ENDA 2022 | Iceland

Environmental Changes – Leadership Challenges

Environmental Changes – Leadership Challenges

The European Nurse Directors Association celebrates its 30th anniversary with this important congress addressing multiple topics of nursing leadership in the 21st century. The heading of the congress refers to what can be seen as the core of present and future challenges in nurse leaders work, environmental changes. Nurses play a key role in every health care service around the globe, their work being influenced by as well as influencing the environment. The voice of nurses needs to be heard, they need to have a seat at the table, share their knowledge and participate in the leadership of knowledge creation and decision making. The ENDA congress is a valuable opportunity for sharing and growing, collaborating, making new connections, and strengthening old ones. The congress agenda is diverse, offering presentations from multiple countries on varied topics within nursing administration and leadership. Our keynote speakers are world-recognized nurse scholars and leaders from both sides of the Atlantic Ocean. Their presentations will without any doubt stir up our thoughts, ideas, and vision on the role of nurses and nursing regarding technology, clinical leadership, climate change, and planetary health. I assure participants that no one will go untouched from participating in the ambitious program of the 15th ENDA Congress. The congress is an optimal forum for international nurse leaders to join forces and prepare to meet future challenges.

On behalf of the organizing committee and the scientific committee, I humbly thank the keynote speakers as well as other presenters and authors, for their valuable contribution at the 15th ENDA Congress in Iceland.

Helga Bragadóttir
RN, PhD, FAAN, scientific committee chair

Programme

Wednesday, September 14th	
17:00-19:00 Registration	
20:30 Tree Planting, light refreshment (Outdoor activity)	

Thursday, September 15th	
08:00-09:30 Registration	
09:30-10:30 Welcome and opening ceremony	
10:15-11:00 Keynoter lecture: Greta Westwood / Developing Digital Nurse & Midwife Leaders: Florence Nightingale Foundation Opportunities	
11:10-11:50 Concurrent sessions A & B	
11:10-11:50 Session A: Management and leadership	
11:10 -11:50 Session B: Diversity and gender	
11:50-13:05 Lunch and posters	
13:05-13:50 Keynoter lecture: Teddie Potter / Planetary Health: Challenges and Opportunities for Nursing Leaders	
14:00-15:10 Concurrent sessions C & D	
14:00-15:10 Session C: Career development and education	
14:00-15:10 Session D: Policy and quality	
15:10-15:30 Coffee and posters	
15:30-16:40 Concurrent sessions E & F	
15:30-16:40 Session E: Career development and education	
15:30-16:40 Session F: Work culture	
16:50-17:35 Keynote lecture: Mark Radford / Nursing : Quo Vadis	
19:00-21:00 Get together reception - Risið Winebar - Selfoss City Centre	

Friday, September 16th	
8:00-9:00 Registration	
08:00-09:00 ENDA Annual General Meeting / Breakfast meeting for ENDA members	
09:00-09:45 Keynote lecture: Elaine Strachan-Hall Robots in Nursing - False Rhetoric or Future Reality	
9:45-10:00 Coffee	
10:00-12:25 Concurrent sessions G, H,I & J	
10:00-11.10 Session G: Management and leadership	
10:00-11:10 Session H: Well-being of students and nurses	
11:15-12:25 Session I: Nursing during a pandemic	
11:15-12:25 Session J: Innovations in nursing and health care	
12:25-13:40 Lunch and posters	
13:40-14:25 Keynote lecture: Sally Bassett /Chief Nurse Leadership – Perceptions of Success	
14:30-15:40 Concurrent sessions K & L	
14:30-15:40 Session K: Ethics, values and professionalism	
14:30-15:40 Session L: The work of nurses	
15:40-16:00 Coffee and posters	
16:00-17:20 **Workshop:** RAFAELA The Rafaela®- A Nursing Intensity and Staffing System. Use for short and long term staffing and implications for patient safety	**16:00 - 17:30 Concurrent session M**
	16:00 - 17:30 Session M: Management and leadership
19:00 Congress dinner - Hótel Selfoss	

