation process and in diverse health care settings can support health care managers to structurally embed innovation. This review contributes to the first stage of theory building on factors contributing to innovation readiness of health care organizations.

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Oral presentation 8.2

Imparting knowledge levels for professional health literate nursing care

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Introduction: Since 2016, with the amendment of the Nursing Act, registered nurses in Austria are obliged to promote the health literacy of healthy and ill people seeking help. Due to a variety of circumstances in the primary and secondary sector, the promotion of health literacy is a challenge. Registered Nurses often have insufficient knowledge and skills to promote health literacy. Postgraduate programmes in public health on master level can address these deficits in order to provide evidence-based and -informed knowledge and skills. Research literature indicates how health literacy can be taught in various postgraduate programmes. However, in this context, there are no indications which experiences students make during a postgraduate public health programme in order to act in a health literate way.

Aim: The aim of this study is to investigate the subjective experiences of registered nurses with regard to health literacy through postgraduate public health studies. In this context the experiences regarding knowledge and case comprehension in Ulrich Oevermann's (1996) understanding are of interest.

Methods: Within the framework of an interpretative paradigm, a qualitative longitudinal study is conducted using a reflexive grounded theory. Registered nurses attending a master's programme in public health are interviewed over the course of their studies at three points in time. The semi-structured interviews are transcribed verbatim and are coded as well as categorised in an open, axial and selective manner, taking into account the researching and writing activity as a reflexive research subject, in order to develop a reflexive grounded theory.

Results: Preliminary results will be presented at the conference.

Discussion / Conclusion: Preliminary conclusions will be presented at the conference.

Relevance for research and practice: Registered nurses need to be knowledgeable and skilled in order to strengthen health literacy. The results of this study make a contribution to orienting educational postgraduate programmes towards teaching "levels of knowledge" for health literate nursing care.

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Oral presentation 8.3

Restraint use in somatic acute care hospitals: Synthesis of a multi-methods project

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Introduction: In order to ensure restraint use in hospitals in accordance with ethical and legal requirements and to identify possible approaches for the reduction of restraint use, a comprehensive description of restraint use and influencing factors is necessary. So far, however, research has focused on subpopulations (e.g., ventilated patients) and mechanical restraints (e.g., bed rails or fixation belts).

Aim of study: Therefore, the aim of this project was to describe restraint use and influencing factors in hospitals comprehensively and independently of subpopulations and restraint type.

Methods: A total of 5 studies were conducted. Three studies included a multicenter cross-sectional design with descriptive and (hierarchical) regression analyses; one study was a survey of nurses, which was analyzed using descriptive, regression and factor analyses; and in one study we performed a participant observation with an interpretative descriptive analysis.

Results: The 30-day prevalence was 8.7%. Mechanical restraints were the most commonly used, followed by electronic and pharmacological restraints, mainly due to the risk of falls and confusion. We found that the implementation of ethical-legally required processes such as documentation and regular evaluation are insufficiently implemented. Furthermore, we identified a large variation in restraint use between hospitals, even when taking into account that hospitals care for different patient groups. Nurses were revealed to be the main decision-makers. Their attitude towards restraints, which influences the decision, is neutral.

Discussion / Conclusion: Restraints are also frequently used in hospitals. In order to promote restraint management in accordance with ethical-legal requirements and to achieve a reduction in its use in the medium term, quality improvement measures appear to be necessary both at a health system level and within hospitals.

Relevance for research and practice: This project offers new insights into restraint use in hospitals, from which indications for the required reduction in their use can be derived.

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Oral presentation 8.4

Violence toward formal and informal caregivers and its consequences in the home care setting: A systematic mixed studies review

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Introduction: Violence toward formal and informal caregivers is a major problem with significant consequences. The literature focus on four types of violence: physical violence, nonphysical violence, sexual harassment, and sexual aggression. However, little is known about violence toward formal and informal caregivers in the home care setting.

Aim of Study: This review aims to obtain insight into the prevalence, the types, and the consequences of violence toward formal and informal caregivers of care-dependent people living at home.

Methods: A systematic review was conducted in 2020 using PubMed, EMBASE, CINAHL, PsycINFO and Cochrane databases. Included studies met the following criteria: (1) the study's population was formal or informal caregivers, (2) violence was perpetrated by care recipients, (3) the study's population was working in home care, (4) the article was published in English or French, and (5) the study met the general criteria for critical appraisal. A methodological quality appraisal was conducted using the Mixed Methods Appraisal Tool (MMAT).

Results: Out of 1087 screened articles, a total of 10 full texts were included after the screening process. All studies focused on violence against formal caregivers. The few studies found in this review showed that between 7.9% and 61.3% of formal caregivers are victims of violence each year with risk for physical and mental injuries.

Discussion / Conclusion: Formal caregivers are exposed to different types of violence in the home care setting than in the hospital setting. Moreover, sexual harassment and sexual aggression are underreported in the literature. No information at all on violence toward informal caregivers was available.

Relevance for research and practice: It becomes paramount to have more insight into violence against informal caregivers in research. In addition, it is important to have more insight into the prevalence and types of violence against formal caregivers to develop strategies.

