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THE BOOK OF ABSTRACTS

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1- PERSONALITY CHARACTERISTICS OF DUTCH PERIOPERATIVE HEALTHCARE PROFESSIONALS WHEN COMPARED TO THE NORMATIVE DUTCH POPULATION.

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Background:

Working in the perioperative context is complex and challenging due to the impact of ageing and innovations, making new ways of working and collaborating emerging. The continual evaluation in this environment underscores the need for adaptability to technological advancements, and requires substantial allocation of resources for training and education. Educational programs for nurse anesthetists and surgical nurses should prioritize candidates through their unique personality traits and their ability to adapt evolving technologies.

Aim:

To explore personality characteristics of perioperative healthcare professionals that are instrumental for sustainable employability in technologically advanced environment.

Methodology:

Personality characteristics were identified with the Big Five Inventory, which consisted of 60 items answered on a five-point Likert scale (strongly disagree to strongly agree). 823 perioperative healthcare professionals (360 nurse anesthetists and 463 surgical nurses) and 827 participants of the normative Dutch population completed the online survey. A respondents' score on the BFI-2 reflects its individual personality on one of the five dimensions: (1) openness to experience/ open-mindedness; (2) conscientiousness; (3) extraversion; (4) agreeableness; and (5) neuroticism/ negative emotionality.

Results:

Specific personality traits were found for nurse anesthetists and surgical nurses when compared to the normative Dutch population. Traits of nurse anesthetists differed significantly on all domains of the Big Five Inventory, with the largest differences found within the dimension negative emotionality ($F=3532.39$, $df=2$, $p<0.001$). The same applied to surgical nurses, in which the largest differences were also found within the dimension negative emotionality ($F=4051.66$, $df=2$, $p<0.001$).

Discussion:

This study highlights the role of specific personality traits in maintaining employability among Dutch perioperative healthcare professionals within the rapidly evolving and technologically advanced landscape of healthcare. It contributes to an understanding of sustainable employability in technologically advanced environments and emphasizes the relationship between individual traits and professional excellence, being crucial educational strategies and overall improvement in healthcare.

2- CASE MANAGEMENT ACTIVITIES IN PALLIATIVE CARE IN ONCOLOGY: A SCOPING REVIEW

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Background:

Despite growing attention paid to patient engagement in cancer care, their involvement is often limited, especially in the terminal phase. Case Managers (CMs) have long been deployed to improve personalization in palliative cancer care, but the heterogeneous nature of this role makes it difficult to gather evidence of its effectiveness and standardize its implementation by health policies.

Aim:

To explore the models, characteristics, and specific activities of Palliative Care Case Managers in oncology.

Methodology:

This scoping review was performed and reported in accordance with the PRISMA-ScR checklist. Seven electronic databases (Cochrane Library, PubMed, Scopus, EMBASE, CINAHL, PsycINFO, and Web of Science) and Google Scholar were searched for relevant papers until February 2023. Studies were included if they reported Case Management interventions for cancer patients receiving palliative care. The charted data included study characteristics, case management activities, case management models, and intervention delivery.

Results:

Eight studies were included. In all studies, the CM role was performed by a nurse. A total of 38 activities emerged from the analysis and five themes were identified across them, including "Information, education and self management", "Support and counselling", "Patient centredness", "Network", "Quality of care". The case load for case managers ranged from 30 patients for CM/month to 171 patients for CM/six months. Interventions may be performed at home, in-hospital, via telephone, or with a combination of both.

Discussion:

Different settings may benefit from different palliative CM models. A standardized description of Case Management activities is required for future literature, as well as for establishing a shared definition of this role in diverse contexts, including its modes of multidisciplinary integration. A standardized reporting framework for studies on this topic is needed to guide future research. Further studies are needed to describe the case management activities in palliative care for cancer.

3- SKILLS MANAGEMENT FOR NEW NURSES IN THE OR: WHEN MYORCO BECOMES AN ESSENTIAL TOOL!

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Background:

In Europe, the education of nurses in perioperative care is diverse and, in some countries, not mandatory to work in the OR.

Aim:

I will present MYORCO tool as a possibility to facilitate the integration of new nurses in the staff.

MYORCO = MY Operating Room nurse COach

www.myorco.eu

Methodology:

MYORCO is a European Erasmus Partnership project. The aim of our project was to create a website with online tools for the skills management of new OR nurses and students. It was created, tested and experimented in 5 European countries: Sweden, Finland, Czech Republic, Greece, France and Belgium.

It was developed in English and translated in French, Swedish, Finnish, Czech and Greek languages.

Results:

MYORCO was developed around the basic practices in the OR for the new OR nurses and students. It offers a wide range of training videos. These short videos show the correct and safe ergonomics of instrumentation and explain the use of some basic equipment the OR nurses regularly use during surgical procedures. A second part is the instruments library with around 150 pictures of instruments presented with their context of use. The results are visual and educational tools that can be used easily in the field of training and evaluation. This tool is very useful for OR head nurses to plan and manage the competencies of their team, and for new nurses to self-assess their progress in acquiring the required competencies.

Discussion:

I will present a power point on the MYORCO tool with print screens. It will give a visual idea of the benefit of using these tool to facilitate the self-learning of the students and the new nurses in the OR.

4- CLINICAL ROLES AND EXPERIENCES OF NUTRITION-FOCUSED CLINICAL NURSE SPECIALISTS: A SYSTEMATIC REVIEW

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Background:

The Clinical Nurse Specialist in Nutrition possesses the expertise to offer specialized clinical support and leadership in the field of clinical nutrition. Despite the identification of their role, uncertainties persist regarding the optimal integration of this professional within diverse Global Health Systems.

Aim:

The aim of this review is to delineate the responsibilities of this professional by analyzing clinical experiences and data sourced from Nutrition Scientific Societies.

Methodology:

A systematic literature review was undertaken following the Prisma Statement guidelines. The search was conducted initially in the Cochrane Library databases and subsequently extended to include Pubmed, Embase, Cinahl, Scopus, and Web of Science. Additionally, a manual search of studies published in Google Scholar was conducted to include the analysis of "grey literature." Among the 2,348 initially identified records, 21 studies were ultimately included in the present review.

Results:

Specialized training programs and certification courses are fostering the growth of Clinical Nurse Specialists in Nutrition in various hospital and community settings. Clinical experiences confirm their ability to deliver expert assistance with a strong emphasis on safety, efficacy, and quality of care.

Discussion:

The global implementation of nurse nutrition specialists remains limited. Coordinated training programs between Scientific Societies and Nursing Universities could serve as a foundation for developing this specialization in countries where this role is currently absent.

5- DEVELOPING NURSING SPECIALIZATION PROFICIENCY USING AN EVIDENCE-BASED COLLABORATIVE ONLINE INTERNATIONAL LEARNING GLOBAL EXCHANGE APPROACH

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Background:

As nursing specializations expand worldwide, fostering networking opportunities among nursing faculty and students is paramount. The Collaborative Online International Learning (COIL) approach is an evidence-based practice networking opportunity that uses global partnerships to cultivate clinical proficiency and critical thinking in nursing students. The COIL approach provides faculty and students with the opportunity to develop professional connections and share insights and lessons learned across global communities as nursing specializations are expanded.

Aim:

This presentation discusses a global partnership between nursing education colleges, one with decades of multiple nursing specializations, and others that were at entry-level for developing specializations. We describe how we collaborated on COIL initiatives to provide linkages with students in different specializations (e.g., school health, public health, oncology, nurse practitioners) across undergraduate and graduate programs to expose participants to different perspectives, developing a “global” lens, clinical proficiency, and critical thinking in evidence-based practice.

Methodology:

Using the COIL approach, we developed scalable projects embedded in a standard curriculum that was brief, interactive, and engaging by developing advanced practice specialization case studies, joint projects, evidence-based practice critiques, and peer-to-peer interactions to promote clinical expert knowledge and role development in nursing.

Results:

Integrating COIL experiences within undergraduate and graduate curriculums to expand nursing specialization skill sets resulted in a win-win teaching opportunity for faculty and students. We found that using the COIL learning approach, proficiencies in assessment, critical thinking, and role development across diverse specialty areas, inside and outside the classroom, led to a broader mindset of global professional nursing practice and cultural awareness.

Discussion:

Overall, in this project, the COIL initiatives was a catalyst, driving the progression of networking between faculty and students on professional projects, ultimately fostering career success and enhancing visibility for global nursing education and practice.

6- USING QI METHODOLOGY TO IMPLEMENT EARLY WARNING SCORES FOR VETERINARY PATIENTS

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Background:

Early warning scoring systems can help to identify patients who are deteriorating at the earliest possible opportunity and implement the most appropriate care. NEWS has provided a 'common language', which is spreading across the healthcare sector. It can help to identify patients most at risk and be a valuable tool. Although recommendations have been made in the veterinary sector, no such system yet exists, and there is limited literature as to whether this type of approach would be beneficial.

Aim:

- Early Intervention process for veterinary patients
- Standardising assessment parameters for dogs and cats in the hospital setting
- Recently developed by Belinda Andrews-Jones RVN
- References a similar approach to NEWS and the subsequent NEWS2 from the human healthcare sector, as developed by the Royal College of Physicians.
- Outcomes should be measured over a specific period.

Methodology:

- Following the NHS seven step process:

Identify measures, such as driver diagrams.

Planning the measurement activity, such as clinical audit.

Generate the data: Consideration of all data from one, or a group of practices, or data samples from a wider range of practices. Restrospective data collection, in order to reduce burden during busy shifts. Training and standardisation of the veterinary team required, for effective implementation.

Results:

Data analysis processes, such as run charts, identifying positive changes following the intervention.

The review of the data should include consideration of the structure, process and outcomes.

An ongoing approach to, and consideration of, improvements is required, such as the enhanced PDSA approach, the 'model for improvement'.

Discussion:

In order to ensure that the IQ initiative is implemented in an ongoing way, and it is truly embedded, staff must be engaged. The 'model of alignment' suggests incentives and actions, at all levels, to facilitate effective interventions. And finally, determining whether the project has been a success or not will be critical.

7- TREATMENT ADHERENCE AND QUALITY OF LIFE IN PATIENTS WITH TYPE 2 DIABETES.

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Background:

Type 2 diabetes is among the top ten chronic diseases causing death worldwide. Adherence to treatment recommendations is an important aspect of preventing the consequences of diabetes, including deterioration of QoL.

Aim:

Assessment of quality of life and adherence of patients diagnosed with type 2 diabetes mellitus

Methodology:

The study included 100 patients diagnosed with type 2 diabetes. The study used medical record analysis, a self-administered questionnaire and standardized survey instruments: ACDS, DQL-BCI and WHOQOL-BREF.

Results:

Analysis of the ACDS questionnaire showed low adherence in 47% of the subjects, medium adherence in 46%, high adherence was achieved by 7%. Among the reasons for non-adherence, respondents indicated forgetfulness (41%), lack of improvement in well-being (17%) and lack of faith in the effectiveness of treatment (16%). Less than 62% of respondents were under the care of a diabetes clinic, 53% kept a self-monitoring diary, and 16% received diabetes education. The DQL score averaged 53.41 points (SD = 7.6). The average WHO quality of life score in the QoL perception domain was 3.4 points (SD=0.75), in the self-perception domain 3.12 points. (SD=0.94). Analysis of individual domains of the WHO questionnaire showed a mean of 13.96 points. (SD=2.25) in the psychological domain, mean 13.77 points (SD=2.36) in the social domain, a mean of 13.21 points (SD=2.39) in the physical domain, and a mean of 12.83 points (SD=1.97) in the environmental domain.

Discussion:

The World Health Organization points to the need to assess and improve the quality of life of patients with type 2 diabetes. Adherence to therapeutic recommendations avoids diabetes complications while affecting disease control. Measures should be taken to support patients in adhering to therapy recommendations. Tailored diabetes education and equipping patients with reminder devices can play a major role in this regard.

8- COMPETENCIES OF NURSE MANAGERS IN LEADING INNOVATION PROCESSES IN HEALTHCARE ORGANIZATIONS

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Background:

Healthcare organizations are in a dynamic environment that requires managers to have advanced competencies to lead the organizations. Managers are expected to introduce innovations to create a favourable environment, in which professionals can deliver high-quality healthcare. Tools are needed to support organizations in conducting innovations successfully.

Aim:

The study aims to develop a questionnaire and assess the role of nurse manager in leading the innovation processes currently happening in healthcare contexts and the correlation to individual and organisational characteristics.

Methodology:

The questionnaire was developed through a review of innovation management domains and their correlated factors of innovativeness, innovative behaviors, innovation adoption. The existing validated questionnaires, theoretical frameworks, and nurse managers' competence domains were used to develop an initial pool of items. Content validity was conducted through experts' evaluation and pilot test involving nurse managers recruited through convenience sampling in two Italian healthcare organizations. The reliability was measured using Cronbach's alpha.

Results:

The final questionnaire is composed of 41-items. These items can be grouped into five behavioral domains that are expected to be adopted by the managers, namely: adaptive thinking, influencing behaviors, leadership style, leading team, and proactive approach. The pilot test involved 17 nurse managers (mean age 45.2 (ds±9.5); female 81.3%; mean age in role 9.6 (ds±7.0); master's degree 82,3%) and showed high content validity (Cronbach α 0.95). The success of innovations appears to be related to managerial behaviors. The most frequent innovations involve the introduction of new training program, management protocols, shift management, and their implementation seems to be related to managerial experience.

Discussion:

The questionnaire is a reliable instrument to measure the manager's role in leading innovative processes. The development process highlights the importance of combining different methods, each adding contributions to the final product. More data are needed to observe any correlations: the questionnaire will be validated by surveying 400 nurse managers.

9- QUALITY AND ITEM ANALYSIS OF STUDENT-GENERATED MULTIPLE-CHOICE QUESTIONS

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Background:

In assessments featuring multiple-choice questions (MCQs), students often rely on surface learning by recalling information from learning materials (Grainger et al., 2018 & Vanderbilt et al., 2013). Such conventional assessments have limitations in promoting deep learning. In this project, students were engaged in higher-order thinking by writing MCQs.

Aim:

This project aims to develop a question bank and revision exercises using student-generated MCQs and evaluate their quality.

Methodology:

Students enrolled in Year 4 of Bachelor of Nursing Programme participated in an MCQ writing workshop. Each student wrote four-option MCQs and provided explanations for the correct answer. Two reviewers assessed the cognitive levels of each MCQ using rubrics based on Bloom's taxonomy. The quality of the MCQs was evaluated based on correctness and usability, using scores ranging from 1 to 5. These MCQs were pooled to develop a student-generated question bank. In addition, 30 MCQs with the highest scores and cognitive level were extracted to form a revision exercise for students. An item analysis was conducted on these selected questions, assessing their difficulty level and discrimination index.

Results:

A total of 118 MCQs were collected from 59 students. Out of these, 71 MCQs (60.2%) were rated as higher cognitive levels of application and analysis. A quality assessment indicated that 113 MCQs (95.8%) had been correctly written in terms of the question stem, the answer, and the accompanying explanation, whereas 77 MCQs (65.3%) were considered usable for the question bank. An item analysis of the revision exercise showed difficulty levels ranging from 46.88% to 71.88% and discrimination index ranging from 0.53 to 0.92.

Discussion:

This project highlights the pedagogical values of MCQ writing for students. Developing MCQ is an active approach that promotes higher-order thinking and helps consolidate learning. Results of this project have significant implications for informing future curriculum development.

10- OVERQUALIFICATION AND UNDEREMPLOYMENT: ITALIAN VALIDATION OF THE SCALE OF PERCEIVED OVERQUALIFICATION (SPOQ-IT) IN THE NURSING PROFESSION

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Background:

Acquired competencies, skills and abilities can lead professionals into a situation of overqualification that has been shown to be associated with absenteeism, the desire to abandon the respective profession, negative work performance and interpersonal conflicts.

Aim:

To develop an Italian version of Maynard's Scale of Perceived Overqualification (SPOQ-IT) and validate it within in the Italian nursing profession.

Methodology:

The Scale of Perceived Overqualification (SPOQ) was linguistically and culturally adapted in order to develop an Italian version (SPOQ-IT), which was then validated within the Italian nursing profession, calculating a content validity index and testing the scale validity with a cross-validation approach using Cronbach's alpha and exploratory and confirmatory factor analyses.

Results:

The SPOQ-IT was seen to achieve a good content validity index. Two dimensions emerged from the exploratory factor analysis and found support in the confirmatory factor analysis, "overqualification" and "underemployment". Age, gender and seniority in terms of work years were found to affect the perception of overqualification and underemployment in the Italian nursing profession.

Discussion:

The study found the SPOQ-IT to have good psychometric properties and demonstrate that acquired competencies, skills and abilities are often felt to underexploited in the Italian nursing profession, leading to perceptions of overqualification and underemployment.

11- SELF-CARE IN A POPULATION OF REFUGEES AND ASYLUM SEEKERS:
MULTICENTRIC OBSERVATIONAL STUDY

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Background:

Refugees and asylum seekers (AS) face numerous challenges related to involuntary migration, including declining psychosocial health exacerbated by barriers to financial, social and health access.

Despite the potential benefits of self-care behaviors in maintaining health and preventing disease, research on this topic among refugee and AS populations remains scarce

Aim:

Drawing from studies on chronic disease management, which highlight the importance of self-care for health and well-being, this study aims to evaluate self-care behaviors among adult refugees and AS in Italy and assess their association with psychosocial health and quality of life.