Saturday, September 17th	
9:30-11:00 **Workshop:** Confronting the unknown- establishment, running and content of nursing care for COVID-19 infected patients - wisdom and knowledge for future nursing	
11:00-11:10 Coffee	
11:10-11:55 Keynote lecture: Raija Kontio / Future challenges of health care management	
11:55 -12:15 Conference closing	
12:15-13:15 Lunch	

Concurrent sessions

Thursday
15. September 2022
11:10-11:50 / 14:00-15:10 / 15:30-16:40

Session A: Management and leadership	Session B: Diversity and gender
Chair: Ólafur G. Skúlason	Chair: Aðalbjörg Stefanía Helgadóttir
11:10 - 11:30 | Leena Packalén **Paula Vikberg-Aaltonen** Features of nurses intentions to return to work in healthcare.	**11:10 - 11:30 | Jose Mira et al.** Low-value practices in primary care: male versus female patients.
11:35 – 11:50 | Saima Hinno Hospital structureal change: whats the role of nurse managers.	**11:35 – 11:50 | Iris Meyenburg-Altwarg** People for people - Leadership in times of refugees from Ukraine.
Session C: Career development and education	**Session D: Policy and quality**
Chair: Helga Bragadóttir	Chair: Alda Ásgeirsdóttir
14:00-14:20 | Auðna Ágústsdóttir et al. Competency program for nurses. Value for nurse management.	**14:00-14:20 | Alessandro Stievano et al.** How leadership can influence health policy: Evolution of nursing in Albania.
14:25-14:45 | Katrín Blöndal et al. Clinical Nurse Specialists´ training programme: Strengths, weaknesses, opportunities, and threats	**14:25-14:45 | Kristiina Junttila et al.** Pressure injury prevention in Finland – waste of evidence?
14:50-15:10 | Dóra Björnsdóttir et al. Compeetency program for ED nurses: What are the benefits?	**14:50-15:10 | Päivi Sanerma et al.** A client-centered approach in home care for older persons - An integrative review.
Session E: Career development and education	**Session F: Work culture**
Chair: Lynda Winchcombe	Chair: Guðrún Árný Guðmundsdóttir
15:30-15:50 | Hulda Pálsdóttir et al. Leadership training for nurses and midwifes at Landspitali University Hospital.	**15:30-15:50 | Beate André et al.** Will an implementation of "Joy of Life in Nursing Homes" have positive effect for the work culture?
15:55-16:15 | Terkamo-Moisio et al. Development of students' leadership skills during a continuing education program	**15:55-16:15 | Ragna María Ragnarsdóttir** **Gylfi Dalmann Aðalsteinsson** Attitudes and experiences of nurses at Landspítali's emergency department towards organizational culture.
16:20-16:40 | Eydís Kristín Sveinbjarnardóttir et al. Nursing as a second-degree recruitment option into the future.	**16:20-16:40 | Alessandro Stievano et al.** Spirituality and religious diversity in nursing: a scoping review.