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Oral presentation 9.1

Nursing Practice in Human Technology Interface Environment: A qualitative study exploring communication experiences registered nurses encounter when assisting in Robotics-Assisted Surgery (RAS)

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Introduction: Robot with integrated artificial intelligence (AI) makes it an integral part of the decision-making in a Human-Technology Interface (HTI) environment. The robotic assistance thus changes the dynamics of the power relationship including communication and decision-making. These advances come with challenges to the users, including nurses who have a crucial role with shared responsibilities encompassing wider surgical and anesthetic teams during RAS. Hence, it is pivotal to explore nursing practice in RAS and the relationship of a socially constructed communicative practice where humans and technology converged? The nurses' perceived challenges during RAS will have a unique perspective on nursing in a complex environment where they need to comprehend information from the robot, surgical team, and patient's monitoring devices. Nurses' views in RAS are critical in understanding the meaning of quality nursing care concerning interpersonal/interprofessional interactions integral to delivering positive patient outcomes. To date, there is no empirical research exploring the communication practices of nurses during RAS. A better understanding of this phenomenon may contribute to future practice and education recommendations, and influence health policy in the introduction of healthcare Artificial Intelligence (AI) technology. This study may place the contribution of nursing in the future development of advanced robotics simulation training and raises nurses' voice in application of AI surgical robotics in care delivery.

Aim of study: This study aims to explore registered nurses' experience of communication challenges during robotics-assisted surgery (RAS) and to understand how they perceive these significant experiences may influence quality of care.

Methods: Exploratory qualitative design using Flanagan Critical Incident Technique (CIT)
Purposive and snowballing sampling
Semi-structured interviews

Results: TBC

Discussion / Conclusion: TBC

Relevance for research and practice: The novel knowledge could contribute to influencing policy and practice, AI leadership, education and adding to future debates around integrating automated AI robotics nursing care and machine learning in robotics practice.

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Oral presentation 9.2

Unfinished Nursing Care antecedents as perceived by nurses appointed at different levels of the Nursing Service: Findings from a descriptive qualitative study

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Introduction: Unfinished Nursing Care (UNC) is a complex and worldwide phenomenon. To minimize its occurrence, researchers have attempted to identify antecedents and underlying causes; however, this research field is still fragmented and at need to be invigorated, given that UNC reasons have been established around twenty years ago and new emerging factors may have acquired a role.

Investigating antecedents with a qualitative approach, involving nurses appointed at different levels of the Nursing Service, from clinical to managerial and executive, might expand the knowledge available on UNC reasons and, thus, helping in identifying preventive strategies.

Aims of the study: To emerge the UNC antecedents according to the experiences of clinical, ward manager and executive nurses.

Methods: A descriptive qualitative study was performed in 2021. The Medical Department of a large hospital located in Italy was approached, in its ten clinical wards. A face-to-face guide interview composed by open-ended questions was designed for a purposeful sample of nineteen clinical, seven ward manager and three executive nurses. Interviews were verbatim transcribed and analyzed with content analysis. Consolidated criteria for Reporting Qualitative research guidelines were chosen for reporting.

Results: Antecedents for UNC have resulted in fifteen themes and forty-six sub-themes, categorized at five levels: System (e.g. poor support towards nursing care); Unit (e.g. ineffective work process); Nurse Managers (e.g. inadequate leadership); Nurses (e.g. weaknesses in education); and Patients (e.g. lack of carers' support).

Discussion: The reasons emerged are similar to those already established in the conceptual and empirical evidence, whereas others are new. Findings show that both in investigating and in implementing interventions to prevent UNC, nurses at different levels of the system should be involved.

Relevance for research and practice: Nurses appointed at different levels of health care organization provide new insights to improve the quality and safety of care. Building interconnected strategies to prevent UNC antecedents at the system level is fundamental.

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Oral presentation 9.3

Traumatic intrusive memories in nurses following work-related traumatic events

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Introduction: Nurses encounter traumatic events as part of their work. Subsequently they develop work-related post-traumatic stress disorder (PTSD) symptoms with traumatic intrusive memories (TIM) as a key symptom. This may result in impaired mental health, addiction, lower quality of life, reduced quality and security of care, willingness to leave the profession, absenteeism, and costs, which could be avoided. Currently, a brief and acceptable evidence-based intervention is not available to reduce these symptoms leading to a lack of treatment in this population. This presentation will give an overview of a planned PhD in nursing sciences at an early stage of its conceptualisation.

Aim of Study: (1) To describe the TIM experience and to identify needs and preferences of participants regarding a brief cognitive intervention targeting the TIM. (2) To test the effectiveness, acceptability, feasibility, and direct costs of a brief cognitive intervention on TIM frequency and intensity.

Methods: This PhD consists of two studies. The first study is qualitative: semi-structured interviews will be conducted and a thematic analysis will be carried out. The second study is a RCT with waiting list control group. The follow-up will be performed at 1 week, 1 and 3 months. The sample consists of nurses working in exposed wards like ICU, ER, delivery rooms and psychiatry in a tertiary hospital.

Expected results: A decrease in TIM and in the other PTSD symptoms is expected and should contribute to improving the nurses' health, their relationship with the patients, and the staff retention.

Relevance for research and practice: In our current context (e.g., COVID, nursing shortage, increased workload, violence) it is necessary to better understand the phenomenon of work-related PTSD symptoms and to develop interventions that are efficient but first and foremost acceptable by nurses.