Methodology:

Through a multicenter observational design, 1000 participants residing in Italian reception centers will be evaluated, excluding those with serious mental health conditions or terminal illnesses.

Results:

The expected results of the study are to understand the relationship between self-care, predictors and health outcomes to implement tailored interventions aimed at refugees and AS

Discussion:

By addressing the gap in research on self-care in this population, findings from this study can inform health promotion strategies, culturally competent care delivery, and policy interventions aimed at ensuring migrant well-being while reducing costs healthcare.

Emphasizing self-care practices adapted to the specific needs of migrant populations can help improve health outcomes and overall well-being, underlining the importance of considering ethnic diversity and sociocultural context in health interventions.

12- NURSES' AWARENESS IN THE MANAGEMENT OF CHRONICITY AND POLYPHARMACY THERAPY BY NURSE SPECIALISTS

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Background:

Coping with progressive population ageing, correlated with the appearance of multiple chronic illnesses and related polypharmacy, is an objective for the sustainability of quality of care for all European health systems.

Aim:

For World Patient Safety Day 2022, 46 temporary outpatient clinics were set up in Italy where multidisciplinary teams performed free drug reconnaissance/reconciliation.

Methodology:

Phase I: Multicenter study, sponsored by INSH, identified inappropriateness/interactions in polypharmacy patients. Data were collected using INTERcheck web (developed by IRCCS Mario Negri, Milan, Italy). Phase II: Exploratory survey addressed to the healthcare professionals involved (open-ended questions, closed multiple-choice questions, and NET Likert scale items). Results were analyzed with descriptive statistics using Excel databases.

Results:

Among the 488 patients admitted, 95% were exposed to interactions impacting clinical outcomes. The prevalence of potentially serious DDIs (drug-drug interactions) was 66.5%, of which the most frequent were drugs with cardiotoxic and additive effects on QT. 46.5% of patients were taking at least three psychoactive medications with an increased risk of falls. In the survey, participating nurse practitioners were enthusiastic about the initiative and willing to participate in another study to assess the impact on the review of prescribed therapies. The high educational impact is glaring: 14.3% did not know Ministerial Recommendation No. 17 on therapy review and 35.7% did not apply it, 21.4% did not know that it was part of the Essential Levels of Care and 7% did not know about the INTERcheck system. Furthermore, little clarity emerges as to who should carry out the different steps of the drug review.

Discussion:

Professionals who can effectively assist patients in the transitional phases of care, particularly in the management of disease and related therapy, is critical. The implementation of professional skills and awareness in care management is indispensable for the support and education of patients, their self-care, and the maintenance of their health status.

13- PREDICTION MODEL OF ICU DELIRIUM IN CRITICALLY ILL PATIENTS AFTER ELECTIVE SURGERY: A RETROSPECTIVE STUDY

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Background:

Intensive care unit (ICU) delirium is a syndrome with a multifactorial aetiology associated with increasing mortality in ICU patients. There is a lack of knowledge on the PREDELIRIC model in Italian critically ill patients after elective surgery.

Aim:

This study aimed to describe a prediction model of ICU delirium in critically ill patients and their risk factors after elective surgery.

Methodology:

We performed an observational study in one Italian ICU. We evaluate an ICU delirium in a critically ill patient through an Intensive Care Delirium Screening Checklist, and we used the Prediction of Delirium in ICU Patients (PRE-DELIRIC) score to determine a risk to onset ICU delirium in critically ill patients. A simple linear regression was used. A significance level was $p < .05$. This study was approved by Ethical Committee Lazio 1 (no. 1331/CE Lazio 1, 5/11/2020).

Results:

A total of fifty-nine patients were included. The prevalence of ICU delirium was 27.5%. The average score for PREDELIRIC was 15.9%. It was found that the PREDELIRIC model significantly predicted ICU delirium ($\beta = .32$, $B = 6.65$, $S.E = 3.20$, $t = 2.07$, $p = .04$). A significant relationship was found between ICU delirium and APACHE II score ($p = 0.04$). No significant relationship was seen between ICU delirium and gender ($p = .61$), coma ($p = .30$), infection ($p = .47$), metabolic acidosis ($p = .90$), sedation ($p = .51$), urea ($p = .30$) and urgent admission ($p = .10$).

Discussion:

Specialized intensive care nurses play a key role in predicting and managing post-operative delirium. Integrating the PREDELIRIC model into nursing care could be important in anticipating and managing delirium in critically ill patients undergoing elective surgery.

14- ASSOCIATION BETWEEN NURSING DIAGNOSES AND INTRA-HOSPITAL PATIENT TRANSFERS: A RETROSPECTIVE STUDY

Manuele MC Cesare¹

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Background:

To understand the impact of nursing care on patient outcomes, the use of nursing diagnoses (NDs) is paramount. Although research indicates a strong correlation between NDs and different hospital outcomes, however, the relationship between NDs and intra-hospital patient transfers (IPTs), including IPTs to intensive care unit (IPTs to ICU), is still poorly explored.

Aim:

To evaluate the relationship between NDs on admission, IPTs and IPTs to ICU in the medical hospital setting.

Methodology:

A retrospective observational study was realised. A random sampling was performed to enroll adult patients (>18 years) admitted from 1st January to 31th December 2018 to 26 different medical inpatient units of an Italian university hospital. Medical, nursing, and sociodemographic data were collected using a clinical nursing information system named Professional Assessment Instrument and the Hospital Discharge Register.

Results:

The sample included 235 patients, similar for comorbidity patterns. The mean patient age was 66.91±12.86 years (range: 20-89) and 67.7% were male. A total of 1847 NDs were identified by nurses on hospital admission, corresponding to a mean of 7.86 NDs per patient (range: 0-27). A statistically significant correlation between the number of NDs and the number of IPTs ($r=.195$, $p<.005$) was discovered. The mean number of NDs on admission was significantly higher for patients who experienced IPTs to ICU compared to those who were not transferred [(transferred to ICU: $n=172$; NDs: 8.48±5.49); (not transferred to ICU: $n=63$; NDs: 6.16±4.09); ($F=13,009$, $p<0.001$)].

Discussion:

There was a statistically significant association between the number of NDs on hospital admission, IPTs and IPTs to ICU. Further studies are needed to understand the predictive role of NDs in relation to IPTs and clinical deterioration.

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16- A MODEL OF HUMANIZING CARE IN NORTHERN ITALY: THE TELEHEALTH CLINIC FOR HEART FAILURE

Greta GG Ghizzardi¹

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Background:

Telemedicine is increasingly prevalent and applied in care settings, especially for managing chronic conditions such as heart failure (HF). However, for telemedicine to meet standards of personalization and humanization of care, it is crucial to identify care models that respect the centrality of the patients and their caregivers in the care continuum.

Aim:

To describe a virtuous model of telemedicine application for patients with HF in a hospital in northern Italy.

Methodology:

The Telemedicine Clinic (TC) operates on the premise of comprehensive patient care. The model's strength lies in the customization and humanization of care: based on individual patients' clinical and social conditions, in the TC, we structure the most appropriate care pathway. Notably, the TC is exclusively managed by nursing staff, utilizing telephonic communications and a strategic approach to assess patient needs accurately. Nurses also oversee the monitoring and managing of pacemakers, implantable defibrillators, and subcutaneous cardiac recorders, collaborating closely with cardiologists for outpatient management and addressing critical issues flagged by remote alarms. Moreover, the TC places significant emphasis on involving caregivers in the care pathway, particularly in cases where support for the patient is essential.

Results:

Nurses and other healthcare professionals operating in the TC care for more than four hundred patients with HF. Our experience confirms that telemedicine offers the opportunity to improve timely access to care and follow-ups, apply technology to implement personalized and complementary diagnostic and management strategies, enhance the possibility of multidisciplinary care, and mitigate social and medical barriers to care.

Discussion:

Telemedicine and telemonitoring are associated with reduced hospitalizations and HF-related mortality. In our setting, the positive impact of the service on patients has been observed over the TC's operational years, with anticipated further improvements in care experience and patient outcomes through the development of future projects.

17- REVOLUTIONIZING HEALTHCARE: UNLEASHING PERSON-CENTERED MANAGERIAL DECISIONS FOR MAXIMUM VALUE CREATION

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Background:

Decision-making is a cognitive process involving the selection of a choice from various alternatives, influenced by a range of variables, aimed at achieving outcomes aligned with the organization's goals, objectives, desires, and values (1-3). In the last two decades, patient-centered care has garnered extensive recognition as a fundamental pillar of quality healthcare and has become integrated into health policies (4-5). Within the complex system of healthcare, managerial decision-making can pose significant challenges.

Aim:

The aim is to explore the present literature on patient-centered managerial decision-making process.

Methodology:

A Rapid Review of literature was performed without restriction regarding specific professional areas of research or time and language. The databases explored were Scopus, Pubmed, CINAHL, Web of Science, JSTOR.

Results:

The total number of articles was 450 and the number of included paper was 19. Overall, the literature concerning these research areas within healthcare is notably sparse. The studies included in this review underscore the interconnectedness of patient-centered care and the quality of care as pivotal elements in generating value within healthcare systems. While characteristics and interventions to enhance patient-centered care are predominantly identified and implemented at the clinical level, there remains a scarcity of initiatives at the organizational and service delivery levels, with little evidence of systematic approaches at the macro level, health systems and governance structures (6-8). Despite the acknowledged significance of leadership involvement in embracing patient-centered care policies, a specific framework for patient-oriented decision-making into managerial processes in contextual considerations and care coordination received inadequate attention (8).

Discussion:

The exploration of patient-centered managerial decision-making in healthcare remains a significantly underexplored area. There is a pressing need for studies to qualitatively delve into the phenomenon. Furthermore, there is a critical necessity to develop instruments that can effectively guide and monitor patient-centered managerial decision-making practices.

Keywords: decision-making, healthcare, manager, patient-centered care, value.

18- BEYOND SHOTS IN ARMS: ASSESSING THE COUNTRY-LEVEL INVOLVEMENT OF NURSES IN COVID-19 VACCINATION CAMPAIGNS

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Background:

Implementation of vaccination campaigns is often dependent on nurses, who are the primary points of contact for patient education and vaccine promotion. However, nurses are not consistently involved in higher-level planning, prioritization, and policy development decisions. To increase evidence-informed decision and policymaking, nurses should be included and engaged in strategic decision-making processes.

Aim:

The study aimed to examine the involvement and engagement of nurses in the country-level COVID-19 mass vaccination policies and practices, identify barriers and factors to enhancing engagement of nurses, and suggest areas for improvement.

Methodology:

A qualitative study using in-depth semi-structured interviews with country-representative nurse leaders from 10 OECD countries. Interviews were conducted over video-conferencing platforms and were recorded, transcribed, translated where necessary, coded and thematically analyzed using inductive analysis.

Results:

Areas of nursing involvement identified were membership on advising and decision-making committees, operationalization planning, implementation and coordination processes, education efforts, and nurses' use of and in the media. Facilitators to nursing involvement included existing systems and infrastructure, nursing profession-related skills and competencies, communication and messaging, multidisciplinary and interagency work, recognition and visibility of nurses and nursing, trust in nurses, and nursing pride. Meanwhile, barriers included lack of a voice, recognition and appreciation for nursing, workforce-related challenges, decentralization of responsibility and authority, supply and access issues, downstream effects of the pandemic, non-COVID related nursing barriers. Participants identified contextual factors surrounding the mass vaccination campaigns and made suggestions for improved nursing involvement including culture change within nursing and healthcare, recognizing opportunities and momentum to build upon, and identified responsible parties.

Discussion:

Nursing should be represented by high-level leaders as part of multidisciplinary decision-making groups, advocacy for nursing should utilize bottom-up and top-down approaches, and health policy education initiatives should be implemented in nursing schools and continuing education.

19- NURSING LEADERSHIP STYLE AND ERROR MANAGEMENT CULTURE: A SCOPING REVIEW

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Background:

Patient safety and error management are critical issues in the healthcare context. The leadership styles of nursing coordinators play a key role in the promotion of a safety culture and proactive error management. However, the fear of reporting errors and the lack of an open culture are challenges. Then, nursing leadership should promote an error management culture that encourages reporting, reflection and continuous improvement to ensure patient safety

Aim:

The Purpose of this study to assess the influence of nursing leadership style on error management culture (EMC)

Methodology:

It was conducted in accordance with the integrative review methodology of the Joanna Briggs Institute (JBI) and the Preferred Reporting Items for Systematic reviews and Meta-Analyses (PRISMA). PubMed, CINAHL, Scopus, Web of Science, Embase and EBSCO databases were systematically searched to identify studies on nursing leadership, EMC and measurement. The studies' methodological quality was then assessed using the JBI Critical Appraisal Checklist for Analytical Cross-Sectional Studies.

Results:

Thirteen manuscripts were included for review. The analysis confirmed that nursing leadership plays an important role in EMC and nurses' intention to report errors. Three emerging themes were identified: 1) leadership and EMC; 2) leadership and the intention to report errors; and 3) leadership and error rate

Discussion:

There is a positive relationship between nursing leadership and error management in terms of reduced errors and increase benefits. Positive nursing leadership leads to improvements in the caring quality. Nurse managers should promote training to head nurses and their leadership style, for creating a good work environment in which nurses feel free and empowered to report errors, learn from them, and prevent their reoccurrence. A major limitation of the studies is that errors are often analyzed in a transversal way and associated with patient safety, and not as a single concept.

20- CANCER-RELATED SYMPTOM PREVALENCE AMONG PATIENTS ACROSS DIVERSE CARE SETTINGS: A CROSS-SECTIONAL STUDY

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Background:

Patients with cancer might necessitate different settings to receive the proper care at any stage of their disease. Disposing of an Organization that offers diverse pathways involving nurses to this population might help to manage patients' symptoms better, thus improving their quality of life.

Aim:

To map the prevalence of cancer-related symptoms in a context offering diverse care settings.

Methodology:

A cross-sectional study was conducted in 2 hospitals of the same Organization in northern Italy in October 2022. We enrolled patients with cancer in the Oncology, Cancer Clinic, home-based Palliative Care and hospice settings. Patients fulfilled a questionnaire composed by the Edmonton Symptom Assessment System (ESAS) and a pool of possible frequent symptoms identified by a panel of experts on a Likert scale ranging from 0 to 10.

Results:

We enrolled 114 patients with cancer. Patients were mainly female (53.7%) from the Cancer Clinic (38.6%). 80.2% of patients had a diagnosis of solid tumour, and 47.7 were still on active therapies. The fatigue from the ESAS was the only symptom that gained a critical value (mean 5.35, SD= ± 2.86). Conversely, patients reported well-being and having appetite (mean= 5.24, SD= ± 2.96; mean= 6.34, SD= ± 2.78 respectively). Symptoms such as nausea, mucositis, and xerostomia, though little present, were more prevalent in patients in end-of-life ($p \leq 0.05$). Females were more likely to have depression ($p = 0.002$), while males to have anxiety ($p = 0.003$).

Discussion:

Our results show that the model of care comprehending diverse settings contributes to improving symptom control among patients with cancer. Nurses play a crucial role in the management of cases from one setting to another and collaborate with the multi-professional team to design the ideal care pathway for each patient with cancer.

21- UNDERGRADUATE STUDENTS' MENTAL HEALTH LITERACY AND ATTITUDES TOWARDS PSYCHOLOGICAL HELP

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Background:

University students may encounter psychological problems during their life course and may seek psychological help to resolve these issues. Identifying the factors that influence help-seeking behavior is crucial for students' mental health.

Aim:

This study was conducted to determine the mental health literacy level of university students and to examine their attitudes towards seeking psychological help and to examine the effect of mental health literacy on these attitudes.

Methodology:

This descriptive study was conducted with 317 students enrolled in the Faculty of Health Sciences at a university in İstanbul, Türkiye. Personal Information Form, Mental Health Literacy Scale (MHL) and Attitudes Towards Seeking Psychological Professional Help Scale-Short Form (ATSPPH-SF) were used to collect data through an online survey link.

Results:

The mean score of the participants on the Mental Health Literacy Scale was 13.15 ± 3.38 and Attitudes Towards Seeking Psychological Help Scale mean score was 18.38 ± 3.77 . A positive and weak correlation ($p=0.000$) was found between the age of the participants and the mean score of the Knowledge-Oriented MHL sub-dimension. A weak and positive correlation was found between the total mean score of the ATSPPH-SF and the Knowledge-Oriented sub-dimension ($p=0.000$), the Beliefs-Oriented sub-dimension ($p=0.001$), and the total ($p=0.000$) MHL mean score. It was found that the Knowledge-Oriented MHL sub-dimension mean score of the participants whose mothers had a postgraduate education ($p=0.017$) and the Resource-Oriented MHL sub-dimension mean score of those who had received psychological support before ($p=0.010$) were higher.

Discussion:

Resource-Oriented MHL mean score was higher in students who previously received psychological support. While Knowledge-Oriented MHL increases with age, there was no significant relationship between Belief-Oriented and Resource-Oriented MHL and age. The attitudes towards seeking psychological help of university students is associated with MHL levels. Mental health initiatives should be planned to improve MHL in order to improve the psychological help-seeking behaviors and attitudes of university students.