Concurrent sessions

Friday
16. September 2022
10:00-11:10 / 11:20-12:25 / 14:30-15:40 / 16:00-17:30

Session G: Management and leadership	Session H: Well-being of students and nurses
Chair: Iris Meynburg-Altwarg	Chair: Ólafur G. Skúlason
10:00-10:20 | Marja Hult et al. Nursing leadership in relation to organization, staff and patient outcomes.	**10:00-10:20 | Birna Flygenring et al.** Predictors of burnout among university nursing and midwifery students at the the COVID-19 pandemic.
10:25-10:45 | Berglind Steindórsdóttir et al. Nursing manager's experience of managing nursing homes in Iceland..	**10:25-10:45 | Birna G Flygenring** **Herdís Sveinsdóttir** Nursing students and newly graduated nurses: Stress and burnout.
10:50 -11:10 | Aðalbjörg Stefanía Helgadottir et al. Prosperous leadership in disastrous events.	**10:50 -11:10 | Jóhanna Lind Guðmundsdóttir** **Birna G. Flygenring** Transition, orientation, support, and well-being of new graduated nurses.
Session I: Nursing during a pandemic	**Session J: Innovations in nursing and health care**
Chair: Bylgja Kærnested	Chair: Kirsi Sillanpää
11:20-11:40 | Alessandro Stievano et al. Nursing leadership: Compounding responsibilities in the post-COVID-19 pandemic.	**11:20-11:40 | Melanie Rydgren et al.** Social humanoid robots as caregivers: a complement or a colleague?
11:45 -12:05 | Helga Bragadottir et al. The Characteristics of Nurse Unit Managers Work during the COVID-19 Pandemic.	**11:45 -12:05 | Ingibjörg Sigurþórsdóttir et al.** Gem nurse in the ED - the first five years
12:05-12:25 | Alessandro Stievano et al. . Pathways to nursing on patient safety via near misses.	**12:05-12:25 | Hulda Steingrímsdóttir** Minimizing climate impact from hospitals – does it matter?
Session K: Ethics, values and professionalism	**Session L: The work of nurses**
Chair: Helga Bragadóttir	Chair: Margareta Bruckner
14:30-14:50 | Elina Pajkoski et al. Nurses' moral courage in primary health care.	**14:30-14:50 | Federica Maria Pia Ferramosca et al.** Work-flow and work-load in nursing: identification of prediction effects.
14:55-15:15 | Öznur İSPİR DEMİR et al. Relationship between structural empowerment and nurse and patient-reported outcomes: The mediating role of control over nursing practices	**14:55-15:15 | Dhurata Ivziku** Physical, mental and emotional workload: three Italian hospitals compared.
15:20-15:40 | Rosana Svetić Čišić Recognition of Croatian Nurses Value Preferences Based on Schwartz's Theory.	**15:20-15:40 | Domenico Rocco et al.** Nurse leaders and self-employed nurses' careers.
Workshop	**Session M: Management and leadership**
	Chair: Alessandro Stievano
16:00-17:30 **Workshop: RAFAELA** **Lisbeth Fagerström** **Sigríður Gunnarsdóttir** "The Rafaela®- A Nursing Intensity and Staffing System. Use for short and long term staffing and implications for patient safety"	**16:00-16:20 | Anja Terkamo-Moisio et al** Characteristics of a successful remote leadership.
	16:20-16:40 | Anja Terkamo-Moisio et al. Leaders' and employees' views of collaboration in remote context
	16:45-17:05 | Francesco Zaghini et al. Nursing leadership and Nursing Sensitive Outcomes: A cross-sectional multicenter study.
	17:10-17:30 | Helga Bragadóttir Lessons Learned from the Experience of Nurse Unit Managers Work during the COVID-19 Pandemic.

Workshop

Saturday
17. September 2022
9:30-10:50

Workshop
09:30 - 11:00 **Workshop: COVID-19** **Helga Jónsdóttir** "Confronting the unknown – establishment, running, and content of nursing care for COVID-19 infected patients – wisdom and challenges for future nursing management"

Posters

Guðríður Ester Geirsdóttir et al. End-of-life care in non-specialist palliative care settings: A scoping review	**Marjaana Keski-Hannula et al.** Transformational leadership methods to support nurses' well-being
Susanne Hägglund et al. Social and healthcare teachers' social perceptions of the robot Pepper	**Mattila et al.** Factors promoting nursing staff's research involvement
Iris Meyenburg-Altwarg Inter-professional Competence Acquisition in Healthcare in Times of VUCA	**Henni et al.** Research culture —perceptions of the health care professionals in 2014-2021
Elina Mattila et al. Anxiety caused by COVID-19 - A challenge for Healthcare Managers	**Mira et al.** Gender bias in studies based on the medical records reviews
Anne-Katrine Hjetting Can we afford to employ a postdoc nurse?	**Helga Pálmadóttir et al.** Organizational culture among nurses in Landspítali's emergency services
Marjaana Keski-Hannula et al. Nurses' and nursing leaders' evaluations of transformational leadership competence	

Keynote Speakers

Elaine Strachan-Hall

Robots in Nursing - False Rhetoric or Future Reality

The topic area relates to future proofing health services and goes to the heart of what nursing is and what nurses do. Technology is often cited as part of the answer to the future workforce challenge. Some suggest that technology in the form of robots could substitute or replace nurses in the future. This presentation will present insights from a Winston Churchill travel fellowship to China, Japan, Australia and New Zealand exploring the possible future role of Robots in the delivery of nursing care in the next ten to fifteen years. The definition of a robot is given as an electronmechanical machine that moves and acts on the environment and will be differentiated from supportive technologies such as avatars and machine intelligence.