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Oral presentation 9.4

Interprofessional collaboration in primary care – a cross-sectional study on health professionals' preferences

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Introduction: Interprofessional collaboration (IPC) between health professionals contributes to better patient care and increased efficiency. Scientific evidence suggests that the willingness of professionals to share responsibility is a prerequisite for IPC. In Switzerland, interprofessional collaboration in outpatient primary care remains insufficient despite political efforts. The division of tasks and responsibilities in healthcare is based on a historical tradition, according to which physicians take the main responsibility for decision-making in primary care, while other health professionals have less responsibility. Preliminary evidence suggests that the willingness of professionals to share responsibility is a prerequisite for interprofessional collaboration.

Aim: This study examines the relationship between the willingness of health professionals to share responsibility and their willingness to collaborate interprofessionally. Additionally, differences between the occupational groups are analysed.

Methods: Between January and July 2022, around 3'300 nurses, general practitioners, medical practice assistants, pharmacists, and physiotherapists working in primary outpatient care in Switzerland are surveyed online. The validated and pretested survey includes a conjoint experiment in which the respondents are assigned to a specially constructed situation. Based on a patient case study and questions on the assumption of decision-making responsibility as the first contact person and as the examining and treating person, the professionals' willingness to assume decision-making responsibility is assessed. In addition, questions are asked about the status quo, future preferences and self-perceived attitudes towards IPC and decision-making responsibility. Socio-demographic, educational and professional characteristics are also assessed. Data analysis includes multiple regression analyses.

Results: First results are expected in summer 2022.

Conclusion: n.a.

Relevance: Based on the results, recommendations will be made to policy makers for the development of future models of outpatient primary care and for the curricula in the health sector. The study will show to what extent a changed distribution of responsibility can contribute to the implementation of IPC in outpatient primary care.

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Oral presentation 9.5

Factors impacting advanced practice nurses' scope of practice in cancer care under consideration of their job satisfaction and well-being: preliminary results of a qualitative study

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Introduction: New models of care are required to address rising demands for cancer care and the increasingly complex health care needs of older people diagnosed with cancer in Switzerland. An innovative solution to this demand is establishing advanced practice nursing roles. These roles are effective for improving quality and access to care, patient health outcomes, and appropriate use of health services related to cancer care and other specialties. Advanced Practice Nurses (APNs) can address unmet patient health needs and rising demands for care across the cancer care continuum. However, APNs are still new in Switzerland, which is mirrored in the experience of various barriers impacting their scope of practice. Here, it remains unclear how APNs experience these barriers and how do they influence their job satisfaction and well-being.

Aim: To explore APNs experiences of barriers and facilitators impacting their scope of practice under consideration of their job satisfaction and psycho-social well-being.

Methods: A qualitative research design was chosen. Three focus group interviews were performed interviewing nurses working as APNs in cancer care settings from different regions in Switzerland. Participants were recruited by a multi-variation sampling strategy. A literature-based semi-structured interview guide with open-ended questions was used to explore APNs experiences. Interviews were recorded, transcribed verbatim, and analysed thematically.

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

Conclusion: Pending and will be presented at the conference.

Relevance for research and practice: Results will inform relevant decision makers such as managers and health human resource recommendations to strengthen the development, recruitment, and retention of the APN workforce in cancer care and support the sustainable implementation of APN cancer services in Switzerland.

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Abstracts poster presentations

Poster presentation 1.1

Utilization and barriers to mental health care access from the foster parent perspective

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Introduction: There are approximately 437,283 children in the foster care system in the US. Children in foster care experience stress, neglect, and abuse, all which can lead to poor short-term and life-long health outcomes. Children involved with the foster care system have significantly higher incidence of mental and behavioral health diagnoses such as attention deficit hyperactivity disorder, anxiety, and depression. Mental health conditions have been associated with increased incidence of homelessness, increased incidence of substance use disorders, risk of chronic long-term illness, and increased likelihood of incarceration, all of which burden the health care system and deeply impact the individual.

Aims: The goal of this qualitative descriptive study is to better understand utilization of mental health care services for children who are in foster care, including barriers to utilization, with an aim to improve mental health access and equity. The specific aims are: describe mental health care accessibility and barriers for children in the foster care system and to explore how accessibility and barriers to mental health care impact utilization from the perspective of foster parents.

Methods: This study utilized a qualitative descriptive design to explore the foster parent's experiences with accessibility to mental health services or barriers to utilization for children in foster care through foster parents' participation in focus groups. A conventional content analysis technique was utilized to explore themes within focus groups.

Results: Three core themes emerged from the data collected from foster parent focus groups: mental health care accessibility, child safety, and foster parents' recommendations for improvement.

Discussion: This study has illuminated foster parents' experiences and the challenges they face in accessing mental health care services for children in foster care and confirms previously described mental health care accessibility challenges. Through an exploration of foster parents' experiences, this study has broadened our understanding of challenges faced by foster parents in obtaining care and recommendations for improvement.

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Poster presentation 1.2

Endless hopeless- the experiences of recurrent miscarriage women in Taiwan: A qualitative study

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Introduction: Experience of miscarriage may alter women's psychological and mental health and quality of life. Some women who suffer more than one miscarriage encountered multiple kinds of loss, including loss of hope, loss of future childbirth potential, loss of health, and loss of self-esteem, in addition to the loss of the child itself.

Aim of Study: To explore the lived experiences of recurrent miscarriage women in Taiwan.