22- LINGUISTIC AND CULTURAL VALIDATION OF THE AMBULANCE NURSE COMPETENCE SCALE IN THE ITALIAN CONTEXT

Ippolito IN Notarnicola¹

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Background:

Pre-hospital care in the literature is described as early and high-quality first aid provided to sick or injured patients, also based on the alarm call and action taken on site or during ambulance transport to a hospital. In recent decades, pre-hospital care in Italy has undergone important changes, particularly with regard to the nursing competence of pre-hospital care. There were also many factors that influenced the skill set required within the ambulance service. Today, pre-hospital care is considered a significant part of a patient's total care experience and therefore it is essential to consider that pre-hospital healthcare workers have the same level of competence as staff working in hospitals; this is to ensure the provision of safe and high-quality nursing care in ambulances for patients and relatives. Therefore, it is important to define competence requirements, to define the role and professional activities of specialized nurses in pre-hospital care.

Aim:

The main goal of this study was to examine the validity and reliability of an Italian translation of the Ambulance Nurse Competence (I-ANC) scale through psychometric validation.

Methodology:

For the I-ANC translation and psychometric validation, a multiphase strategy was used: (1) linguistic and cultural validation, (2) content and face validity, and (3) construct validity.

Results:

The I-ANCS fared satisfactorily in terms of linguistic interpretation, cultural adjustment, and content validity. Confirmatory factor analysis provided support for the I-ANC four-component structure, which explains the information collected from registered nurses.

Discussion:

The validity and reliability of the I-ANC in assessing four professional competences were proven. A crucial step in measuring ambulance competencies is having an instrument that can be used in the Italian environment for competence self-assessment

23- THE CORRELATION BETWEEN PROFESSIONAL COMPETENCIES AND SELF-EFFICACY BETWEEN NURSING STUDENTS AND REGISTERED NURSES. A CROSS-SECTIONAL STUDY

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Background:

The assessment and application of professional skills in registered nurses during clinical practice and undergraduate nursing students are essential in nursing education. Self-efficacy positively affects the professional competence of both nursing students and registered nurses, but few studies have focused on the relationship between professional competence and self-efficacy.

Aim:

This study aimed to examine professional competence and its association with self-efficacy among undergraduate nursing students and registered nurses.

Methodology:

The Italian version of the Nurses' Professional Competence Scale Short Form (I-NPCS-SF) and Nursing Profession Self-Efficacy Scale (NPSES) was used.

Results:

Factors associated with professional competence, particularly ethical values, of nursing students (mean = 77.57) and registered nurses (mean = 83.18), were the lowest-scoring means, while the other factors were nearly equal for the two nursing groups analyzed. Self-efficacy plays an essential role in developing the professional competence of both nursing students and registered nurses.

Discussion:

The results of this study can be applied as a reference for improving nursing education programs by improving the professional competence of students and consequently of future registered nurses. While nurses registered an orientation to improve continuing education.

24- THE COMPETENCIES REQUIRED OF AMBULANCE NURSES IN ITALY: A DELPHI STUDY

Ippolito IN Notarnicola¹

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Background:

Achieving the goal of providing high-quality nursing care is contingent upon the nursing staff possessing sufficient competence within their everyday work environment. The role of the nurse is changing and evolving in the setting of a health emergency due to social, cultural, and economic developments; the competence of nurses has been found to be a critical component in delivering high-quality, safe care. A new area of nursing that is developing and establishing a new area of specialized nursing care is ambulance nursing.

Aim:

The objective of this study will be to define the basic skills of the ambulance in Italy, according to some experts

Methodology:

An experienced team determined the initial competencies after an in-depth review of the literature and consolidation of the items. A three-step Delphi survey was then carried out to validate the items.

Results:

This study showed that ambulance nurses can evaluate a patient's clinical condition, know and correctly use rating scales, be able to use invasive techniques, know how to interpret an electrocardiogram and receive constant and continuous training. Furthermore, it was emphasized that he must have leadership skills that include humility, conflict management, communication and team leadership skills. You must learn to correctly use debriefing and defusing techniques to prevent the stress to which you are constantly subjected from "burning" you

Discussion:

This study has shown that while a lot—certainly not too much—is expected of a nurse working in an ambulance because, frequently, a person's life depends precisely on the abilities and competences the nurse possesses. By defining the duties of the prehospital care nurse and outlining the competences of the ambulance nurse, this study improved the standard of nursing care given. This study also described the training materials that should be included in a university course for advanced practice specialist nurses.

25- TEACHING AND LEARNING IN THEORETICAL-PRACTICAL COURSES FOR NON-EU NURSES.

Ippolito IN Notarnicola¹

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Background:

Studies indicate that a large proportion of foreign nurses are from non-EU countries, and that figure is expected to increase significantly. It is therefore easy to predict that the use of foreign nurses in Italian healthcare, especially in the care of the elderly, will increase. These characteristics make it necessary to define some terms related to education, training, and credential recognition because each nation regulates nursing education and certifications separately.

Aim:

The study's objective was to document, from the perspective of the nurses, their experiences and difficulties related to the implementation of the training for non-EU nurses

Methodology:

Qualitative guided interviews with nurses who took part in a training-educational program for non-EU nurses were carried out from May to August 2023. Diverse nationalities of nurses were hired

Results:

Out of the 42 course participants, 30 were nurses. The nurses in the course appreciated the information flow at the start. Students typically have a favorable evaluation of the scope's absence of or restricted adjustment. Most participants in both groups believed that learning had not decreased and, in fact, had increased because of the smaller group size. Positive and unfavorable parts of the conditions required to complete the course surfaced.

Discussion:

Although it was difficult for both groups to implement the theoretical and practical courses in these unique circumstances, the nurses felt relieved to start this unique project in Italy and on a European level. In addition to requiring a great deal of flexibility from both faculty and students, structural and course content adjustments ensured that courses could be completed and that there were no significant gaps in learning. Over 50 non-EU nurses have been accredited with the order to date.

26- THE USE OF A DIARY AND PEDOMETER FOR TREATMENT ADHERENCE IN PATIENTS WITH AUTOSOMAL DOMINANT POLYCYSTIC KIDNEY DISEASE AND CHRONIC KIDNEY FAILURE: A RANDOMIZED CONTROLLED STUDY

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Background:

Autosomal dominant polycystic kidney disease (ADPKD), is a hereditary disease that primarily involves the kidney, affecting 12.5 million people of all ethnicities in the world. In the management context of a chronic irreversible pathology such as chronic kidney disease, it is imperative to adopt educational support aimed at prevention and control, with particular attention to the educational component that considers the patient not only for the pathology but also for its comorbidities associated.

Aim:

To investigate the effectiveness of an educational intervention dedicated to preserving renal function and slowing down the worsening of function, through blood pressure control, maintenance of physical activity and promotion of adherence to pharmacological therapy and quality of life in ADPKD patients.

Methodology:

Randomized, single-center spontaneous experimental study. The patients were randomized into two groups, both participating in the educational intervention; the experimental group also used a pedometer and a daily diary.

Results:

A total of 65 patients were enrolled for whom a statistically significant drop in diastolic blood pressure (DBP) was observed in the post-intervention period ($p=0.006$). In the experimental group, significant differences emerged regarding pre- and post-intervention values, in relation to DBP ($p=0.028$), body weight ($p=0.01$), visceral fat (VF) ($p=0.010$).

Discussion:

Nephropathic patients require a structured approach to education to acquire the knowledge and skills necessary to ensure adherence to complex treatment paths that last over time. Educational interventions can develop skills that facilitate decision making, encouraging the sharing of objectives of clinical improvement, well-being, and quality of life.

27- INNOVATIVE APPROACH TO NURSE-PATIENT COMMUNICATION: SUPPORTING THERAPEUTIC RELATIONSHIPS

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Background:

Effective nurse-patient communication forms the foundation of high-quality nursing care and promotes the patient's commitment to collaboration and care continuity. Educating about desired behavior change requires the patient's cooperation and sustained commitment. Nurses play vital roles in patient reception, evaluation, intervention planning, and departures. Data from the Slovak Chamber of Nurses and Midwives indicate that up to 80% of patients raise complaints regarding the communication practices of outpatient nurses. An innovative communication approach was created to eliminate such complaints and improve therapeutic relationships. This approach emphasizes the need to redefine nurse-patient dynamics.

Aim:

To prepare an innovative methodological approach to nurse-patient communication and successfully apply it in practice, with the goal of preventing ineffective communication tactics. To motivate patients towards desired behavior change and eliminate complaint factors.

Methodology:

Professional Section of Ambulatory Nurses from Slovakia prepared a communication proposal in February

2024, outlined in several key points, and developed educational materials. These materials were distributed among nurses and academic institutions.

Results:

The implementation of innovative approaches and utilization of effective communication processes has the potential to reduce communication errors and nurse-patient conflicts. The expected outcome is a motivated patient capable of achieving the desired behavior change. The initial application in practice has brought interest from academic institutions, which intend to incorporate the educational tool into their curriculum. We expect that by introducing the procedure in practice, the number of patient complaints towards nurses will decrease.

Discussion:

This approach highlights the transformative potential of innovative nurse-patient communication strategies in improving patient satisfaction. By employing effective communication and strengthening therapeutic relationships, nurses can mitigate conflicts and enhance patient engagement, thus contributing to higher-quality care.

28- EXPLORING CONSISTENCY IN LEADERSHIP STYLE PERCEPTIONS AMONG NURSE MANAGERS AND NURSES IN ITALIAN HEALTHCARE: A DESCRIPTIVE STUDY

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Background:

Nurse managers and their leadership styles play a crucial role in shaping organizational culture, employee satisfaction, and ultimately patient outcomes (1). The literature highlights the significance of congruence in leadership perceptions between managers and employees for fostering positive work environments and enhancing organizational outcomes (2). This phenomenon is poorly explored in nursing literature.

Aim:

This study aimed to explore the (in)congruence in perceptions of leadership styles between nurse managers and nurses in various healthcare settings across Italy.

Methodology:

We applied a cross-sectional design. Anonymous surveys were distributed to nurses and nurse managers working all over healthcare settings in Italy exploring nurse manager activities related to four distinct leadership styles: transformational, empowering, transactional, and passive leadership. Descriptive statistical analysis were performed.

Results:

We received a total of 1624 completed questionnaires from nurses and 223 from managers. Statistical analysis revealed significant differences in perceptions of leadership styles between nurses and managers. These findings underscore the importance of understanding the alignment or misalignment of leadership perceptions within nursing teams. Recognizing and addressing such discrepancies are crucial for fostering effective communication, collaboration, and organizational effectiveness.

Discussion:

This study contributes to the growing body of literature on managerial leadership in the nursing field by shedding light on the complex interplay between leadership styles and perceptions. The results highlight the need for further research to explore the impact of congruence or incongruence in leadership perceptions on nurse, organization, and patient outcomes. Future studies should investigate how discrepancies between self-evaluation and others' evaluation of leadership styles influence job satisfaction, employee engagement, turnover rates, and quality of patient care.

29- CANCER PATIENTS DESIRE ONCOLOGY NURSES IN THEIR SHARED DECISION MAKING PROCESSES: A SCOPING LITERATURE REVIEW

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Background:

Shared decision making (SDM) represents a strategical approach in which both, patients and healthcare professionals simultaneously work to make decisions on patient’s disease and related treatment. Cancer patients voluntary desire nurses in their SDM processes.

Aim:

The aim of this review was to explore any possible interventions necessary for nursing SDM process among cancer patients.

Methodology:

A scoping literature review was performed according to the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA). The British Nursing Database, CINAHL, Nursing & Allied Health Database and PubMed databases were consulted and only manuscripts in English and Italian were included. The search strategy included the use of the following terms, both for free search and for using individual MeSH terms and in combination with Boolean operators AND and OR: “Shared Decision Making”, “Cancer Patient”, and “Nurse”.

Results:

A total of 145 studies were identified as possible eligible articles, and after the screening process 14 studies were included in the present review. Oncology nurses appeared to be essential in cancer staff to support patients in their SDM processes, by counselling options, preferences, and values through SDM to reach the best evidence to support patients in their decisions.

Discussion:

Oncology nurses may represent a helpful resource in healthcare systems since they may help patients to empower patient in their disease’s treatment decisions

30- HOW HEALTH NURSING COACHING IMPACTS ON ANXIETY AND DEPRESSION IN CANCER PATIENTS: A SYSTEMATIC REVIEW AND META-ANALYSIS

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Background:

Health coaching may describe a novel *modus operandi* in healthcare systems to improve chronic diseases management. Coaching empowers cancer patients to achieve their health goals, to assess their related preferences, to make decisions, to recognize changes and improve their health opinions, by enriching positive emotional and opinion outcomes and improving self-care. Health coaching may correspond to a new attitude in healthcare systems to improve chronic disease management.

Aim:

The aim of this review was to judge how health coaching interventions, compared to usual care, influence anxiety and depression in cancer patients.

Methodology:

This systematic review and meta-analysis was performed integrating keywords and MeSH expressions thanks to the Boolean operators, such as: “Anxiety”, “Cancer”, “Clinical Trial”, “Coach”, “Patient”, “Depression” by consulting online British Nursing Database, CINAHL, Embase, Nursing & Allied Health Database, PubMed, Scopus, and Web of Science databases. Outcomes were assessed thanks to the *Hospital Anxiety and Depression Scale*.

Results:

A total of 263 studies were found and then, after the screening process, a total of 12 eligible records were selected. However, 9 of the selected articles were excluded as they did not contain data for further meta-analysis assessment. Finally, the remaining 3 clinical trials were included in the present systematic review and meta-analysis. The Cochrane Q-test revealed the presence of a significant heterogeneity between the studies, both for anxiety ($p_Q=0.033$; $\tau^2=0.14$; $I^2=70.7\%$) and depression ($p_Q<0.001$; $\tau^2=0.377$ and $I^2=86.7\%$) outcomes, respectively.

Discussion:

Data suggested that the nursing coaching intervention may represent a helpful innovative intervention in cancer patients, both in anxiety and depression conditions.

31- NAVIGATING FAMILY NURSING SUPPORT DURING THE TRANSITION TO PARENTHOOD: A SCOPING REVIEW

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Background:

Throughout the life cycle, families encounter challenges that affect the entire system [1]. The process of adapting to pregnancy and incorporating new elements into the family during the transition to parenthood is complex [2], altering the dynamics and characteristics of the family unit [3]. Consequently, there are noticeable changes in relationships [4], accompanied by the establishment of new roles and responsibilities [3]. While family-centered care places the family at the core [4], individual needs must also be considered. Family nurses play a crucial role in supporting and guiding family members through this transition, promoting both individual and overall well-being [5].

Aim:

To map the evidence concerning family nurses' care for families in transition to parenthood.

Methodology:

The scoping review followed the Joanna Briggs Institute (JBI) methodology [6], employing a PCC (population, concept, and context) approach. It focused on family-centered care during the adaptation to pregnancy and the initial months of parenthood, provided by nurses, including family/district/visiting/community health/public health nurses and family nurse practitioners, in the context of primary healthcare. The search encompassed several databases: Scopus; Web of Science; and CINAHL Complete, MedLine Complete, and MediciLatina by EBSCOhost. The review protocol was registered at <https://doi.org/10.17605/OSF.IO/5C3UG> and published on <https://doi.org/10.3390/healthcare12050515>.

Results:

A Preferred Reporting Items for Systematic Reviews and Meta-analyses extension for Scoping Reviews (PRISMA-ScR) flow diagram was utilized to depict the outcomes. Eighteen articles were incorporated, with their main findings addressing the transition to parenthood, the influence of family characteristics, and the contribution of family nurses in facilitating these processes.

Discussion:

Family nurses play a vital role in assisting families throughout the transition to parenthood, and the incorporation of new members. Through various interventions such as home visits, they empower parents, attend to well-being concerns, and advocate for family-centered care, with a focus on nurturing the parent-child relationship and fostering responsive parenting.

32- TRUST IN LEADERSHIP, JOB SATISFACTION, COMMITMENT, AND NURSES'
INTENTION TO LEAVE: A STRUCTURAL EQUATION MODEL

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Background:

Nurse leaders are responsible for creating healthy work environments for staff nurses and improving outcomes. Trust is essential among individuals in an organisation. In particular, nurse leaders should build trusting relationships with staff to ensure safe patient care and worker satisfaction. This may help retain nurses in their work environment and reduce their intention to leave.

Aim:

To examine the relationships between trust in leadership, job satisfaction, commitment, and nurses' intention to leave using a structural equation model.

Methodology:

This is a cross-sectional descriptive study. A convenient sample of 1,000 nurses across Italy completed a self-report questionnaire. We used structural equation modelling with a weighted least square mean and variance adjusted (WLSMV) estimator to test a mediation model with four latent variables.

Results:

The model showed satisfactory fit indices. Trust in leadership had a positive influence on job satisfaction, which positively affected commitment, which in turn reduced nurses' intention to leave. Both job satisfaction and commitment partially mediated the relationship between trust in leadership and nurses' intention to leave.

Discussion:

Nurses who trust their leader more are more satisfied with their job and more committed to it, resulting in a lower intention to leave. To enhance nurse retention, it is essential to cultivate strong relationships between leaders and followers, creating a motivating and trustworthy environment where nurses can feel more satisfied and dedicated.

33- THIRST AND ITS MANAGEMENT IN NURSING PRACTICE: NURSES' PERSPECTIVES AND EXPERIENCES

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Background:

Thirst is not limited to surgical patients; it can also affect individuals with heart and kidney failure, cancer, those in palliative care, intensive care unit patients, and psychiatric patients (Morita et al., 2001; Kara, 2016). Interestingly, nurses often do not perceive thirst as a significant problem, and there is a lack of standardized clinical practices to manage it (Allida et al., 2016; Kara, 2016).