Perspectives from presentations and meetings with robot developers, experts and thought leaders about the future capability of robots include the consensus that robots cannot replace nurses in the next 15 years. This is due to the physical constraints (robot batteries are short lived and load bearing capabilities and touch are still very much in development) and cannot replicate the very complex nature of nursing. Nursing work can be differentiated between complicated (which robots can do well) and complex (which robots can't). Amongst the insights is the exciting observation that robot-human interaction can actually increase human to human interaction. These top insights will be presented and compared with interviews with Robotic Develoers conducted as part of doctoral research.

Themes from focus groups with hospital nurses and chief nurses will be shared and the audience encouraged to engage, participate and lead the delivery of excellent therapeutic nursing care, perhaps with the assistance of robots.

Mark Radford

Nursing: Quo Vadis

The COVID-19 pandemic has had many varied impacts and outcomes on countries throughout the globe. COVID-19 has had a significant impact on global health, mortality, life expectancy alongside amplifying health inequalities and exposing health systems ability to manage existing health challenges alongside a public health emergency. Whilst the initial focus on the management of the acute disease of COVID-19 still remains with further pressure on health systems, COVID-19 is a more complex problem for Governments, health and care leaders, health care professionals and Universities to consider. COVID-19 will have a significant legacy impact on society that requires collaboration to solve.

In many previous pandemics nurses have been fundamental in the leadership as well as their clear expertise improving clinical outcomes. With the COVID-19 pandemic, the role of nurses in healthcare has never been more visible in the media. , This has often focussed on hospital care , but nurses have been prominent in community settings, primary care, public health, education, research and health leadership during the pandemic. As Health systems grapple with new challenges in a post-COVID world , what does this mean for the role of the nurse in clinical practice , education , policy and leadership? This key note will explore these complex issues on 'Where are we going as a profession? ' , what is our response.

Raija Kontio

Future challenges of health care management

Health care management is interesting and difficult because the system is very complex. The goals of the director and the care system are the effectiveness of operations, economy, patient customer satisfaction and the well-being of professionals at work. The task of the management is to create the conditions for these and to ensure that the goals are pursued in an ethically sustainable manner.

In addition to changes in the organization's administration, personnel and service management, the work of social and health sector managers also reflects sudden and unpredictable changes from the outside, like COVID-19 pandemic at the moment. The pressure of change is caused also by the aging of the population and employees, dwindling resources, multiculturalism, technological development and expectations related to the new skills of the staff. Reforms in services are changing the way social and health services work and are managed.

It is essential to observe and predict the forces of change in the environment both in strategic and operational level. The examples are climate change and limited natural resources, demographic change, development of data processing and communication technology, changing customer service expectations, the relations between employees and work and the employer. Human resource management is strategically important. The challenge is to ensure the sufficiency of a skilled workforce and to make diverse use of people's creativity and skills.

In my presentation at the conference, I'll tell how the strategy of the organization is implement into practice and describe key strategic projects, such as management development, digitalization and the utilization of customer experience in Hospital District of Helsinki and Uusimaa in Finland - especially at the perspective of nurse leaders.

Sally Basett

Chief Nurse Leadership – Perceptions of Success

It is widely acknowledged that modern healthcare is a major contributor to climate change (Health Care Without Harm). The profession of nursing has responded to social change, strengthening its evidence base, developing its identity and finding its voice (Salvage, 2018). As leaders of the largest part of the workforce, chief nurses are well placed to use their nursing voice to influence the focus of their organisations and staff on the relationship between climate change and health. With a critical role in advising the boards of provider and commissioning organisations on care quality (NHSi. 2019) and as an equal member of the executive team in the English NHS, a chief nurse's influence should be keenly felt.