Methods: For this qualitative descriptive study, 30 Taiwanese women who had two or more miscarriages were purposively sampled from the prenatal outpatient departments of one medical center in southern Taiwan. Data were collected in semi-structured in-depth interviews with tape recording. Participants' narratives were analyzed using content analysis to identify key themes and categories.

Results: Analysis of interview data on the experiences of recurrent miscarriage women identified five main themes: (1) the initial reaction of recurrent miscarriages, (2) find the reasons for these miscarriages and exhausted methods to become conception, (3) under the pressure of inheritance, expecting pregnancy, but fear of miscarriage again, (4) social isolation- avoid everyone's concern, (5) go through recurrent miscarriages and set a turning point.

Conclusion: The findings identified experiences of social and psychological distress among women with recurrent miscarriage and demonstrated their needs for social and professional support. Appropriate supportive care and professional counseling must be taken into consideration within the constraints of current health service provision.

Relevance for research and practice: This study has the potential to make significant contributions to extant knowledge concerning the lived experiences of women with recurrent miscarriage in Taiwan.

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Poster presentation 1.3

Knowledge mapping as analysis method in mixed methods research – a methodological discussion

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Introduction: We used knowledge mapping as analysis method in the embedded qualitative part of our mixed method study (QUAN (qual)) to develop a questionnaire measuring performance of nursing care in Swiss acute care hospitals. We applied it in two focus-group interviews in which we discussed our working-definition of performed nursing care. In the literature, knowledge mapping is little described.

Aim of study: To demonstrate and discuss the practical application of knowledge mapping.

Methods: Knowledge mapping is a qualitative analysis method used to summarize, structure, analyse and visually present the content of discussions. In our focus-group interviews with registered nurses, a co-moderator generated knowledge maps during the interviews. To ensure credibility he presented them for member-checking at the end. These preliminary knowledge maps were then repeatedly validated by the audio recordings. By applying the technique of qualitative content analysis, they were further analysed and combined into a master knowledge map, suitable for integration. Regular reflective thinking sessions increased rigor.

Results: Each step of the analytical process was led by methodological considerations, which helped achieving the master map. The analysis of the preliminary knowledge maps was led by the interview question, taking into account pre-existing conceptual knowledge. Yet, summarising and analysing information during interviews was a challenge. The following analysis steps were then led by the overall research question of our qualitative study part.

Discussion / Conclusion: We conclude that repeated listening to the audio recordings and reflecting sessions are essential to ensure consistency between the interviews, the preliminary knowledge maps and the final master knowledge map.

Relevance for research and practice: Knowledge mapping has shown to be an efficient and challenging analysis method to obtain useful preliminary results of interview data. The methodological triangulation with the technique of content analysis provided guidance to achieve the final result.

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Poster presentation 1.4

Enhancing the understanding of the reconceptualized uncertainty in illness theory: Two principle-based concept analyses of probabilistic thinking & self-organization

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Introduction: Mishel's reconceptualized Uncertainty in Illness Theory (RUIT) consists of the concepts of probabilistic thinking and self-organization to describe the evolution of the subjective uncertainty meaning over time. Probabilistic thinking was defined as appreciating opportunities that arise from uncertainty and self-organization as the incorporation of enduring uncertainty into one's being. However, the meaning of the concepts is vaguely formulated and the logic between them remains unclear. This lack of explanatory power can limit nurses to understand the information the theory provides, and how to apply it in practice and research.

Aim of the study: To enhance the understanding of the RUIT by developing theoretical definitions of its concepts and finally to discuss the significance of the findings for the further development of the theory.

Methods: Two principle-based concept analyses according to Penrod and Hupcey (2005) were performed. Therefore, two conceptually driven literature searches were conducted. The analysis was based on the four philosophical principles: epistemology, logic, pragmatism and linguistic.

Results: The cognitive focus of probabilistic thinking differs by discipline. In nursing it lays on possibilities and in other disciplines on probabilities. In nursing probabilistic thinking leads to acceptance of uncertainty. According to the concept of probabilism certainties are inferred. The meaning of self-organization is described highly abstracted across all disciplines as a transition from instability to a new order. In nursing it leads to personal growth through a change in perspective.

Discussion: The contradiction between the meaning of probabilistic thinking in nursing and the principal logic of probabilism, points out the need to adapt the concept for the RUIT towards "possibilistic thinking" to reflect the meaning in nursing and prevent misunderstandings. Regarding self-organization, its characteristics show similarities with the concept of cognitive reframing, which may support in operationalization and further development of the RUIT on a lower level of abstraction.

Relevance for research and practice: The findings give first indications for the refinement of the RUIT to increase its applicability in practice and research. This will provide a deeper understanding of uncertainty in chronic illness and a theoretical basis for the development of nursing interventions and measurements. Furthermore, a contribution to theory dynamics in nursing is made.

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Poster presentation 1.5

Music in medicine and evaluation of fear, anxiety and pain in patients with cardiac surgery

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Introduction: Cardiovascular diseases are the leading cause of death in people under the age of 65 in Europe, and account for 32% of all deaths worldwide. Cardiac surgery is perceived by patients as a very risky surgical field in terms of life-threatening, therefore patients are exposed to considerable stress and anxiety. At present, the use of music as a nursing intervention for the patient's well-being (well-being, health) is not hindered by the high cost. Appropriate stress-reducing interventions have a positive effect. One of these interventions is music therapy, which has the effect of relaxing fear, anxiety and anxiety. Listening to music as a targeted nursing intervention is an inexpensive tool for the patient to increase his mental comfort.