Aim:

The study investigated nursing practices and perspectives regarding patient thirst management. Previous research has focused on specific methods for alleviating patient thirst, particularly in critical care and surgical nursing. Thus, limited comprehensive information is available on this common issue.

Methodology:

This cross-sectional study utilized a questionnaire completed by 384 nurses to explore their views and practices related to managing patient thirst. The descriptives, Kruskal-Wallis, and Chi-Square tests were conducted for the analyses.

Results:

Most nurses reported working with patients experiencing thirst and not using alternative methods beyond offering water to alleviate patient thirst. They said that thirst can adversely affect the patient's medical condition and should be considered. Almost half of them did not define it as a nursing problem, and the level of education affected their perception of thirst as a nursing problem. The institutions lacked standardized procedures.

Discussion:

Thirst is a prevalent problem faced by nurses. Nurses recognize the potential adverse effects of thirst but use traditional methods and wait for a physician's order to address it. Patients' thirst should be focused on every nursing environment.

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Background:

Resilience encompasses successful adaptation and thriving in the face of challenging life circumstances and risk factors [1]. While the role of resilience in alleviating psychosocial health problems has been recognized [2] in populations confronted with adversity, to the best of our knowledge, its potential in the specific context of inclusive education remains unexplored. In children with ASD.

Aim:

This study aims to explore the mediating roles of resilience in the relationship between depressive symptoms and psychosocial health in school-aged children with ASD in inclusive education.

Methodology:

A cross-sectional study using convenience sampling was conducted from July 2023 to January 2024, to assess self-reported psychosocial outcomes, including depressive symptoms, quality of life, and resilience, among school-aged children (7-12 years).

Results:

Recruitment of 120 school-aged children (7-12 years) with ASD (35% female, mean age 9.2 years) in inclusive education allowed for an examination of the indirect effect of depressive symptoms on psychosocial health mediated by resilience. The findings revealed a significant indirect effect of -0.211 (bootstrapped 95% confidence interval: -0.433 to -0.006), explaining 14% of the total effect.

Discussion:

This study presents novel findings indicating the mediating role of resilience between depressive symptoms and psychosocial health in school-aged children with ASD in inclusive education, thereby addressing context-specific concerns without utilizing previous labels such as Asperger's syndrome and high-functioning ASD. By shifting focus away from symptomology, this approach acknowledges and embraces the individuality of each child on the autism spectrum. By emphasizing the importance of prioritizing the developmental well-being of school-aged children in inclusive education, our study suggests the utilization of resilience-focused interventions in promoting the psychosocial well-being of children with ASD when confronted with adversity. These interventions, complementing conventional approaches, should be guided by a holistic perspective and involve nurses who play a mutually supportive role within the autism field.

36- ORTHOPEDIC PATIENTS AND PLASTER CASTS, WHAT EVIDENCE? A SCOPING REVIEW.

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Background:

The plaster cast is a useful tool commonly used in orthopedic and emergency departments. Its application allowing fractures to heal. Proper application of the plaster cast is crucial for ensuring fracture healing and preventing potential complications.

Aim:

To map the available literature on the use of plaster casts in orthopedics and traumatology, focusing on application techniques and strategies used by nurses.

Methodology:

Scoping review. The research question was “what evidence is available on the use of plaster casts in orthopaedic and traumatology?”. The eligibility criteria were: Participants. This review included literature regarding orthopedic and traumatological patients needing plaster treatment. Concept. The review included literature on the application of plaster casts, application techniques, materials, outcomes and nurses strategies. Context. Orthopaedics and traumatology, orthopedic emergency room and orthopedic/traumatologic clinics. Source of evidence. Articles of quantitative, qualitative and mixed-methods research. Literature reviews. Grey literature, reports and abstracts with an identifiable research design, guidelines. Editorials and expert opinions were excluded. The research was carried out in PubMed, Scopus, Embase, CINAHL, Cochrane Library, Open Dissertations, DOAJ and in the Cochrane CENTRAL. Studies resulting from the search were entered into Rayyan software. After removing duplicates, title/abstract screening was conducted by two blinded researchers. In case of disagreement, a third researcher intervened. Subsequently, full-text articles were screened to determine if they met the research objectives. The entire study selection process was depicted in the PRISMA flow diagram and the results were presented following the PRISMA Sc-R.

Results:

Twenty-one articles were included. Sixteen articles discussed various plaster cast application techniques, while the remaining five discussed various strategies adopted by nurses for preventing complications.

Discussion:

The available literature still seems to be few and far between. Further research seems to be needed so that nurses can implement the best strategies in the use of plaster casts.

37- FOSTERING THE ROLE OF NURSES WITH SPECIALIST COMPETENCIES IN
PAEDIATRIC HAEMATOLOGY-ONCOLOGY ACROSS EUROPE: A SCOPING REVIEW

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Background:

Nurses working in paediatric haematology-oncology (PHO) should specialize in childhood cancer care to best support young people and their families through the cancer journey. Core competencies include patient and family assessment, symptom management, chemotherapy administration, vascular access, psychosocial support, and palliative care. However, the specific role of nurses with specialised competencies in PHO across Europe is not well-defined.

Aim:

This scoping review aimed to outline the role, education, and competencies of nurses with specialist competencies in PHO across different European countries.

Methodology:

We used the Arksey and O'Malley methodological framework for conducting a scoping review. In July 2023, we conducted a search in MEDLINE/PubMed, CINAHL, EMBASE, Scopus, and Cochrane Library, without any language or time restrictions. We also searched for relevant grey literature. Two authors independently reviewed the records and selected relevant studies conducted in 27 European countries plus Switzerland and Great Britain, including England, Wales and Scotland. The main findings were integrated using both analytical and narrative approaches.

Results:

Out of 302 records screened, we selected 14 articles. In addition, we gathered 16 pieces of grey literature. Out of 29 countries, 21 (72%) have nurses with specialist competencies in PHO, acquired through clinical experience and/or education. Only 8 countries have well-defined roles, education, professional and economic recognition, and policies. The most institutionally recognised roles were found in England, Spain, Portugal, and Switzerland.

Discussion:

Greater efforts should be made to enhance the role of nurses with specialist competencies in PHO throughout Europe. In order to ensure better care, it is crucial for all European countries to collaborate in developing specific education and policies to promote the recognition of nurses with specialised competencies in PHO. Future research, such as the EPHON project (www.ephos.eu), will further investigate the role of nurses with specialist competencies in PHO.

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Background:

Simulation education in nursing teaches novices skills needed to function in clinical practice. As a bridge between theoretical classroom learning and real-life experiences, simulation scenarios using mannequins offer students the opportunity to practice skills and decision-making in a risk-free environment. Despite its many advantages, simulation education is the artificial representation of a complex real-world process. Since its origin, nurses have learned to practice by observing and mirroring experienced nurses dealing with actual patient relationships. This presentation uses the anthropological gaze to critique nursing simulation education.

Aim:

The aim of the research is, through the anthropological gaze and research, to highlight how far the operational reality is still from the experience of nurses who are active in clinical practice. In this case, we will not have the classroom as a field, which will thus become a place of research and relations, a place that becomes a privileged spectator of encounters of anthropological knowledge.

Methodology:

The choice for this research was qualitative, by means of participant observation in a Medical Simulation Centre and interviews with privileged witnesses, in this case nurses teaching in the emergency field who use manikins for scenarios related to advanced skills, both intra- and extra-hospital.

Results:

The research questioned the generational experience and the transformation of the nursing work environments in the Milan area, the main work problems linked to the figure of the nurse and their awareness, towards organisational and management models of care centred on the person assisted rather than on economic efficiency.

Discussion:

Focusing on the nursing context, the research proposes to answer a series of questions about the nursing evolution, the latter influence it and when do those who fall into the Managerial category manifest a form of political participation characterised by the exercise of formal power, age, gender and generation differences influence this articulation.

39- NURSING LEADERS AND THEIR IMPACT ON THE NURSING SENSITIVE OUTCOMES:
RESULTS FROM THE ITALIAN MULTICENTRE CROSS-SECTIONAL STUDY.

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Background:

The head nurse leadership style influences organizational context, impacting nurses' well-being and their quality of life. Nurses perform better performances and are more satisfied and engaged with their jobs and professional activities when working in an organization that promotes their well-being. This reduces stress levels, burnout, absenteeism and improves professionals' physical and psychological health and enhances patients' outcomes and safety.

Aim:

This study aims to investigate the relationship between middle management nursing leadership, the organizational well-being of nurses and patients' outcomes.

Methodology:

This Italian multicentre cross-sectional study collects data through a questionnaire composed of validated scales (e.g. Maslach Burnout Inventory General Survey), administered online to nurses and their head nurse. At the same time, data relating to healthcare outcomes are collected (e.g. infection rate, falls and mortality). An inferential analysis has been conducted.

Results:

30 healthcare organizations were enrolled in Italy and 158 wards have been recruited. Participants were 2349 nurses, 158 head nurses and 21044 patients. An ethical and authentic leadership style improves the nurses' organizational well-being, reducing interpersonal conflict, workloads, stress, burnout and intention to leave. When an ethical and authentic leader manages ward nurses, they are more satisfied, committed and engaged in their organization and have an optimal personal and working quality of life.

A generalized estimating equation analysis has been performed, discovering an indirect effect of the head nurses' ethical leadership style on the nursing-sensitive outcomes, especially mortality rate, ulcer pressure development and falls.

Discussion:

an ethical and authentic middle manager influences his/her nurses' performance and their organizational well-being, so determining indirectly the Nursing Sensitive Outcomes. This information is essential for healthcare and nursing managers to implement specific paths aimed at middle management to improve organizational dynamics and indirectly the outcomes of care.

40- SPECIALIZED NURSE-LED CARE OF CHRONIC WOUNDS DURING HOSPITALIZATION AND POST-DISCHARGE: A RANDOMIZED CONTROLLED TRIAL.

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Background:

Chronic wounds affect older adults with comorbidities, causing pain and leading to a deterioration in the physical, mental, and social aspects. Many studies have evaluated wound care nurses' clinical role but always enrolled patients who were in a specific clinical setting (e.g. during hospitalization). Care continuity and patient-centeredness are essential elements of chronic wound management. We hypothesized that implementing a nurse-led wound care approach, oriented to promoting care for patients with chronic wounds during hospitalization and in the post-discharge period, would make wound management more effective.

Aim:

To evaluate the effectiveness of specialized nurse-led care of patients with chronic wounds, provided both during hospitalization and post-discharge, on wound healing and readmission rates.

Methodology:

A randomized controlled trial was conducted. Participants were patients with chronic wounds, randomly assigned to either the experimental group—cared for by wound care nurses both during hospitalization and post-discharge—, or to the control group—cared for according to standard practice. Wound healing was identified as the primary outcome.

Results:

1298 were enrolled and randomized in the experimental group (N=707) and in the control group (N=591). Nurse-led wound care quadrupled the possibility of healing (RR = 4.01; CI = 3.43 - 4.69) and reduced the number of treatment weeks and hospital readmissions. Kaplan-Meier analysis showed that wound healing time (in weeks) for the two groups was significantly different.

Discussion:

Chronic wound care entrusted to specialized nurses improved wound repair and regeneration, length of treatment and rate of readmission, compared to standard practice. Future studies should evaluate the impact of care provided by specialized wound care nurses on patients' quality of life and healthcare costs.

Healthcare organizations should promote the implementation of clinical-care pathways entrusted to specialized nurses, to improve patients' outcomes and reduce hospital readmissions.

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42- THE NURSING ORGANIZATIONAL WELL-BEING: TESTING A CONCEPTUAL FRAMEWORK.

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Background:

Healthcare organizations are facing numerous challenges to meet evolving healthcare needs. Nurses' well-being must be consistently ensured to provide effective and efficient care. Various conceptual models of generic working settings have studied nursing organizational well-being. A recent literature review identified variables characterizing nursing organizational well-being and theorized a specific model for nurses and it is necessary to implement this new model to improve nurses working climate and reduce their intention to leave

Aim:

To test a new conceptual model specific to the nursing profession and verify its specificity and applicability.

Methodology:

A multicenter descriptive correlational cross-sectional study was conducted employing a tool composed of validated scales used in the literature. A convenience sample of nurses was enrolled, and descriptive and inferential analyses were performed. We conduct an EFA and subsequently, the correlation between the resulting dimensions and the control item (self-assessment of organizational well-being) was calculated.

Results:

300 nurses participated in the study. The instrument demonstrated good psychometric properties, registering a Cronbach's alpha of 0.794. An Exploratory Factor Analysis (EFA) was conducted, resulting in a 9-factor structure. The reliability of each factor was calculated, yielding good results. The "Workload" and "Work-family conflicts" dimensions showed a negative correlation with organizational well-being ($r = -0.285, p = 0.01$; $r = -0.392, p = 0.01$), while the "Social environment," "Available resources," "Supervisor support," and "Control" dimensions highlighted a positive correlation with organizational well-being ($r = 0.320, p = 0.01$; $r = 0.45, p = 0.01$; $r = 0.33, p = 0.01$; $r = 0.213, p = 0.01$).

Discussion:

The results allow us to understand the model's specificity for the nursing population, highlighting the factors and variables that truly influence the perceived organizational well-being among nurses. The instrument and conceptual model deserve widespread implementation in healthcare organizations so that healthcare managers can monitor the well-being of their employees.

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Background:

The HEROES Joint Action¹ (JA) -"*health workforce (HWF) to meet health challenges*"- underscores the crucial role of the HWF during the Covid-19 pandemic and emphasizes the importance of HWF planning. With 19 Countries and 50 partners involved, its mission is to enhance the capacity of EU Member States in HWF planning to ensure the accessibility, sustainability, and resilience of healthcare services.

Aim:

The aim is to improve HWF planning across EU Member States by addressing key challenges and enhancing capabilities in HWF data accessibility and quality, developing robust HWF planning forecasting tools, improving planning skills, and optimizing stakeholders involvement.

Methodology:

The HEROES JA is structured in Work Packages (WP) focusing on coordination, dissemination, evaluation, and sustainability of results. Technical WPs distribute participating countries into clusters² based on their national healthcare system and HWF migration flows. The methodology is based on a stepwise approach ("AS IS" "TO BE", "TO DO"). After the analysis of the current situation, cross-country and cross-cluster comparisons will identify common challenges and best practices, facilitating the creation of an Action Plan to enhance HWF planning capacity.

Results:

The AS IS analysis being finalised aims to provide insights into the current HWF situations across countries. This includes an overview of HWF data, planning models, planning skills, and stakeholder engagement strategies. Country-specific deficiencies, needs, experiences, and challenges are highlighted, with a focus on fostering cross-country learning and identifying areas for improvement.

Discussion:

The HEROES JA's structured approach and collaborative framework lay the foundation for addressing key challenges in health workforce planning. By leveraging cross-country and cross-cluster comparisons, the initiative aims to identify common challenges and best practices, facilitating the development of an Action Plan to enhance EU Member States' HWF planning capacity. Ongoing policy dialogues and briefs will further contribute to the dissemination of findings and the formulation of actionable recommendations.

44- SYNBIOTICS AND PROBIOTICS IN DIABETES MANAGEMENT: A NEW NURSING-CARE STRATEGY

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Background:

The escalating prevalence of diabetes mellitus (DM) may benefit from add-on therapeutic approaches managed by diabetic specialist nurses (1)

Aim:

To synthesize and critically assess the available randomized controlled trials (RCTs) investigating the efficacy of probiotics and synbiotics on glycemic control in patients with diabetes mellitus.

Methodology:

PubMed, Embase, CINAHL, Scopus, and Web of Science, were systematically explored (2), focusing on adults with DM. All comparators were deemed eligible. Primary outcomes included changes in glycated hemoglobin (HbA1c), fasting plasma glucose (FPG), and insulin levels. Only RCTs were included, and the Cochrane RoB2 tool assessed the risk of bias. Random-effect models facilitated data analysis, supplemented by sensitivity, subgroup analyses, and meta-regressions.

Results:

537 records were screened, resulting in 41 RCTs for analysis, comprising 2991 (54% females) patients with DM. The meta-analysis revealed statistically significant improvements in HbA1c (SMD=-0.282, 95%CI: [-0.37, -0.19], p<0.001), FPG (SMD = -0.175, 95%CI: [-0.26, -0.09], p<0.001), and insulin levels (SMD=-0.273, 95%CI: [-0.35, -0.20], p<0.001). A medium degree of heterogeneity between studies was found in HbA1c (I²=62.5%), FPG (I² =71.5%), and insulin levels (I²=66.4%) analyses. Subgroup analyses indicated that the efficacy varied based on the type of strains used, with multispecies strains being particularly effective in improving HbA1c levels (SMD=-0.305, 95%CI: [-0.491, -0.120]).

Discussion:

The type of bacterial strain used in interventions generally emerged as a significant determinant. *Lactobacillus* strains and *Bifidobacterium lactis* showed pronounced effects, especially in multispecies formulations. So, the therapeutic potential of these add-on interventions might be strain-specific, warranting further exploration into the mechanistic roles of individual strains. Multispecies strains significantly impacted HbA1c levels but were less effective in altering FPG levels. Meanwhile, monospecies strains showed a more consistent effect across different outcomes, indicating their broader applicability in diabetes management and affirming their potential role as nurse-managed complementary approaches.

45- NURSING STAFF, WORK-RELATED STRESS, WORKLOADS, AND SURGICAL SITE INFECTION: A STRUCTURAL EQUATIONAL MODEL.