The boardroom is a place of power (Alvesson and Deetz, 2000), the power of those who serve on a board is mediated through a range of checks and balances through policy guidance and regulatory controls (Ramsey, et al., 2010; West et al., 2015). This is alongside the power an individual holds which is created in many ways. The historical tone of nursing leadership and the associated power relationships are perhaps best personified in the "Nurse Doctor Game" (Stein 1969) (Holyoake, 2008). This work described the leadership dance, deference and rules of behaviour adopted by female nurses to get things done and ensure safe care for patients through their almost exclusively male colleagues. This approach could be a general reflection of the role of women in society or the status of nursing as being a subordinate profession doing women's work. The boardroom as a place of male power is an environment therefore that presents chief nurses with multiple leadership challenges. There is little empirically known about the chief nurse role (Kelly, et al 2016) or its success (Bassett 2019). One determinant of success is a suggestion by Antrobus and Kitson (Antrobus & Kitson. 1999) that the ability to influence the boards decisions on care quality rests on senior nurses being successful at interpreting and translating nursing knowledge into a language that can permeate the power and politics associated with the boardroom environment. It seems likely that a chief nurse will require the same abilities to influence boardroom thinking and decisions associated with climate change and health. This paper/workshop will explore the themes associated with successful chief nurse leadership that are informing a doctoral study examining: "The perceptions of chief nurse leadership success". The workshop offers an opportunity for the participants to have a critical conversation related to the themes and their experiences that explores their own perceptions of leadership success.

Teddie M. Potter

Planetary Health: Challenges and Opportunities for Nursing Leaders

Human disruption of the Earth's natural systems is leading to climate change, massive biodiversity loss, shifts in vector borne disease patterns, water shortages, and food insecurity. These changes are also causing profound disruptions to human health across the globe. A Great Transition of all human systems is required to restore planetary health. Nurses are perfectly prepared to lead interprofessional teams to create effective systems change. The time is now for nursing leaders to courageously redefine health and redesign healthcare to ensure the health of future generations.Planetary Health: Challenges and Opportunities for Nursing Leaders

Greta Westwood

Supporting Nurse & Midwife Leaders to Deliver the Digital Future: Florence Nightingale Foundation Opportunities

Nurses and midwives are now practicing and leading in a digitally enabled health and social care system. As health and care looks to the future and increasing role played by digital and technology, it is important to ensure nurses and midwives are supported to prepare them for the National Health Service (NHS) of tomorrow, fully supported using digital technology and data science.

An England wide review is currently underway to inform the NHS's future digital strategy and ensure that nurses and midwives are provided with the knowledge, skills, and education required for safe, effective digitally enabled practice. It will consider:

- How are technological and other developments likely to change the roles and functions of the nursing and midwifery workforce?
- What are the implications of the size, shape, and skills of this workforce?
- What does this mean for selection, curricula, education, training, development and lifelong learning of the current and future nursing and midwifery workforce?
- What are the considerations for inclusion, equality, and diversity?

Since 2020 the Florence Nightingale Foundation (FNF) is now supporting nurses and midwives to develop as digital leaders, scholars of the Foundation, with committed funds from the NHS. To date 50 scholars have undertaken the FNF digital leadership scholarship programme enabling the nursing and midwifery workforce to be equipped to deal with future technological challenges.

This presentation will highlight the impact of the work FNF is undertaking to support nurses and midwives to lead in this digital space.

Oral Presentations, Posters and Workshops Abstracts

038

Competency program for nurses. Value for nurse management.

Auðna Ágústsdóttir[1], Dóra Björnsdóttir[1], Gyða Halldórsdóttir[1],
Hrund Sch. Thorsteinsson[1,2] and Margrét Ó Thorlacius[1]

Background
Competency program for nurses at Emergency Departments (ED) has received an attention amongst nurse administrators at Landspítali as important venue to recruit and retain health care staff. Administrators and clinical nurse specialists requested a similar program to be implemented centrally at Landspítali. The underlying assumptions are that competencies needed in changing work environment must be supported by evidence-based knowledge in a central program for professional development. Managers' lack of overview of nurse's competencies was also a motivation for the project.

Aim
The aim of the project was to further support professional development of nursing and midwifery to enhance safety of staff and patients.

Method
The competency management project started 2019 with review of theoretical frameworks, evidence-based literature, journal clubs and project plan. The ED framework, in place since 2017, is the backbone of the project. Identification of common competencies was approached with the input of nurses, mentors, and administrators. The pilot implementation began in 2021 within the residency program for newly graduated nurses. The process and outcome will be evaluated with the assistance of all involved: nurses, mentors, and nursing administrators.