Aim of study: The aim of the review is to map the effect of listening to music as an intervention to affect fear and anxiety in adult patients with heart surgery.

Methods: Searching for articles in databases Science Direct, Medline/PubMed, CINAHL / EBSCO host, Cochrane library, Web of Knowledge, Bibliographia Medica Čechoslovaca (BMČ) and search engines: Google Scholar, Pub Med, EBSCO. Including criteria: full texts, English language, articles on adult patients, randomized control studies, quasi-randomized and quasi-experimental studies, qualitative studies, retrospective studies, published during 2010-2020.

Results: Selected 16 studies. Seven studies demonstrated a statistically significant effect on reducing postoperative pain, three Iranian, one Turkish, one Chinese, one Indian, one Egyptian. Differences in pain assessment in intervention patients versus the routine postoperative care group on the VAS scale were 1.07 to 2.7, on the NRS scale were from 1.1 to 3.1. Postoperative anxiety was statistically reduced by music in three studies. Perioperative stress was influenced statistically significantly by music in one study.

Discussion / Conclusion: The evaluated variables in the studies are: music as a part of postoperative care, preoperative anxiety, perioperative stress, pain itself, or pain associated with emotional states such as anxiety and anxiety or other indicators of stress. The studies were burdened by limits. Bias risks arise in all studies, the most common problem being blinding of the study: subjects and staff are difficult to blind, especially in studies with subjective indicators. Current literature includes studies with a very small number of respondents with protocols with a wide range of variability in terms of duration, frequency, postoperative timing, and specific music selection.

Relevance for research and practice: Listening to music as a non-pharmacological method to reduce fear, anxiety, pain is a suitable intervention of nurses for patients undergoing cardiac surgery. The aim of the ongoing dissertation project is to determine the effect of listening to music as a nursing intervention on fear and anxiety in adult patients before heart surgery and on pain after this type of operation.

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Poster presentation 1.6

The acuity of oncological emergencies using the Canadian triage guidelines

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Introduction: Triage in an emergency department plays a pivotal role as the volume of visitors is unpredictable. In this setting, patients are triaged to ensure that urgent or life-threatening conditions are seen immediately, while others with more stable conditions are safe to wait.

Aim of study: We examined the Canadian Triage and Acuity Scale guidelines to determine if the acuity of oncological emergencies can be prioritized appropriately.

Methods: We used an interactive computerized Canadian triage tool to triage actual scenarios of select oncological emergencies; superior vena cava syndrome, cardiac tamponade, tumor lysis syndrome, and febrile neutropenia.

Results: Patients with superior vena cava syndrome were likely to present with subtle manifestations, which rendered them triaged to the lower acuity level of '4' or '5'. A similar low acuity triage rating was expected among patients with cardiac tamponade due to the gradual and chronic accumulation of fluids as the body adapted slowly to these incremental changes. Tumor lysis syndrome was also complex to triage appropriately using these triage guidelines as early detection at triage required electrocardiogram and laboratory testing. The guidelines prioritized febrile neutropenia appropriately only if the patient had a high fever and presented with infection signs. Still, one-third of neutropenia patients were afebrile and had increased mortality.

Discussion / Conclusion: Although revisions have been implemented and the Canadian triage tools' reliability has improved, additional support is needed at triage to determine the urgency of oncological emergencies accurately. These guidelines can be sensitive in this population only if patients presented with severe manifestations or with more investigations ordered at triage which can be unlikely to occur in the first place or can prolong triaging time in the second scenario.

Relevance for research and practice: Multiple sensitive severity scales are available for different oncological emergencies, which can better identify the real urgency if combined with the triage guidelines. Further, protocols and care pathways should be in place to enable immediate fast-tracking of patients to provide timely treatment.

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Poster presentation 2.1

Sense of coherence, life satisfaction and self-esteem of the senior citizens living in community: Pilot study from Czech setting

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Introduction: The number of senior citizens is constantly growing, currently accounts for a fifth of the Czech population. The lack of information is known about the sense of coherence in Czech senior citizens.

Aim of Study: The aim of this study was to evaluate the sense of coherence, life satisfaction and self-esteem of senior citizens living in the community.

Methods: Data were collected with a tools Sense of Coherence 13 (SOC-13), Life Satisfaction Index for the Third Age-Short Form (LSITA-SF), Rosenberg Self-Esteem Scale (RSES). Data were processed with Stata version 14, the significance level was set at 0.05. Kruskal-Wallis test and Spearman's correlation coefficient were used.

Results: The sample comprised 345 senior citizens living at home setting, who visited a GP in the community care from March to November 2021. Statistically significant relationships were found between LSITA-SF and religion ($p = 0.011$), between RSES and religion ($p = 0.008$), between LSITA-SF and marital status ($p = 0.002$), and between subjective assessment of the state of health and SOC-13 ($p < 0.001$), LSITA-SF ($p = 0.002$), and RSES ($p < 0.001$). The relationships was also found between age and SOC-13 ($p = 0.024$), LSITA-SF ($p = 0.000$), and RSES ($p = 0.006$). Statistically significant correlations ($p < 0.05$) existed between all tools.