Cappelli Doctor Eva¹

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Background:

Surgical site infections (SSIs) are among the most frequent healthcare-associated infections (HAIs) that have a strong impact on patients and healthcare facilities. Previous research has investigated the relationship between staff training and the frequency of SSIs without considering organisational variables that may influence nurses' well-being and quality of care.

Aim:

This study aimed to understand the relationships between organisational context variables - staffing levels, stress demands, workloads - and the occurrence of SSIs.

Methodology:

A monocentric study was conducted among nurses of a northern Italy hospital. Staffing, workload, and stress-related demands were measured using the Quantitative Work Index (QWI) and Health Safety Executive Indicator tool (HSE-IT). The prevalence of SSIs was measured according to the classification of the European Centre for Disease Prevention and Control (ECDC). Structural equation modeling was performed to test the relationship between variables.

Results:

113 nurses working in medicine, surgery, and oncology have been enrolled. Inadequate nursing staffing levels ($\beta = -0.39$), nurses' unbalanced workload between organization demands, the patient needs and working organization ($\beta = 0.24$) promote nurses' stress-related demands ($\beta = 0.27$), increasing the SSI occurrence.

Discussion:

The SSIs increase is caused by the synergy of more organizational factors such as the reduction of nurses' staffing levels, and their stress levels related to job demands and unbalanced workloads. The presence of these inadequate working conditions for nurses encourages low compliance with HAI prevention and control programs, which are essential for SSI reduction.

Considering these findings, nursing managers and coordinators should organize the nursing work within the different care settings. When the number of nurses on shift is sufficient and the staffing levels are guaranteed, stress-related demands and SSIs are lower.

46- NURSING WORKLOAD IN INTENSIVE CARE UNIT (ICU): NURSING ACTIVITIES SCORE (NAS) SCALE ASSESSMENT

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Background:

The assessment of nursing workload in the ICU has been a topic of interest to reduce the cost of care while improving the quality of care. The NAS scale was developed by Miranda et al(1). to improve the accuracy of the nursing workload in the ICU. However, at present, it is rarely used in clinical practice.

Aim:

To assess, through the use of the NAS, the workload in an ICU where the patients come to different specialities: cardiac surgery, general and specialist surgery, and patients with acute respiratory diseases.

Methodology:

A prospective observational study was conducted on a sample of ICU patients. The workload for each patient and each disease group was calculated using the NAS score scale at the beginning of ICU admission. The length and times of hospital stay were analysed concerning specific scale items.

Results:

During the study period, 177 patients were recruited. In terms of NAS score, patients with acute respiratory disease appeared to have a higher burden compared to cardiac surgery patients (difference between means=9.61, CI 95% 4.41-14.8, p<0.001) and compared to specialised surgery patients (difference between means 10.78, CI 95% 5.27-16.29, p<0.001). Patients with a NAS score >50% are the most likely to require an extended stay in the unit (OR 0.34, CI 95% 0.18-0.63, p=0.001). Some items, such as vasoactive medication (OR 0.28, CI 95% 0.11-0.69, p<0.01) and treatment of complicated metabolic acidosis/alkalosis (OR 0.25, CI 95% 0.12-0.53, p<0.001) have score low on the scale but are associated with the likelihood of patients being discharged after 48 hours.

Discussion:

The average score obtained using the NAS scale for patients from three different specialties is approximately 50%(2). The study shows its ability to facilitate the identification of differences in workload between surgical and non-surgical patients from different areas and in the prediction of prolonged hospitalisations, which result in a much longer and more difficult workload.

47- INTEGRATING THE SOCIAL DETERMINANTS OF HEALTH INTO NURSING CLINICAL PRACTICE IN MARFAN SYNDROME: RESULTS FORM A SURVEY ON 850 PATIENTS.

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Background:

Compared to general population, patients affected by Marfan syndrome (MFS), a rare disease of the connective tissue (1), experience daily life limitations, reduced self-esteem levels with negative perception of their health status, high levels of pain and fatigue. While the acceptance of the disease associates with higher health-related quality of life (HRQoL) and better treatment adherence, paucity of evidence emerged on the social determinants of health (SDoH) mostly involved in modifying HRQoL levels in MFS population (2).

Aim:

Identification and evaluation of SDoH and HRQoL levels in patients with MFS according to peculiar patient characteristics, health demands and perceived quality of care.

Methodology:

A longitudinal prospective observational analysis was performed from 2020 to 2024 at the Cardiovascular Genetic Centre, IRCCS Policlinico San Donato. Patients were enrolled via webmail surveys and were followed in a reference Centre for MFS and genetic aortopathies. HRQoL Levels and SDoH (i.e. Self-Care determinants, psychological well-being, insomnia, fatigue and coping) were evaluated through the following internationally-validated questionnaires (3): Short Form 12, Short Form 36, Self-care Chronic Illness Inventory, General Anxiety Disorder, Patient Health Questionnaire-9, Insomnia severity Index, Impact of Event Scale-Revised and Fatigue Severity Scale.

Results:

850 adult patients with MFS participated in the online survey, which included 175 questions on Likert scale. In total, 101,250 answers were collected and analyzed for the identification of the following specific Core Outcome Sets: HRQoL levels, self-care behaviors, mental health and psychological well-being, vaccine hesitancy, perceived fatigue, coping mechanisms and insomnia.

Discussion:

Understanding unmet SDoH among patients with MFS in clinical settings promotes tailored advanced healthcare assistance, help to stratify of patients based on compromised levels of SDoH and highlights targeted nursing intervention strategies.

48- COMMUNICATING IN HEALTHCARE CONTEXTS: FROM THE SIMPLE EXCHANGE OF INFORMATION TO THE COMPLEX INTERACTION BETWEEN PEOPLE

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Background:

The exchange of information between interlocutors and mutual understanding is the essence of a dynamic and complex process that can be defined as communication. At the basis of all relationships, it is determined as a natural and innate element.

Defining communication is not easy, which is precisely why it is, and has been, the object of study in several scientific and humanistic disciplines. Although the multiple characteristics determining this interaction between people are important in social relationships, these aspects become essential if contextualised in particular work environments such as healthcare.

Aim:

To explore communication contents and effectiveness patterns between first, top and middle nursing managers.

Methodology:

The following brief report results from a preliminary analysis as part of a research project that evaluates the dimensions of communication across the different hierarchical levels of nursing management.

Results:

Communication and miscommunication are often at the heart of many errors made in hospital settings. The absence of effective communication can compromise patient safety and the quality of care and the nursing figure could prove to be strategic in identifying communication methods and approaches that respect the patient's individuality in relation to clinical and psychological conditions, to prevent the communication process from turning into continuous frustration due to the lack of a channel, a code or a recipient ready to accept that request.

Discussion:

Several studies highlight the importance of communication in internal relationships between middle management and nurses, and its relevance in direct patient care, but there seems to be little information relating to communication between managerial levels. The roles of nursing managers are mostly analyzed on how they find themselves playing a dual role: on the one hand acting in accordance with organizational strategies and on the other creating and maintaining a culture of trust and teamwork, in order to help the organization achieve its objectives.

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Background:

Lack of nurses and increased turnover lead to a direct threat to quality and safety of patients in Slovakia, where nurses make up the group of workers in the health sector. Shortages of nurses and midwives threaten patient care and safety compared to higher rates.

Aim:

Analyze data on the number of nurses and midwives over the past 23 years.

Methodology:

Data on the number of nurses and midwives in Slovakia were analyzed for the period 2010-2023. The main source of data was the register of nurses and midwives of the Slovak Chamber of Nurses and Midwives.

Results:

In total, according to data from 2023, there are 38,134 nurses and 1,777 midwives working in Slovakia. The average age exceeds 48 years. The number of nurses over 60 increased by 1184% compared to 2003. On the other hand, the number of nurses under the age of 29 decreased by 70% during the same period. In total, according to these calculations, more than 14,000 nurses are missing in Slovakia, and there is a risk that Slovakia will lose another 10% of its workforce by 2030.

Discussion:

Fluctuation of the workforce in the healthcare sector, the aging of nurses, the departure of young nurses and the necessary solutions from the state are the main dramatic situation. Reversing the negative indicators will not be an easy task. Efforts to stabilize the current workforce need to be maximized.

50- ITALIAN PHD NURSES' SCIENTIFIC PRODUCTION AND INTEGRATION INTO CLINICAL PRACTICE

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Background:

In the development of the nursing profession, an important milestone was the opening of doctoral schools. This complemented the education of professionals and enabled them to develop new knowledge and skills in the clinical field as well. Since the opening of doctoral schools for nurses in 2006 in Italy in four Italian universities, it was showed that in a decade the PhD programs impacted scientific production and thus the dissemination of new knowledge

Aim:

To examine the patterns in scientific production among PhD nurses in Italy

Methodology:

This is a descriptive-observational study. An online survey was sent out to both professors and former PhD students that completed the programs across the four Italian universities to collect their scientific production in a time span ranging from 2016 to 2022. Furthermore, publicly accessible online data including Scopus database, LinkedIn, and universities repositories were incorporated.

Results:

Besides an overall increasing trend in the number of publications over the period, most publications occurred in PubMed-indexed journals, usually with Impact Factor between 2 and 4. The journals with the highest number of publications were Italian. Moreover, the most represented focus of articles has been clinical (56.32%), followed by organizational (26.34%) and educational (8.8%). Integrating PhD nurses in clinical settings have the potential to warrant quality and safety of clinical nursing care practice.

Discussion:

Overall, results showed that the scientific output of Italian nurses is increasing. The predominant focus of publications on clinical topics may impact on improving nursing practice and patient outcomes in clinical settings. The PhD nurse can thus be an added value in advancing nursing care practice.

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52- THE NURIC PROJECT: CAPACITY BUILDING IN NURSING INFORMATICS
COMPETENCIES FOR NURSING STUDENTS AND PROFESSIONALS TO FOSTER THE
DIGITAL TRANSFORMATION OF HEALTH CARE

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Background:

Digitalization in healthcare has increasingly impacted nursing practices, highlighting the necessity for nurses to acquire digital competencies. Despite their crucial role, nurses lack proficiency. Nursing informatics (NI), dedicated to advancing digital transformation in nursing, is deemed essential by international recommendations such as the TIGER initiative and IMIA Recommendations (Bichel-Findlay, 2023).

Aim:

This European Erasmus+ project (NURIC Project n. 101128719; Call: ERASMUS EDU-2023-CB-VET) aims to bolster competencies in NI and establish flexible learning opportunities for nursing professionals in Kosovo and Israel. The goal is to equip them with essential digital skills requisite for contemporary nursing care and to enhance their 21st-century competencies, thus expanding their job prospects.

Methodology:

The European Erasmus+ project involves partners from Austria, Greece, Israel, Italy, and Kosovo. It consists of three phases:

- Involving market actors to determine the necessary competencies in NI;
- Developing online and blended learning with at least 10 nano-courses and one certificate course for at least 15 participants in Israel and Kosovo;
- Piloting and evaluation the nano-courses in each country.

Results:

The project will implement nano-courses and a professional certificate course, tailored to local needs. Nano-courses, designed to spark interest and provide fundamental NI skills, can earn participants a nanodegree upon completion. The professional certificate course, with a workload of up to 20 ECTS credits, aims to promote visible competencies in NI and foster a network of interested nurses. All course materials will be made available as open-access OER material.

Discussion:

This project strengthens links between Vocational Education and Training providers and the labor market, enhancing employability, and the healthcare workforce dynamism. It aims to elevate nursing education standards and to revolutionize care delivery, mitigate nurse attrition, and reshape care practices for improved outcomes and equity. Ultimately, it seeks to position nursing as a beacon of innovation in healthcare.

53- PERSONALIZED NURSING CARE IN PREOPERATIVE VASCULAR SURGERY PATIENTS:
A PRACTICAL IDENTIKIT.

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Background:

Personalized nursing care aims to improve outcomes by applying personalized approaches directed by individualized profiles (1). The patients' characteristics underlying risk prediction in vascular surgery practice have yet to be described.

Aim:

To identify patients-clusters undergoing vascular surgery, allowing us to better understand patients' needs and guide personalized therapeutic approaches.

Methodology:

This is a secondary analysis of data from a 12-month RCT examining the impact of carotid endarterectomy (CEA) and carotid artery stenting (CAS) on long-term post-operative baroreceptor function and cognitive brain function and analysing their influence on clinical outcomes (<https://clinicaltrials.gov/study/NCT03493971>). The participants who had completed baseline assessment, regardless of the randomisation, were included in this study. The variables included in the analysis encompass clinical and biological characteristics. Ward's method was used for clustering (2). Standardised Euclidean distance was employed as a metric to calculate dissimilarity between cases. Silhouette analysis evaluated the clusters' adequacy, measuring how well each object was assigned to its cluster.

Results:

Clusters of 2-4 groups were explored to identify the optimal configuration. The silhouette analysis indicated that the 2-clusters solution (31 participants) offers the best balance between the internal cohesion of the clusters and separation between clusters (0.444[-0.061,0.652]), suggesting a significant segmentation of patients based on the variables considered. "moderate risk" (cluster 1) and "high-risk" (cluster 2) clusters were identified due to the distinct socio-biological characteristics shown. "moderate-risk" cluster comprises patients with one or more comorbidities; still, they report greater control of cardiovascular risk factors and, probably greater adherence to self-care activities. While the "high-risk" cluster is composed of patients with few comorbidities but greater cardiovascular risk factors.

Discussion:

Segmenting patients into 2 well-defined clusters offers new insights into the pathophysiological and functional characteristics of patients undergoing vascular surgery. These findings may facilitate the development of personalized preoperative risk prediction and more targeted and personalized care strategies, improving patient outcomes.

54- NURSE SPECIALIST IN FOLLOW-UP SERVICE OF ICU SURVIVORS AFTER CRITICAL ILLNESS

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Background:

Intensive Care Unit survivors have to deal with a different version of themselves after the ICU discharge, characterized by all three adverse survivorship dimensions of physical function, cognitive function and mental health status.

Aim:

This review aimed to describe the role of a nurse specialist in the follow-up service of ICU survivors after critical illness.

Methodology:

A narrative review was carried out. Pubmed, Scopus, Web of Science, and Cumulative Index to Nursing and Allied Health Literature (CIHNAL) were searched. The search strategy included combinations and synonyms of free text and MESH (Medical Subject Headings) terms such as 'post-intensive care syndrome' OR 'PICS' OR 'Post-ICU' AND 'follow-up care' AND 'Rehabilitation' OR 'Nursing, Rehabilitation' OR 'Nursings, Rehabilitation' OR 'Rehabilitation Nursings'.

Results:

The results will outline critical care nurses' competence and knowledge in the early recognition and management of ICU survivors after discharge.

Discussion:

PICS is a widespread experience among ICU survivors and their family members. Critical care nurses have a key role in managing the syndrome in follow-up services through the collaboration of the multidisciplinary team

55- MERCY AS A CRUCIAL CONCEPT DEEPLY INGRAINED IN THE NURSING PROFESSIONAL PRACTICE

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Background:

Each individual performs his or her actions according to values and ethical principles that can improve relationships with others. Mercy focuses attention on needs by promoting an ethic that recognizes and shares the common human condition. Accepting the theological idea that mercy is an essentially divine property, there are many difficulties when trying to translate it ethically and practically in the perspective of human solidarity and reciprocity and, especially for nurses, in the concreteness of professional behavior and in different cultural contexts. It is clear in the literature that the reflective practice characteristic of nurses' decision-making always includes the ethical and merciful aspects of care.

Aim:

To describe nurses' perceptions on the interconnections between mercy and ethics in nursing.

Methodology:

A descriptive qualitative study was carried out using semi-structured interviews addressed to nurses on the jubilee days of mercy in June 2016 in Rome. All the interviews were recorded, transcribed verbatim and analyzed using the Framework Analysis proposed by Ritchie and Spencer (1994). A list of themes was abducted inductively.

Results:

The recruited sample was made up of 71 nurses, mostly female (67.6%), coming from central Italy (95.8%) and between the ages of 35 and 54 (59.1%). The thematic analysis led to the identification of 3 main themes: "Mercy as the basis of ethical behavior"; "Mercy, ethics and respect for others as important elements of nursing practice"; "Mercy as an aspect to assist persons ethically".

Discussion:

Numerous moral principles emerged and inspired nurses during their clinical practice. The study demonstrated that nursing includes a consolidated dualism between professional practical aspects and the respect of the intrinsic essence of human beings. Attention to the patients was manifested in simple gestures as in 'welcoming' the other and being in a close relationship with them and showing them full "dedication" especially regarding their relational and moral needs.

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Background:

Chronic kidney disease represents a globally increasing health condition, demanding highly complex nursing care. Nephrology nurses play a pivotal role in this endeavor, embodying both clinical and relational skills crucial for patient well-being.

Aim:

The aim of this study was to identify the clinical and relational competencies of nephrology and dialysis nurses by analyzing available international literature.

Methodology:

Two scoping reviews were conducted following the PRISMA ScR framework. Both searches were conducted across five databases: Medline, Scopus, Cochrane Library, ASSIA, and CINAHL. Gray literature sources were consulted through Google Scholar. Article screening, data extraction, and quality assessment were independently performed by two authors. Critical appraisal was conducted using JBI critical appraisal tools. Additionally, regarding relational competencies as delineated by the Arksey and O'Malley framework, a stakeholder consultation was initiated.