Conclusion: The significant correlations existed between all tools which were used. Religious respondents reported lower self-esteem than unbelieving, and also their life satisfaction was lower than unbelieving ones. Respondents who subjectively assessed their state of health better reported higher self-esteem, sense of coherence and also life satisfaction. Younger respondents reported better self-esteem, greater sense of coherence and life satisfaction than older ones

Relevance for research and practice: Research focuses on the psychosocial aspects of the aging population can help create prevention programmes designed for promoting healthy aging at home.

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Poster presentation 2.2

The association between work environment, job characteristics and person-centered care for people with dementia in nursing homes - a cross-sectional study

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Introduction: Health care organizations are obligated to continuously improve quality of care for nursing home residents. In dementia care, person-centered care (PCC) approaches have become a dominant indicator for good quality of care in nursing homes. Based on earlier studies, the work environment seems to play a major role in the delivery of PCC.

Evidence on the relationship between work environment, job characteristics and PCC in nursing homes is scarce.

Aim of Study: The aim of this study is to explore the relationship between work environment (i.e. transformational leadership, teamwork, unity in philosophy of care), job characteristics (i.e. work conditions, satisfaction, social support, task variation and opportunities, autonomy and organizational commitment) and PCC for people with dementia in nursing homes.

Methods: Data from a cross-sectional study into quality in a broad scope of dementia care environments were used. Direct care staff (n= 552) of nursing homes (n= 49) filled in an online questionnaire about work environment, job characteristics and PCC. Multilevel linear regression analyses were conducted to examine relationships.

Results: Significant associations were found between a more transformational leadership style, less social support from a leader, a higher unity in philosophy of care, higher levels of work satisfaction, more development opportunities, better experienced teamwork and staff- reported PCC.

Discussion / Conclusion: PCC in a complex nursing home environment is influenced by work environment and job characteristics. By generating more evidence on the cause-effect relationships PCC could be improved.

Relevance for research and practice: Leaders may consider facilitating collaboration and creating unity between care staff, clients and family members in order to provide PCC. Future research should investigate cause-effect relationships of work environment characteristics and PCC.

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Poster presentation 2.3

Modelling and investigation the impacts of coronavirus disease Covid 19 on the life in Jordan

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Background and Objectives: Coronavirus disease COVID 19 has become a global health concern, has caused fear into the population locally and globally, and horrified the world medical society. This paper aims to investigate the impacts of COVID 19 on life in Jordan and to predict the number of COVID-19 new cases, total deaths and recoveries using Jordanian ministry of health data.

Materials and Methods: A quantitative study using Google Form Electronic survey was carried out with 300 participants to investigate the impacts of COVID 19 on life in Jordan. Furthermore, authors used non-linear regression to predict new cases, total deaths and recoveries. The prediction was based on number of days only and by using SPSS, we select the best models such as cubic model which have a strong power and correlation.

Results and Discussion: COVID 19 has a high impact on cultural and social activities, education, tourism, trade, transportation, health care system, mental health, and lastly financial issues. However, health care system and financial issues such as market requirements, the uncertainty of taxes, price volatility, inflation costs, and materials fluctuation costs are the most impacted. Nevertheless, all the development models are statistically significant at the significance level of 0.05. As well, it was noticeable that all development models can estimate the number of cases efficiently, but the best one is the cubic model.

Conclusion: Coronavirus disease COVID-19 is an unprecedented international public health challenge. Several healthcare systems in many countries have collapsed or near-collapsed. The strategy and response of the Jordanian government are succeeded to contain COVID 19 outbreak. However, health care system and economic sectors are the most impacted last two years, and there is an ambiguity of the recovery of these sectors in the near future. Furthermore, this study provided some suggestions for the government in Jordan to work hard to improve the health care system and to protect the economic sector from collapse.

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Poster presentation 2.4

Maternal and neonatal salutogenic outcomes in association with midwifery staffing – a causal inference framework (MaNtiS)

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Introduction: For childbirth the World Health Organization recommends to focus on the preservation of physiology rather than on risk reduction. Known under the framework of salutogenesis, midwives play a central role in promoting physiological birth processes. To fulfil their responsibilities, sufficient personnel is essential. To support decision making regarding appropriate midwifery and nurse staff planning stronger empirical data is required. An opportunity to infer convincing cause and effect relationships from observational data is provided by causal inference methods.

Aim: This project aims to investigate the causal effect of midwifery and nurse staffing levels on salutogenic maternal and neonatal outcomes.

Methods: First, salutogenic staffing-sensitive maternal and neonatal outcomes will be identified. Second, midwifery and nurse staffing patterns of a university hospital in Switzerland will be described based on a four-year period. Third, a causal diagram for each of the salutogenic outcomes will be created to understand the causal mechanisms with staffing. Fourth, salutogenic outcome data will be collected from routine data and electronic health records of birth giving parents and their newborns. Finally, the observational data will be modelled according to the causal mechanisms and the effect of staffing on the maternal and neonatal salutogenic outcomes will be determined.

Expected results: Midwifery and nurse staffing patterns of the university hospital will be described on shift level. This will contribute to a better understanding of current staffing practices and to identify gaps in the service provision. Measured salutogenic outcomes will build the foundation for understanding the causal effect of staffing on birth giving parents and their newborns.