Results:

Out of 15,060 records identified in both reviews conducted, 34 records were selected. Data analysis led to the identification of several areas of competency among nephrology and dialysis nurses, including inpatient and pre-dialysis units, hemodialysis, peritoneal dialysis, and transplantation. In these areas, professionals employ both core and advanced skills. Relational competencies encompassed three clinical areas: hemodialysis, community-home care, and renal palliative care. Following stakeholder consultation involving various groups of the Italian Nephrology Nursing Society, six domains of "specialized relational competencies" were identified, each with a set of standardized relational skills.

Discussion:

Nephrology nursing spans a broad spectrum of competencies, ranging from clinical expertise to specialized relational skills. Integrating clinical and relational competencies in nephrology nursing practice is crucial. By recognizing the importance of relational skills alongside clinical expertise, nurses can foster therapeutic relationships, enhance patient well-being, and promote adherence to treatment regimens along the chronic kidney disease continuum.

57- ULTRASOUND EVALUATION OF THE OPTIC NERVE SHEATH (ONSD) IN BRAIN TRAUMA PATIENT AS AN EARLY INDICATOR OF INCREASED INTRACRANIAL PRESSURE (ICP). NURSING IMPLICATIONS IN PREHOSPITAL EMERGENCY CARE.

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Background:

Head injury represents one of the most frequent causes of death in the trauma caseload. Brain injuries also affect the quality of life of survivors in terms of disability and autonomy lost, robbing the world population of approximately 8 million healthy years lived/year. Early patient framing therefore assumes a key role in preventing serious neurological sequelae caused by increased intracranial pressure secondary to trauma. For this assessment, it is possible to use the ultrasound method of measuring optic nerve sheath diameter, which has been shown to be effective in estimating ICP in the intrahospital setting. In the reality of prehospital emergency services, it is possible for the ultrasound assessment of ONSD to be performed by the nurse, contributing to early framing and resolution of care problems within the principle of non-diagnostic ultrasound with a point-of-care-ultrasound approach.

Aim:

To determine whether ultrasonography performed by nurses aimed at assessing ONSD performed in the prehospital setting may be able to predict neurological sequelae related to increased intracranial pressure on the head injury patient.

Methodology:

A single-center prospective observational study will be conducted.

Ultrasound ONSD measurements will be collected by 118 Piedmont nurses on head injury patients with negative neurological examination.

Data will be collected on the involved patients, with findings about clinical and imaging aspects and hospital destination. The main outcome that will be assessed is neurological impairment severity, defined by Glasgow Coma Scale assessment and the presence of pathological findings in imaging.

Results:

Results (**expected**): The results of the study will explore the feasibility of this technique of assessing ONSD by the nurse, also highlighting the possible positive impact it could have in the management of patients with traumatic brain injury since the prehospital setting, aiming the correct centre of hospitalization.

Discussion:

Discussion will be elaborated when the research will actually take place, forecasted: OCT 2024

58- ASSOCIATION BETWEEN BOARDING OF FRAIL INDIVIDUALS IN THE EMERGENCY DEPARTMENT AND MORTALITY: A SYSTEMATIC REVIEW

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Background:

Older patients who attend emergency departments are more frail than younger patients and are at a high risk of adverse outcomes.

Aim:

This systematic review aimed to summarize the evidence regarding the association between ED boarding and mortality in frail patients.

Methodology:

To conduct this systematic review, we adhered to the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) Guidelines. We systematically searched literature from PubMed, Embase, OVID Medline®, Scopus, CINAHL via EBSCOHost and the Cochrane Library up to May 2023, while for grey literature we used Google Scholar. No time restrictions were applied, and only articles published in English were included. Two independent reviewers assessed the eligibility of the studies and extracted relevant data from the articles that met our predefined inclusion criteria. The Critical Appraisal Skills Program (CASP) was used to assess the quality of the studies.

Results:

Evidence indicates that prolonged boarding of frail individuals in crowded emergency departments (EDs) is associated with adverse outcomes, exacerbation of pre-existing conditions, and increased mortality risk.

Discussion:

Our results suggest that frail individuals are at risk of longer ED stays and higher mortality rates. However, the association between the mortality of frail patients and the amount of time a patient spends exposure to the ED environment has not been fully explored. Further studies are needed to confirm this hypothesis.

59- THE FRAIL ELDERLY PATIENT'S EXPERIENCE OF BOARDING IN THE EMERGENCY DEPARTMENT: A MIXED METHODS STUDY

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Background:

Boarding is the period during which the clinical condition of patients considered stable in the ED is temporarily monitored while awaiting admission to receive appropriate case management. In the specific context of the frail elderly, the focus will be on the perceptions, emotions, and challenges faced during this delicate period. The research project thus aims to address an increasingly relevant issue, frailty in the elderly. As life expectancy increases, it is critical to understand and address the challenges of caring for the frail elderly, in fact a prolonged stay in an emergency setting can increase the vulnerability of frail elders.

Aim:

This study aims to explore the lived experiences of frail elderly patients during the emergency department boarding process. Qualitative research in this context emerges as a critical tool for exploring the perceptions, emotions, and challenges faced by frail older adults during boarding.

Methodology:

A mixed methods study design will be used to collect quantitative and qualitative data. The quantitative component will be analyzed by the Clinical Frailty Scale, to identify 2 cohorts of frail patients: those with a boarding time less than (or equal to) 44 hours and those with a boarding time greater than 44 hours. The qualitative component involves the use of semi-structured interviews will be conducted with frail elderly patients after the boarding period in the emergency room.

Results:

The results of the research will provide data to confirm the hypothesis that frail elderly patients are under great emotional stress when admitted to the emergency department. Therefore, they expect to receive more care and support during this delicate period.

Discussion:

The research can help improve clinical practice and promote targeted health policies by thinking about an emergency department environment that is more appropriate and sensitive to the particularities of the frail elderly.

60- THE USE OF A CARDIOPULMONARY RESUSCITATION MODALITY FOR HIGH-QUALITY CHEST COMPRESSIONS, IN THE TRAINING OF FIRST-YEAR BACHELOR OF SCIENCE IN NURSING STUDENTS WITH QCPR SOFTWARE "RACE®" COMPARED WITH THAT WITH " QCPR ® " SOFTWARE.

A randomized controlled trial.

Pasquale PI Iozzo¹

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Background:

BLS/D is a first aid procedure that includes CPR consisting of a sequence of basic life support actions, supplemented with defibrillation. Assessment of the quality of compressions can be measured with a system, in real time, of audiovisual feedback (Quality of cardiopulmonary Resuscitation - QCPR). In adult education and beyond, the primary goal is one that can maximize the degree of learning. Several studies in pedagogy, based on the analysis of semi-structured qualitative interviews, have shown that learning methodologies based on the principles of game-based learning (GBL), make the outcome of the teaching and learning process more stimulating and effective, improving skills and final performance.

Aim:

This study aims to evaluate in first-year Bachelor of Science in Nursing students the effectiveness of GBL training through a "Race" mode using QCPR "Race" mode software.

Methodology:

We used a randomized controlled trial method. Participation will be on a voluntary basis, subject to signing of informed consent, and participants will may withdraw from the study at any time without justification. The study will be divided into 3 phases:

Phase 1: A course on the theoretical principles of BLS/D will be delivered.

Phase 2: In the second phase, practical session, participants will familiarize themselves with the equipment/devices used for training.

Phase 3: Seven days later, all students who participated in Phase 2 will be asked to repeat a 10-minute chest compressions session.

Results:

This study will verify the greater degree of learning in terms of the effectiveness of training GBL with the QCPR "Race®" mode compared to 'traditional learning with QCPR®.

Discussion:

The use of teaching methods enriched with the addition of playful elements, using scores and competition (race), has positive effects in terms of learning.

61- INTERACTIVE EDUCATIONAL SESSIONS TO IMPROVE ADHERENCE TO HAND HYGIENE TECHNIQUE: A MULTICENTER IMPROVEMENT PROJECT.

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Background:

The main route of transmission of a microorganism between patients is the hands of health care workers (1). The most important measure to prevent healthcare-related infections (HAIs) is hand hygiene (1). As reported in literature, proper adherence and application of hand hygiene significantly reduces the incidence of HAIs (1). Evidence on the effect of continuing education has shown that interactive educational sessions can improve participants' adherence to technique while providing opportunities to enhance practice skills (2,3).

Aim:

This improvement project aims to investigate the effectiveness at six months of a hand hygiene training intervention aimed at the team of units involved, together with the use of an AI-driven scanner, evaluating the possible improvement in terms of adherence in the hand hygiene practice.

Methodology:

The project is aimed at nursing staff and socio-health workers in the medical, surgical and intensive care units of three hospitals in northern Italy. The personnel involved will receive a training based on WHO guidelines on hand hygiene (2). A scan test will be conducted on the sidelines of the training, and repeated at 2-4-6 months. Concurrently, at baseline and at 6 months, the knowledge and attitudes of health care workers on hand hygiene will be measured by two validated questionnaires proposed by the WHO.

Results:

This project may provide valuable insights into the effectiveness of interactive educational sessions on adherence to hand hygiene technique while assessing pre- and post-intervention knowledge and attitudes. The prospective nature of the study will also make it possible to assess learners' retention of knowledge.

Discussion:

Based on the rationale of the project and the available evidence, the results obtained can be used to improve training about HAIs and hand hygiene technique among health care workers.

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63- PULSED WAVE DOPPLER ACROSS THE SUPERIOR CAVOATRIAL JUNCTION FOR CATHETER TIP LOCATION USING MICROBUBBLE TEST

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Background:

Central venous access tip location confirmation is mandatory. Standard techniques include chest X-ray or intracavitary ECG. Ultrasound with agitated saline injection has been proposed as an alternative method for tip location confirmation, with a delay between saline injection and the appearance of turbulence in right cardiac chambers lower than 2 seconds as a cutoff for correct tip placement. A shorter cutoff of 500 to 1000ms has been suggested to have better performance. Moreover, Pulsed-Wave doppler bubble test (PWD-BT) may be better suited for this method.

Aim:

To quantify the time delay between the injection of the microbubble and the appearance of turbulence in the right atrium by visualization of the atrio-caval junction.

Methodology:

PWD-BT was used in consecutive patients undergoing Peripherally Inserted Central Catheter (PICC) placement admitted from 1st January to 1st July 2023 in an Italian university hospital. The correct tip location was verified by a standard reference technique. All procedures were performed by a single operator with extensive experience and complying with GAVeCeLT bundle.

Results:

Forty-five PICCs in 45 patients were consecutively inserted during the study period. The median age was 67,5 years (IQR 43–82 years). PWD-BT was not feasible in 3 (6,7%) patients. All PICCs' tip placement was confirmed via standard method. Mean time delay was 765ms (standard deviation: 720 - 853). Inter methods agreement among reference standards and MBT-PWD was satisfying (Cohen's kappa value of 1).

Discussion:

PWD-BT is an effective method to detect correct tip location. Delay times lower than 1000 milliseconds may better correlate with correct tip location. PWD-BT could more precisely measure the time delay and may suffer from less inter-operator variability. The choice of superior atrio-caval junction may be considered when right atrium is not readily visible.

64- ADHERENCE, DIFFERENCES AND RESISTANCES: A REVIEW OF THE LITERATURE ON HAND HYGIENE IN HEALTHCARE FACILITIES

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Background:

Hand hygiene is a critical measure in preventing healthcare-associated infections (ICA). This review explores adherence, disparities, and resistance in hand hygiene practices among healthcare workers, with a specific focus on nurses. Despite global guidelines, disparities persist due to various factors such as inadequate training, resource constraints, and organizational culture.

Aim:

The study aims to investigate the level of adherence to hand hygiene practices among healthcare workers, identifying effective strategies for improvement. It seeks to evaluate current training and educational strategies, ultimately aiming to enhance patient safety and nursing practices within healthcare settings.

Methodology:

A literature review approach was employed, utilizing databases and WHO resources. Inclusion criteria focused on English and Italian studies, full-text, freely accessible articles, primary studies, and guidelines. Studies published before 2013 were excluded. The research question, based on the PICO methodology, aimed to identify factors influencing adherence and effective improvement strategies.

Results:

The review highlights key themes, including complications, resource limitations, and individual and organizational factors impacting compliance. Effective strategies identified include continuous training, feedback mechanisms, and ensuring accessibility to hand hygiene facilities.

Discussion:

Discussion emphasizes the urgency of addressing low adherence, proposing a multimodal strategy leveraging advanced surveillance technologies and fostering innovation. Approaches encompass technical, social, and behavioral aspects, advocating for dedicated hand hygiene stations, awareness campaigns, and reshaping perceptions of handwashing. Continuous engagement, data utilization, and a safety-oriented organizational climate are pivotal for sustaining and enhancing adherence.

65- HEALTHCARE WORKERS' PERCEPTION OF THE APPROPRIATE USE AND DISPOSAL OF PERSONAL PROTECTIVE EQUIPMENT FOR THE PREVENTION OF HEALTHCARE ASSOCIATED INFECTIONS FROM A GREEN VIEWPOINT.

Pilot study.

Cappelli Doctor Eva ¹

Claudio Doctor Cartocini ², Sofia Doctor Dominici ², Giovanna Doctor Ferretti ², Antonietta Doctor Guerra ², Giuseppina Doctor Maghini ², Claudia Gabriela Doctor Pallas ², Antonietta Doctor Zampieri ²

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Background:

The literature highlights that there is often a lack of adherence to the correct use and disposal of PPE, including gloves, masks, and disposable gowns. This, in addition to promoting the transmission of Healthcare Associated Infections (HAI), negatively impacts the environment and the economy of the healthcare sector.

Aim:

To understand what barriers and facilitators could be responsible for promoting appropriate and conscious use of PPE in care practices for the prevention and control of HAI.

Methodology:

A phenomenological study was conducted in January 2024. Two web surveys were administered to compare the responses of Specialist Nurses in Infectious Risk and clinical nurses on the topic of correct use of PPE and their impact on HAI and the environment.

Results:

720 nurses were recruited and 76% of the Specialist Nurses were involved. The results showed that 57% of nurses improperly use disposable gloves. 77% of Specialist Nurses highlighted the importance of having programs for the control of HAI and IPC programs aimed at environmental sustainability, but only 31% are healthcare companies are ready for green change.

Discussion:

To address the complexity of HAI control from a sustainable perspective, the Nurse Specialists must be more involved in decision-making policies and Health Technology Assessment processes within their own company to promote the implementation of green strategies. University training, the introduction of green experts in hospitals, and greater involvement of executives could increasingly promote innovative and sustainable behaviours and awareness.

66- EVALUATING THE 'PILOT NM-FOC/2023' SURVEY: EFFECTIVENESS OF NURSING COORDINATION STRATEGIES IN APPLYING FUNDAMENTALS OF CARE-BASED ASSISTANCE

A Pilot Investigation at Italian Hospital

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Background:

The FoC have become increasingly relevant in healthcare as they have been linked to positive patient care outcomes, such as safety, satisfaction, length of stay, and improvement in the quality of life of the cared. Essential care is defined in the literature as the "heart" of nursing practice. Conversely, lack of attention to FoC can lead to care deficiencies, increasing the risk of adverse events and negatively impacting the overall patient experience. Numerous scientific evidences, documents from surveys on the level of satisfaction of the care received, reports on the quality of care, and scientific journal articles show that lack of attention to FoC can lead to a series of negative consequences for both patients and the healthcare system. It is important that nurse leaders, nurse coordinators, and nurses themselves collaborate in analyzing data on deficiencies and ask questions about the level of care provided to patients, developing together appropriate strategies to refocus on essential care.

Aim:

Validate the "PILOT NM-FoC/2023" questionnaire. The questionnaire aims to explore the perception of effectiveness of ward nurse coordinators in supporting the care team.

Methodology:

Survey, according to the "Survey Research Methods," 5th edition - Floyd J., Fowler Jr

Results:

Expected Results: a) Validation of the "PILOT NM-FoC/2023" Questionnaire, b) assess the knowledge and perception of nurse coordinators regarding the importance of the Fundamentals of Care, c) analyze the specific strategies used by nurse coordinators to support the care team in the provision of essential care, d) Through the analysis of correlations and regression analysis, the project could highlight the associations between various activities of the Fundamentals of Care, the barriers to the implementation of such activities, and the sociodemographic variables of the nurse coordinators.

Discussion:

Research lacks on strategies improving care based on FoC principles.

67- THE ROLE OF THE RESPIRATORY NURSE IS CHANGING, WITH THE GOAL OF EMPOWERING AND INVOLVING INDIVIDUALS WITH RESPIRATORY ISSUES.

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Background:

A significant portion of patients with respiratory failure who are admitted to hospitals in medical areas are either currently receiving home ventilation or will be discharged with instructions to continue this treatment.

In order to improve outcomes linked to patient Empowerment and Engagement, respiratory nurses are professionals with advanced abilities who use an incremental process backed by sufficient specialized training in knowledge and care skills. In addition to managing home ventilation therapy, therapeutic education for the patient and his family, and the planning, development, and execution of treatment plans, he also serves as a clinical expert, educator, consultant, and health promoter. Lastly, he arranges follow-ups with patients who have been discharged.

Aim:

Create well-organized pathways for patients receiving home ventilation to ensure high-quality, continuous care and to specify the specialized skills that must be used.

Methodology:

Evaluation of the results obtained from a prospective observational study.

Results:

20 patients were already receiving home ventilation when they were discharged from the Biella Emergency Medicine Department in October 2021, and a new prescription was written for the other 17 patients. The patients were followed up on home ventilatory therapy until January 2024. Thirty days following their release, they were evaluated about the ventilator's maintenance state, their capacity to retain information about its use, and an examination of data pertaining to its usage. Evaluations were carried out regarding the quality of shared therapeutic decisions such as: comfort, tolerance and any problems.

Discussion:

To be able to effectively manage these patients, it is critical to create structured pathways that will increase therapeutic adherence, ensure continuity of care, proactively identify issues related to device use, ensure safe discharge, foster greater trust between the patient and his family, and lower the likelihood of readmission.

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Background:

Gender dysphoria (GD) is the distress or discomfort that may occur when a person's biological sex and gender identity do not align. There are studies that show an increasing portion of adolescents and children with gender disorders. GD in developmental age presents specific characteristics, e.g. claims by the boy or girl that they're of the opposite sex; desire to be of the opposite sex development of negative emotions towards one's genitals. It is unclear what nurse's skills are needed to manage these patients

Aim:

The aim is to define the nurses' skills in children and adolescents with Gender Dysphoria.

Methodology:

A scoping review was performed using the Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews, checklist by Tricco et al. The search was conducted in the databases: PubMed, CHINAL, Google Scholar. Were included quantitative, qualitative, and mixed methods studies.

Results:

17 articles were found, but only 5 articles met the inclusion criteria for nursing care. From these studies emerged that children and adolescents with gender dysphoria presented anxiety or depressive traits, or caregiver concern about social problems such as change in academic performance, eating disorder and have self-harmed, reject physical activities. Studies describe suggestions regarding social transition and medical or surgical treatment. Only one study investigated the attitudes, beliefs, knowledge, and perceived competence of Pediatric Nurse Practitioners when caring for children and adolescents with GD.

Discussion:

Nurses play an important role in management and caring of these children and adolescents, and for providing support to their families. An increasing number of adolescents seeking care for GD suggests that more nurses will encounter children and adolescents in clinical practice and nurses should be familiar with the key aspects of their management, work with family and educational institutions to create safe and supportive environments at home, school and healthcare setting.

69- THE VOICE OF CAREGIVERS IN PALLIATIVE CARE: WHAT DRIVES QUALITY IMPROVEMENT AND PATIENT AND FAMILY-CENTERED CARE?

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Background:

A patient and family-centered approach in palliative care is a critical goal to guarantee high I-quality care . Literature underlines the importance of involving family caregivers in continuous improvement. However, this area is still little studied. [1,2]

Aim:

The study aims to explore the main drivers of quality of care in international palliative settings, from the point of view of family caregivers.

Methodology:

A meta-synthesis was performed, following the Joanna Briggs Institute guidelines and using CADIMA software. The literature search was conducted on PubMed, CINAHL and PsycINFO without restriction regarding time and language. However, it was limited to studies that included family caregivers of adult patients cared for in palliative settings.

Results:

The total number of articles selected was 1998, but only six was ultimately included. Overall, the studies highlight the importance of the caregiver's voice in a palliative setting, where patients are often unable to fully express their experiences and evaluations of the quality of care received, and where terminal illness has a strong impact on family members. Attention to quality of life, effective communication, and the involvement of both patients and family caregivers in the care process, emerged as essential macro themes that influence caregivers' evaluations of the care provided.

Discussion:

The study sheds new light on essential aspects of quality in palliative care from the perspective of family caregivers. When palliative care focuses on its primary objective - enhancing quality of life - the quality of care is also recognized by family members. Effective communication increases understanding and participation in the care process, and demonstrates that the team has successfully created a therapeutic alliance with family members. Hence, the presence and involvement of caregivers helps to personalize the interventions according to a patient and family-centered perspective.

70- CAREGIVER CONTRIBUTION TO PATIENT SELF-CARE BEHAVIORS IN MULTIPLE CHRONIC CONDITIONS IN LOW-AND MIDDLE-INCOME COUNTRIES

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Background:

Multiple Chronic Conditions (MCCs) are increasing worldwide, especially in low-and middle-income countries (LMICs), where the incidence ranged from 13% to 84%, with significant variability in different regions. Caregivers make an essential contribution to the self-care of patients with chronic conditions, improving patient outcomes. However, no studies describe the caregiver's contribution (CC) to chronic patient self-care behaviors in LMICs.

Aim:

This study aims to describe the CC to patient self-care affected by MCCs living in a LMIC and identify inadequate CC- to self-care in this context.

Methodology:

A Multicenter cross-sectional study design was used. Caregivers were enrolled if identified by the MCC patient as the primary unpaid informal caregiver in outpatient settings. The Caregiver Contribution to Self-Care of Chronic Illness Inventory (CC-SC-CII) was used to measure CC to self-care maintenance, monitoring, and management.

Results:

Three hundred and seventy-six caregivers were enrolled. Most caregivers were women (70%), adult children (53%), and spouses (47%) of the patient, with a mean age of 48 (SD 15.1) years. Regarding the CC to self-care maintenance, inadequate behaviors were found in the recommendations for physical activity (40%) and stress management (32%). In the CC to patient self-care monitoring, inadequate behaviors were those regarding attention to changes (31%) and recognition of symptoms (30%) caused by chronic diseases. In CC to patient self-care management, inadequate behaviors were found in alerting the healthcare provider (27%) and reflecting on the effectiveness of the treatment used to manage signs and symptoms (35%).

Discussion:

Knowing the inadequate behaviors of CC to self-care in LMICs allows to identify the caregiver behaviors that need to be strengthened through psycho-educational interventions aimed at improving the caregiver's contribution to self-care and their patient's outcomes.

KEYWORDS: *Caregiver contribution, self-care, multiple chronic conditions, self-efficacy, nursing, low-and middle-income countries, Albania.*

71- CAREGIVER SELF-EFFICACY IN CONTRIBUTING TO PATIENT SELF-CARE SCALE IN CHRONIC CONDITIONS: TESTING PSYCHOMETRIC PROPERTIES IN TURKEY

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Background:

Caregiver self-efficacy is associated with better patient and caregiver outcomes in single chronic conditions. No instrument to measure this variable is available in Turkey.

Aim:

To examine psychometric properties of the Turkish Version of the Caregiver Self-Efficacy in Contributing to Patient Self-Care Scale (CSE-CSC) in Chronic Conditions and to test its validity and reliability.

Methodology:

A cross-sectional study was conducted to evaluate the validity and reliability of the CSE-CSC. A total of 307 sample of caregivers who cared for patients with chronic conditions were enrolled in inpatient and outpatient settings between January and May 2023. Confirmatory factor analysis (CFA) was performed for structural validity. To test the discriminant validity between the Caregiving Competence Scale (CCS) and CSE-CSC the Pearson product-moment correlation was estimated. Internal consistency reliability was tested with Cronbach's α and McDonald's ω coefficient. Intraclass correlation coefficients (ICCs) were analysed for test-retest reliability.

Results:

CFA confirmed the two-factor structure (self-efficacy in self-care maintenance and monitoring, and self-efficacy in self-care management factors) of the CSE-CSC. It was determined that there was convergent validity between the CSE-CSC and the CCS (r range: 0.821-0.882, $p < 0.01$ for all the values). Cronbach's α coefficients (ranging 0.943-949), McDonald's ω coefficients (ranging 0.944-950), and ICCs (0.815-0.878) supported the reliability of the CSE-CSC.

Discussion:

The CSE-CSC showed strong validity and reliability in Turkish family caregivers of individuals with chronic conditions. It can be used as a valid and reliable instrument to measure Caregiver Self-Efficacy in Contributing to Patient Self-Care Scale in the Chronic Conditions context. The CSE-CSC consent to identify caregivers with a high risk to contribute inadequately in patient self-care in the chronic condition context. The CSE-CSC allows nurses and other disciplines working with caregivers to evaluate caregiver self-efficacy in contributing to the self-care of individuals with chronic diseases in projects to be carried out in different contexts and populations.

72- STRENGTHENING PARTNERSHIP BETWEEN HOSPITALS/PRACTICE SETTINGS AND THE SCHOOLS/ACADEME FOR EFFECTIVE NEWLY GRADUATED NURSE TRANSITION TO PRACTICE, TRANSLATION OF EVIDENCE TO PRACTICE, AND SUPPORT OF RESEARCH

Jasper Tolarba

Background

SIENNA is a non-profit, immigration-neutral professional association dedicated to supporting all internationally educated nurses (IENs) who have migrated or are planning to migrate to North America to ensure that they have a community of networks, advocates, and resources.

Currently, there are over 160 member ambassadors coming from 14 different countries and 300+ active community group members. It has established various committees, including Education and Convention, Research and Publication, Membership, Policy, Finance, Records and Documentation, and Advocacy and Mentorship, to support its mandate. SIENNA has also partnered with the DAISY Award for Internationally Educated Nurses Globally to recognize IENs who exemplify compassion and exceptional nursing practice, act as role models for exemplary behavior, create environments that foster trust, respect, and ethical conduct, serve as supportive guides for newcomers, mentor for professional development, and advocate for the welfare of fellow nurses.

Additionally, SIENNA is in the process of creating the Global Nursing Accreditation and Certification Council (GNACC), which aims at setting the gold standard for ethical recruitment practices and ensuring top-notch quality in the international nursing workforce.

Moreover, it has successfully launched the Journal of the Society for Internationally Educated Nurses (JSIEN), the first of its kind peer-reviewed journal, which will serve as a dynamic platform dedicated to advancing the professional growth, advocacy, and collective knowledge of IENs across North America and globally. Finally, members also benefit from webinars on diverse topics and collaboration with established IEN organizations.

In conclusion,

SIENNA remains steadfast in its mission to provide essential support, advocacy, and resources throughout the journey of internationally educated nurses in North America."

73- DRIVING CHANGE: EXAMINING THE IMPACT OF THE TRANSITION CARE MODEL ON PATIENT-REPORTED OUTCOMES FOR ADOLESCENTS WITH CONGENITAL HEART DISEASE

TELEMACO Study

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Background:

Evidence of efficacy regarding transition care programs (TC) in adolescents with CHD is thus far scarce.

Aim:

To evaluate in a pilot setting the efficacy of TC in improving the perception of healthcare needs of adolescents with CHD in a single Italian centre (Florence).

Methodology:

A pilot, two-arm, randomized, controlled, single-blind trial was conducted (follow-up: 3, 6, 9, and 12 months). Twenty adolescents with CHD from 12 to 18 years old were enrolled. Inclusion criteria: moderate or severe CHD. Exclusion criteria: cognitive impairments and non-Italian-speaking patients. The experimental group received TC programs delivered four times, and the control group received standard care. Outcomes were assessed with a valid and reliable self-report scale; higher scores indicated a higher need for education.

Results:

For healthcare education, the experimental group (N=10) showed a statistically significant decrease in mean scores from 4.22 to 3.68 over 12 months ($p < .001$), while the control group's scores (N=10) increased from 3.94 to 4.25 ($p = 0.001$). In clinical support, the experimental group's scores decreased from 3.97 to 3.40 ($p < .001$), in contrast to the control group, which saw an increase from 3.63 to 4.50 ($p = 0.001$). Emotional support scores in the experimental group decreased from 4.37 to 3.53 ($p < .001$), with a smaller improvement in the control group from 3.93 to 4.08 ($p = 0.001$). Finally, scores for the continuum of care decreased in the experimental group from 3.63 to 3.47 ($p < .001$), while the control group improved from 2.97 to 4.17 ($p = 0.001$).

Discussion:

TC may effectively reduce perceived healthcare needs in adolescents with congenital heart disease. These findings imply that TC helps adolescents manage their health more independently, reducing their reliance on continuous healthcare support. Further research with a larger cohort is necessary to confirm these initial findings.

74- THE EMERGENCY NURSE'S PERCEPTION OF THE NEED TO RECEIVE FEEDBACK ON COMPLETED INTERVENTIONS

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Background:

The local emergency care team takes charge of the patient in the area and completes its intervention on arrival at the emergency department, where a new team takes charge of the case. The handover is currently not standardised and there is a lack of scientific evidence and tools in the literature. In addition, the local nurse does not receive feedback on the completed operation.

Aim:

The aim of this study was to explore the experiences and perceptions of emergency nurses regarding the need for feedback on the intervention completed by the emergency department. It also aimed to identify and understand, from a nursing point of view, the critical points in territorial emergency procedures and hospital emergencies.

Methodology:

Qualitative phenomenological analysis using a semi-structured interview tool. The sample consisted of thirty nurses from three different hospitals in central and northern Italy who had been working in the emergency service for at least two years and the study was approved by the AVEN ethical committee.

Results:

The data analysed revealed the need for local nurses to receive feedback from the emergency department, highlighting the issue of privacy, the sense of abandonment experienced by the professional and the need for clinical debriefing. The lack of a standardised method of handover also emerged and is consistent with the literature.

Discussion:

The literature shows how clinical debriefing benefits reflective practice between nurses and healthcare teams and contributes to nursing science by providing a platform for the development of standards of practice, research and theoretical development. In debriefing, as in handover, the lack of standardised tools and methods was identified, leading to reflection and the formulation of future research questions.

75- CARDIOVASCULAR DISEASE IN THE ELDERLY: DELIRIUM AND FALL RISK PREDICTING FACTORS IN A CARDIAC ICU COHORT

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Background:

Cardiovascular disease is common among older adults is associated with a higher risk of falls. Patients presenting, at increasingly older ages, with cardiovascular disease (CVD), and other chronic conditions are a growing concern.

Aim:

The study aimed to investigate the relationship between delirium and both predisposing and precipitating factors, such as comorbidities and the use of restraints.

Methodology:

This cohort study assessed delirium incidence and associated risk factors in elderly patients with cardiovascular disease (CVD) admitted to a cardiac intensive care unit (CICU) from May 2022 to June 2023. Patients aged 65 and older were enrolled and followed for one year.

The methodology included comprehensive multidisciplinary evaluations compliant with ethical standards and the Helsinki declaration. The primary tools for assessment were the Cumulative Illness Rating Scale for baseline health and the Activities of Daily Living (ADL) and Instrumental Activities of Daily Living (IADL) scales for functional status.

Additionally, fall risk was evaluated using a multifactorial approach.

Results:

Of the 113 assessed patients, 12 (10.6%) tested positive for delirium with reported fall risk. Conversely, 63 patients (55.8%) had a fall risk but did not develop delirium. A notable finding was that higher IADL scores correlated with lower risks of falls and delirium ($p=0.045$). Similarly, higher ADL scores were associated with reduced delirium and fall risks ($p=0.04$).

Discussion:

The study highlighted that CICU patients with concurrent delirium and fall risks exhibited poorer short and long-term clinical outcomes, significantly increasing hospital stay lengths.

Conclusion

These insights have prompted the development of a targeted nursing quality improvement plan for this vulnerable patient group.

76- MEASUREMENT EQUIVALENCE OF THE SELF-CARE OF CHRONIC ILLNESS INVENTORY ACROSS TIME

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Background:

Self-care has recognized as a core element of successful health maintenance and illness management. The Self-Care of Chronic Illness Inventory (SC-CII) is a theoretically based instrument for measuring self-care maintenance, monitoring and management behaviors in adults with chronic illnesses. SC-CII showed strong validity and supportive reliability on cross-sectional data. However, the stability of the SC-CII, i.e., whether the psychometric characteristics of the scales are consistent over time, still needs to be investigated. This knowledge could allow the self-care measurement to be considered comparable in repeated measurements over time.

Aim:

To test longitudinal measurement equivalence of the three scales (self-care maintenance, monitoring and management) of the SC-CII.

Methodology:

Patients aged 65 or older affected by multiple chronic conditions were enrolled in outpatient and community settings. Self-care was measured with the SC-CII. We measured four levels of longitudinal measurement equivalence on data collected at 0, 6 and 12 months: configural (testing whether a construct - e.g. self-care maintenance- had a similar basic factorial structure over time), metric (testing the presence of a common metric), scalar (testing whether a person with the same level of a construct had the same expected score on items measured in different times), and strict (testing for equality and full comparability of items over time).

Results:

Results indicated that three out of four measurement equivalence levels (configural, metric, scalar) were partially or totally supported in all SC-CII scales.

Discussion:

Older adults affected by multiple chronic conditions used an identical cognitive framework or mental model when responding over time to the instrument, used the 1–5 Likert response scale almost identically, and almost without bias. Despite health status differences, older adults with chronic conditions seem to share the same fundamental view of self-care. We can conclude that the results of the SC-CII are comparable over time.

77- ANIMO'S POSITION STATEMENT: PROFESSIONAL POLICY STRATEGIES FOR THE RECOGNITION OF NURSING SPECIALIZATION IN THE MEDICAL AREA

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Background:

Conditions for ensuring the future of a discipline or specialty include: awareness of representing the core values of the discipline and cultural credibility.

For this reason, ANIMO (national association of medical nurses) has defined advocacy in terms of disseminating her vision. ANIMO plans training, research and collaboration activities with universities, institutions and other associations. It has built a solid bond with FADOI, the Federation of Associations of Internist Hospital Managers and FNOPI (National Federation of Nursing Professions Orders), with whom it has always shared the fundamental values in care and taking care of the person from an interprofessional perspective.