Impact: The MaNtiS project will provide robust evidence about the consequences of staffing on birth giving parents and newborns. Findings will offer clinical practice a perspective to improve maternal and neonatal outcomes by promoting physiologic processes by improving midwifery and nurse staffing.

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Poster presentation 2.5

Revised MISSCARE-Austria: using the TRAPD method to translate the revised MISSCARE Survey from English into German

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Introduction: Questionnaire translations in German-speaking nursing science consistently rely on methods using first- and back-translation techniques despite increasing criticism. In contrast, the TRAPD method is recognized as best practice in intercultural social research. However, experience with the application of this method in German-speaking nursing science is lacking.

Aim of Study: To describe the utilization of the TRAPD method using the example of the translation of the revised MISSCARE Survey from English into German and to discuss necessary adaptations, advantages and limitations of this approach.

Methods: An adapted version of the multi-step and team-based translation method TRAPD through the steps: preparation, translation, review, adjudication, pretest and documentation and GESIS guidelines for intercultural questionnaire translation.

Results: The application of the TRAPD method required an iterative approach consisting of a total of 15 partially repeated steps, which were supplemented by literature research and exchange with key persons. The new revised MISSCARE Austria instrument consists of eighty-five items. For the majority of the items, equivalent terms or phrases were found that allowed a straightforward translation. Complex translations were iterative and checked with instrument developers. For some items an adaptation was necessary due to cultural, measurement and construct related aspects. Instrument equivalence was examined with instrument developers, promoted by multiple cognitive pretesting with nurses and discussed based on the similar results of psychometric testing between the original and adapted instrument.

Conclusion: Our study strengthens the argument that the TRAPD method is appropriate for translating measurement instruments in German-speaking nursing science. However, this example shows that further experience with this method is necessary for its development for our discipline.

Relevance for research and practice: Without recurring to back-translation techniques, we showed how the TRAPD method can be suitable for German-speaking nursing science. Further adaptations of the method and a discussion about the comprehensible presentation of equivalence between source and target instruments seem nonetheless still necessary.

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Poster presentation 2.6

Establishing content validity of a survey determining dysphagia prevalence and practices in residential long-term care settings

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Introduction: Dysphagia is common in older adults living in residential long-term care settings (RLTCS), requiring timely diagnosis and appropriate management to avoid potential complications. Current dysphagia prevalence rates, swallow screening and dysphagia management practices in RLTCS in the Republic of Ireland are unknown. We have developed a survey to explore dysphagia prevalence rates and associated swallow screening and dysphagia management nursing practices in RLTCS.

Aim of Study: To establish content validity of the Dysphagia Prevalence and Practices in Residential Long-term Care Settings Survey (DPPinRLTCS-Survey).

Methods: An expert panel formed with individuals with knowledge about swallow screening and dysphagia management practices from nursing and speech and language therapy backgrounds evaluated the DPPinRLTCS-Survey using a purposefully built questionnaire. Experts scored each item using a four-point rating scale in terms of clarity and representativeness. Item-level Content Validity Index (I-CVI), Average Scale-level Content Validity Index (S-CVI/Ave) and Universal Agreement Scale-level Content Validity Index (S-CVI/UA) were calculated for representativeness and clarity. I-CVI \geq 0.78, S-CVI/Ave and S-CVI/UA \geq 0.90 were considered excellent, whereas I-CVI $<$ 0.70 suggest that the item should be eliminated.

Results: Two nurse managers, two nurse specialists and four senior speech and language therapists with postgraduate qualifications, up to three years of experience in dysphagia related research and three to thirty-six years of clinical practice evaluated the DPPinRLTCS-Survey. I-CVI ranged between 0.75-1.00. For representativeness, S-CVI/Ave=0.97 and S-CVI/UA=0.80. For clarity, S-CVI/Ave=0.94 and S-CVI/UA=0.63.

Conclusion: Both I-CVI and S-CVI/Ave scores suggest that the DPPinRLTCS-Survey scored high content validity values in terms of clarity and representativeness. S-CVI/UA scores were average for clarity and representativeness. Findings support the importance of measuring S-CVI/UA where there is diversity in an expert panel.

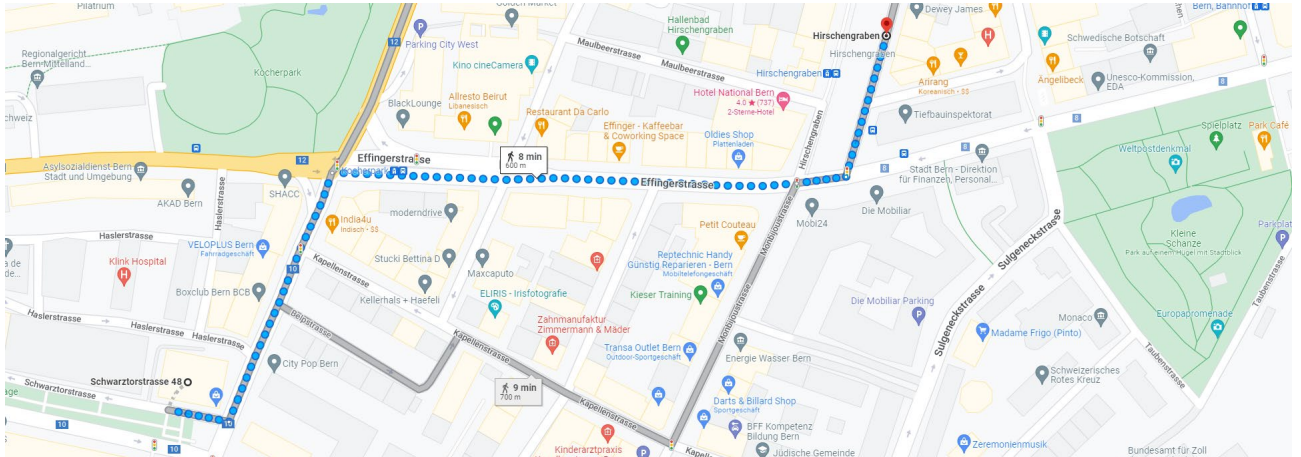
Relevance for Research and Practice: Calculating S-CVI/Ave and S-CVI/UA in addition to I-CVI, when determining content validity of a new survey, is required to account for diversity in expert panels.

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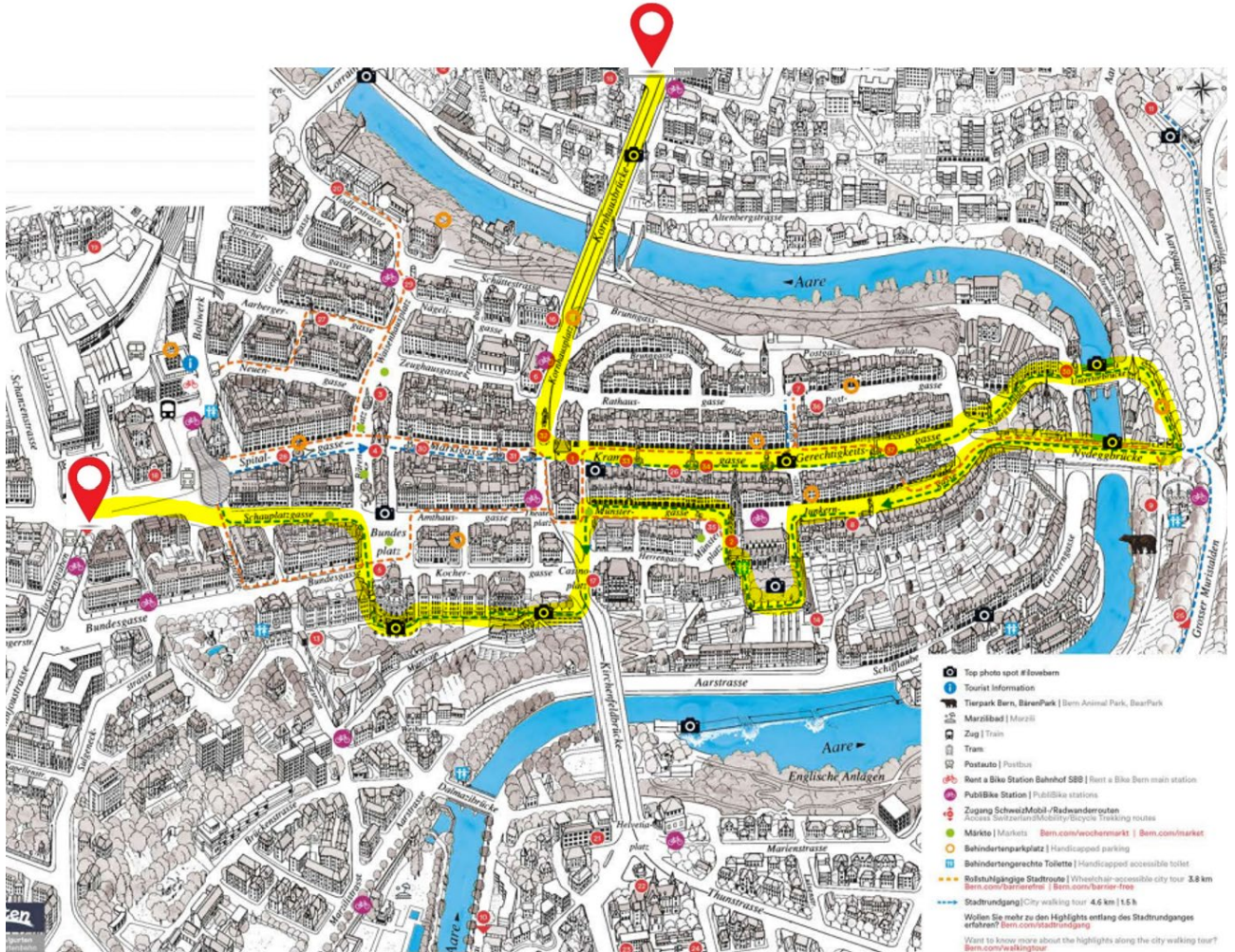


City walk to conference dinner

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2. Take your City Map Bern and we suggest to follow the highlighted yellow line directing to the location for conference dinner ([Kursaal Bern, Kornhausstrasse 3, 3013 Bern](#)).



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Acknowledgements

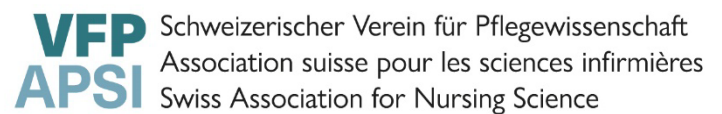
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