Aim:

Develop a position statement where it defines nursing in the medical area as a specialized discipline of the nursing profession

Methodology:

Review of scientific literature and regulations. Analysis of the main skills described in the literature and described by FNOPI. Definition of the core competence of the specialist nurse for the governance of care processes in the medical area, inspired by the document European EFN and based on the three cornerstones: care fundamentals, clinical reasoning and ethical behavior

Results:

A position statement has been developed. The core competencies have been defined as a nurse specialist with a master's degree in the medical area. An expert clinical nurse, appropriately trained and formally recognized, able to guide and manage the patient care path, and above all able to take care of the person with care complexity, ensuring competent and specific monitoring and control.

The need to guarantee the qualitative and quantitative adaptation of the staffing and the need to diversify the levels of competence was underlined.

Discussion:

The position statement aims to represent the guidelines that ANIMO as a company scientific intends to promote, consistently with current literature, taking into account the evolution of care contexts and the training capacity of the Italian university system.

78- EURO-NURSE 365: EMPOWERING EXCELLENCE IN NURSING THROUGH
EDUCATION, CERTIFICATION, AND EUROPEAN RECOGNITION OF A FRAMEWORK
ON SPECIALIST NURSES AND ADVANCE NURSE PRACTITIONERS

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Ongoing project.

Domain: Education

Abstract:

Introduction: The EURO-NURSE 365 program endeavors to advocate for the mandatory facilitation and recognition of continuing professional development (CPD) for specialist nurses and advanced Nurse Practitioners within the European Union's regulatory framework. This initiative aims to address challenges in nurse retention and sustainability by emphasizing the significance of standardized education and certification processes.

Methods: The program encompasses two key activities: Position Statement Development and European Parliament Event organization. The former involves drafting a comprehensive position statement highlighting the relevance of CPD and proposing mechanisms for EU-wide certification of educational achievements. The latter entails organizing an event at the European Parliament to advocate for Education, Certification, and Recognition in nursing.

Results: Challenges encountered include navigating diverse regulatory frameworks, securing stakeholder engagement, and ensuring alignment with EU policies. Lessons learned emphasize the importance of stakeholder collaboration, effective communication strategies, and flexibility in adapting to evolving regulatory landscapes.

Discussion: Recommendations for stakeholders include prioritizing harmonization efforts, investing in standardized education and certification processes, and advocating for policy changes to support nurse retention and sustainability. By advocating for mandatory facilitation and recognition of CPD, the EURO-NURSE 365 program aims to enhance nursing workforce sustainability, elevate standards of care, and secure retention for a sustainable future of nurses in Europe.

Conclusion: Through strategic initiatives and stakeholder collaboration, the EURO-NURSE 365 program seeks to advance the cause of specialist nurses and advanced Nurse Practitioners within the EU framework. By emphasizing the importance of standardized education and certification processes, this initiative aims to address challenges in nurse retention and sustainability, ultimately contributing to improved patient care and healthcare outcomes across Europe.

Conflict of Interest: This report was made possible with the support of Viatrix©

79- BARRIERS AND FACILITATORS TO THE IMPLEMENTATION OF ERAS PROTOCOLS ACCORDING TO NURSES' EXPERIENCE: A MIXED METHOD STUDY

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Background:

The Enhanced Recovery After Surgery (ERAS) protocols are designed to expedite patient recovery after major surgeries.

Aim:

This study explores barriers and facilitators to implementing these protocols from the perspective of nurses in surgical care settings at Piacenza Hospital, Italy.

Methodology:

Authors employed an explanatory sequential mixed-methods research design. This began with a quantitative observational phase, using a survey aligned with the STROBE 2019 Transversal Studies Guidelines. Following this, a qualitative phase included two focus groups to delve deeper into the findings from the initial survey. This phase adhered to the COREQ criteria for qualitative research reporting.

Results:

Thirty nurses took part in the study on a voluntary basis. Survey results showed that the most valued aspect of the ERAS protocols was their importance in patient care, scoring an average of 3.4 out of 5 on the Likert scale. The benefits for patient outcomes and treatment effectiveness both scored 3.3. However, Guttman's Scalogram analysis identified significant barriers, including low patient compliance and insufficient nurse training. The thematic analysis using Van Kaam's method revealed a primary domain named "context elements," supported by four dimensions: team characteristics, doctor's role, operational organization, and care relationship.

Discussion:

The integration of the quantitative and qualitative results highlights the critical need for effective communication, continuous training, and staff updates. It also emphasizes the importance of a multidisciplinary approach, including the integration of psychologists into the healthcare team to improve overall implementation of the ERAS protocols.

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Background:

Within healthcare education there are many fundamental skills that need to be taught. This can be a challenge if there are large student cohorts and limited human resources. Technology can assist in the assessment of skills.

Aim:

To enhance digital assessment in the field of healthcare education across four European countries Ireland, Germany, Georgia and Poland, and over three disciplines nursing, medicine and allied health professionals.

Methodology:

There were five work packages (called project results) in the project. Each project result was led by one country, and all partners contributed to each result:

1. Co-Creation: we engaged teachers and learners in identifying their strengths and gaps in digital assessments
2. Competency framework: a self-assessment tool based on the DigiCompEdu framework but geared towards assessment.
3. Micro-learning units: developed to help filling the gaps identified by participants in results 1 & 2.

Results:

There were two innovative digital assessments developed for this project. Result 4 is a digital peer assessment rubric, in which we engaged learners in assessment of their peers' healthcare skills. Project result 5 uses artificial intelligence to assist with handwashing assessment. We created an AI model based on the WHO (2009) guidelines for handwashing and trained the device to detect handwashing steps. On successful completion, learners are issued with a digital badge which they can use in practice to demonstrate their handwashing competency.

Discussion:

While we are delighted with the results, many challenges remain. One challenge is handwashing step recognition capability of the AI device. In order to reach 100% accuracy, we need to continue training the device. The device is currently geared towards full hand washing. However, in practice, hand hygiene is often performed using hand rub. A portable device would enable us to develop hand rub assessment. We are currently seeking further funding to continue to enhancing the technology.

81- INSIGHTS INTO ADVANCED NEUROSCIENCE NURSING COMPETENCIES FOR CLINICAL NURSE SPECIALISTS IN ITALY: A REVIEW AND CONSENSUS BOARD ANALYSIS

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Background:

Initiated by the European Association of Neuroscience Nursing (EANN) in 2008, the NeuroBlend™ project aimed to define key roles and competencies in neuroscience nursing. This led to the development of a European Competence Profile (ECP) to establish common learning pathways and recognize this specialized nursing field. The Clinical Nurse Specialist (CNS) profile includes competencies such as communication, education, flexibility, analytical skills, ethical considerations, initiative, empathy, stress perseverance, and reflective abilities.

Aim:

This study aims to evaluate the adherence to the NeuroBlend™ model of advanced nursing competencies in neuroscience within care settings for multiple sclerosis, pediatric neurosurgery, pediatric neurology, Alzheimer's disease, and drug addictions.

Methodology:

A phenomenological approach was used, employing confirmatory focus groups to gather nurses' perspectives on the defined competencies. Participants included two 'competent' nurses, two 'skilled' nurses, and two 'expert' nurses from each division, selected through convenience sampling. Data analysis involved identifying recurring themes across different care settings.

Results:

Thirty nurses took part in the study on a voluntary basis. The findings highlighted the crucial role of competencies such as communication, education, flexibility, empathy, and reflective capacity, which were deemed essential across all care settings. Common themes included "relationship with the patient and family," "personalized care," and "continuity of the care process." However, the 'initiative' competency did not align with the experiences of the participants.

Discussion:

The study confirms that the competencies outlined in NeuroBlend™ are integral to the role of nurses in the examined neuroscience contexts and are relevant to the Italian healthcare environment. The exception was the initiative competency, which suggests a need for further investigation into its applicability and relevance.

82- UTILISING THE BALANCED SCORECARD MODEL TO MAP CORE COMPETENCIES OF WARD MANAGERS: AN ITALIAN MIXED METHOD STUDY.

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Background:

Nurse ward managers play a vital role in ensuring the smooth operation of hospital wards and organizing nursing teams. The Balanced Scorecard model is a management tool that helps translate strategic goals into measurable outcomes. However, it has rarely been applied to mapping competencies in healthcare settings.

Aim:

This study aims to map the core competencies of nurse ward managers using the Balanced Scorecard model to identify key performance areas (KPAs) and key performance indicators (KPIs).

Methology:

A mixed-methods approach was used in the surgical department of an Italian hospital. The quantitative phase involved surveying a convenience sample of clinical staff, who rated the importance of nine competencies for nurse ward managers. The qualitative phase included two focus group discussions with nurse ward managers to further explore these competencies.

Results:

Survey results indicated that all nine competencies were considered important across different roles, with no significant differences in responses. Focus group discussions reinforced the importance of these competencies. Using these insights, the researchers developed a strategic map for the nurse ward manager role, aligning core competencies with the four dimensions of the Balanced Scorecard model.

Discussion:

Implementing a strategic map based on the Balanced Scorecard model provides a framework to assess and enhance the performance of nurse ward managers, offering a benchmark for competency improvement.

83- EXPLORING THE ROLE OF NURSES IN ANTIMICROBIAL STEWARDSHIP: BARRIERS, FACILITATORS, AND CHANGE PROMOTION – A METASYNTHESIS

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Background:

Antimicrobial stewardship comprises targeted actions to promote the appropriate use of antibiotics in healthcare, optimizing patient outcomes and preserving antibiotic efficacy for future use. Despite their crucial role, nurses' involvement in AMS varies due to factors like national policies, existing programs, organizational contexts, and education levels.

Aim:

This paper aims to evaluate nurses' knowledge of antimicrobial stewardship (AMS) and their perceptions of the barriers and facilitators affecting their participation in stewardship programs.

Methodology:

According to the Joanna Briggs Institute (JBI) methodology for qualitative systematic reviews, relevant studies from the past five years were sourced from databases like PubMed, CINAHL, Embase, PsycINFO, and Google Scholar. These studies were appraised using the CASP checklist, and nineteen articles spanning five continents met the inclusion criteria.

Results:

Analysis of the studies revealed six recurring themes: organization of AMS programs, context and resources, training and education, communication and relationships, antibiotic usage, and the role of nurses. These themes reflect the experiences and opinions of nurses involved in AMS programs.

Discussion:

Nurses at all levels are pivotal to the success of antimicrobial stewardship. While there is global interest in the active engagement of nurses in AMS, more research, particularly qualitative and in non-hospital settings, is necessary to understand and enhance their involvement better.

84- VACCINATION AND THE NURSING DOMAIN

7 June 11.30 – 13.00 hours

Introduction:

- Exploring the atmosphere of the participants on the vaccination issues, to the background of Influenza and the COVID crisis, especially while Italy has suffered so much from the pandemic and the way forward.

Workshop 1: Building Capacity for European Nurse-Led Vaccination Programs:

- Training and education for nurses in vaccination administration, developing protocols for nurse-led vaccination clinics and overcoming regulatory barriers and gaining support from healthcare institutions. This with representative of nurse lead CEOs from Europe USA and China.

Workshop 2: 'Empowering European Nurses Reducing Impact On Influenza'

- In the European domain, we hear too often that nurses need to be vaccinated on Influenza, but this is the short cut, leading to no impact. A study has shown that inclusion, participation, involvement, competent building contributes to a better understanding. In this session, we like to explore the experience on the nurses roles, responsibilities and autonomy related to influenza.
- Concluding wording and the way forward

Engaging organisations:

- AINPIO <https://www.rischioinfettivo.it/home>
- Cancer Patients Europe <https://cancerpatientseurope.org/>
- ESWI <https://www.eswi.org/>

This sessions is sponsored by Vaccine Europe© and Viatrix©

85- THE NCD ACADEMY - EDUCATION BY GLOBAL THOUGHTS LEADERS FOR THE PRIMARY CARE COMMUNITY

Joris van Vugt

Background:

NCD Academy is a first-of-its-kind collaboration between major actors in global health to equip frontline health workers with integrated, mobile-first education on NCD care as they take on a more prominent role in prevention. Led by the American College of Cardiology, in collaboration with the World Heart Federation and NCD Alliance, and supported by Viatris, NCD Academy has courses on cardiovascular disease and stroke prevention, cancer care and mental health.

The NCD Academy is a first-of-its kind partnership to equip providers at the front lines of patient care—including general practitioners, internists, nurses, and community health workers—with education available whenever, wherever, and at no cost.

What is the NCD

The NCD Academy, spearheaded by the American College of Cardiology is a first-of-its kind partnership to equip providers at the front lines of patient care—including clinicians, nurses, and community health workers—with education available whenever, wherever, and at no cost.

The NCD and professional development.

Courses focus on fundamental and updated skills for the prevention and basic management of major noncommunicable diseases (NCDs), with the aim to vastly improve resources for primary care clinicians and contribute to reshaping clinical education to address NCDs.

- ➔ In this session, we like to learn if there are organisations, institutes but also individual to connect with the NCD.

Where can you find us?

<https://ncdalliance.org/ncd-academy>

This sessions is sponsored by Viatris©



86- APAR – PORTUGAL PUBLICIZING THE SPECIALTY OF REHABILITATION NURSING IN PORTUGAL AND DESCRIBE THE PORTUGUESE REHABILITATION NURSING MAIN ACTIVITIES.

Background:

The Portuguese Rehabilitation Nursing was established in the 1960s, with Nurse Sales Luís taking on the responsibility of training the new rehabilitation nurses, after completing her specialization course in rehabilitation nursing at Worm Springs in USA, between 1963 and 1964. Thus, the first Rehabilitation Nursing Course has started on 18 October 1965. The training course in rehabilitation nursing was then extended to other nursing schools and has evolved academically since then to the present day. Today, in Portugal, access to the title of nurse specialist in rehabilitation nursing is obtained by master's degree course.

The Portuguese Association of Rehabilitation Nurses is a non-profit organization that dates to 1978. It is the oldest specialized nursing association in the country and has its headquarters at the Alcoitão Rehabilitation Medicine Centre and has the aim of encourage and develop the specialized care provided by Rehabilitation Nurses.

The association's main activities are:

- The Portuguese Journal of Rehabilitation Nursing (RPER) main mission is to promote scientific knowledge through the dissemination of original research, opinion, or reflection articles on good practice. Is a Peer-reviewed journal governed by continuous publication (ahead of print), available in full text (open access) in Portuguese and English.
- RPER is indexed in several national and international databases: Google Scholar, RCAAP, LATINDEX, DOAJ, SCIELO and EBSCO/CINAHL. The SCOPUS indexing process was accepted at the end of November 2023.
- Research Grant Maria Manuela Martins (BIMMM). The aim of this grant is to encourage the investigation in the Rehabilitation Nursing area. We have already held two editions (2022 and 2023), with an award of €3,000 (annually) to the Winner.
- As a tribute to the example, vision, proactivity, commitment, and bond of nurse Sales Luis, APER took the initiative that culminated in Parliamentary resolution that approved 18 October as National Rehabilitation Nurse Day.
- The International Congress of Rehabilitation Nursing (CIER) is the annual congress of APER. In 2023 we had around 700 participants and 65 free papers, 105 posters were submitted. The topic of the congress was "Competences, Value for People".
- Throughout the year, and following a survey of members' training needs, various training sessions are organized in different parts of the country, in both in person and webinar formats, with the aim of improving rehabilitation nurses' knowledge and skills in clinical practice.
- We have also many activities carried out in and with the community, namely with disabled associations, for example commemorating the International Day of People with Disabilities, Health Screenings, Peddy Papers for Disability, Marches for Inclusion, etc.
- The Maria de Lurdes Sales Luís Award is now in its 10th year. Each year, CIER recognizes the institution, initiative, project, or personality that contributed to the development and dissemination of Rehabilitation Nursing and/or to the promotion of equal opportunities, rights of people with disabilities and the exercise of citizenship.

What we like to learn from this session:

- Is there interest to create a European Specialty in Rehabilitation Nursing.

All our activities can be found on APER website and social networks:

<https://www.aper.pt/>

<https://www.facebook.com/aper.enfermeirosdereabilitacao>

Cecile Dury,

“Nurse educators need to ensure that education meets the needs of modern society and the critical state of the European health care.”

Drawing upon the contributions of some of the major participants in the landscape of nurse education in Europe and the discussions which ensued, the following position and recommendations emerge from the FINE Europe Conference 2024. Nurse education opportunities require alignment towards increased emphasis on fostering resilience, lifelong learning and adaptability in view of safeguarding efficient and effective preparedness of the nurse workforce today and in the foreseeable future. These are the main recommendations which the following European nurse organisations propose:

Key points:

To address the evolving challenges in nursing, it is crucial to clarify the minimum requirements outlined in the 2005/36 directive for the "nurse responsible for general care" title at EQF level 6. Amidst nurse shortages, there is a concerning trend towards lowering educational standards, highlighting the need for robust university programs to meet healthcare demands. Enhancing nurse mobility across countries through harmonized education programs and periodic quality assessments is essential. Programs must adapt to scientific and technological advancements in nursing theory and practice. Revising Annex 5 of the directive to define learning outcomes clearly is also important. Given the pressures on students, it is recommended that Europe allows countries to expand the definition of clinical learning to include quality-promoting activities like simulations and internship debriefings. Authentic leadership should guide educational development, ensuring safe learning environments in clinical settings. Education must be evidence-based, promoting the wellbeing of students and educators, and incorporating emotional support and social prescribing. Emphasizing kindness and technological integration in care delivery is vital. Ensuring a sufficient supply of nurse educators requires urgent planning and investment, and bridging generational gaps through role modeling is necessary. Finally, establishing a common European framework for advanced practice nurses will facilitate collaboration and mobility across Europe.