Results
Seventy-eight nurses will finish the first step of the competency program in May 2022. The support of nurse administrators is vital during the implementation. Some difficulties were identified at the start of the program and were addressed as possible. A competency management system (CMS) was used to support the project and led to necessary work on criteria needed for CMS.

Conclusion
The pilot implementation has been a useful step to prepare central and specific nurses' competencies. It has supported how important the competency management program is for professional development. Nurse administrators and clinical nurse specialists have important roles in further developing and implementing the competency program.

Keywords
Nurses'competencies, professional development, competency program.

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003

Will an implementation of "Joy of Life in Nursing Homes" have positive effect for the work culture?

Beate André RN, PhD, professor[1, 2], Frode Heldal, PhD[3], Endre Sjøvold, MsC, PhD, professor[4], Gørill Haugan, RN, PhD, professor[1,2,5]

Background
Currently, we are facing a demographic shift to an older population and its consequences worldwide: in the years to come, several older people will need nursing home (NH) care. The work culture is important for care quality in NHs. Some Norwegian municipalities have implemented the Joy of Life Nursing Home (JoLNH) strategy, representing a resource-oriented health-promoting approach. Knowledge about how implementation of the JoLNH approach impacts the work culture is scarce.

Aim
We hypothesized that the JoLNH strategy impacts positively on the work culture: (1) when comparing measurements at two time points (T1 & T2), and (2) when comparing two municipalities, among which one has implemented the JoLNH and the other has not.

Method
With a 1-year interval, healthcare personnel in 43 NHs located in two large Norwegian municipalities responded to a survey in two waves (T1 & T2). Totally, 558 healthcare personnel participated at T1 and 515 at T2. Work culture was assessed by the Systematizing Person-Group Relations Instrument (SPGR).

Results
The municipality implementing the JOLNH strategy experienced significant increases in SPGR dimensions representing positive orientations towards a better work culture, whereas those working in the non-JoLNH municipality reported an increase in SPGR dimensions, signifying a worsened work culture.

Conclusion
The data indicate that the implemented JoLNH strategy has endorsed positive effects in the work culture. The JoLNH strategy emphasizes quality of patient care, which healthcare personnel, in general, are much concerned about. Furthermore, attention to task orientation and independent work seem to encourage a better work culture in NHs.
Conclusion: This study suggests that the JoLNH strategy impacts positively on the work culture in Norwegian NHs.

Keywords
implementation, nursing homes, work culture, quality of care, job satisfaction.

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034

Competency program for ED nurses: What are the benefits?

Dóra Björnsdóttir[1], Gyða Halldórsdóttir[1], Ágústa Hjördís Kristinsdóttir[1,2], Ingibjörg Sigurþórsdóttir, Helga Rósa Másdóttir[1], Kristín Halla Marinósdóttir[1], Sólveig Wium[1], Þórdís Katrín Þorsteinsdóttir [1,2]

Background

The development of a competency program for nurses at the general Emergency Department (ED) of Landspitali University Hospital started in 2013 and has evolved constantly since then. Competency management system (CMS) has been in use since 2017. Definition of competency steps were from Benner's ideology From Novice to Expert. The aim of the competency program has been to support professional development among emergency nurses at the ED. 186 nurses have been registered in the competency program since the year 2017, with a group of an ED diploma education the years 2019-2021, included.

Aim

To assess if well-defined competencies and focused professional development is viewed as beneficial.

Method

Nurses who had finished the novice and advanced beginner program were asked 5 open-ended questions about their experience with the program in an online survey, Socrative. The answers were content analyzed in three categories: Positive or negative feedback and benefits for the future.

Results

The results are based on answers from 44 nurses. Almost all (90%) of them agreed that the program enhanced their practice as an emergency nurse. They all presented interesting ideas on how to evolve the program further most of them referring to the CMS which was experienced as very unattractive. They also stated that too much of the material is repeated unnecessarily. Majority (70%) thought it was possible that the program increased job satisfaction, mostly by increasing self-confidence at work. They were not so sure if the program contributed to retention, but 50% thought that it could be doing so by increasing professionalism at work.

Conclusion

The results revealed both negative and positive aspects of the system that can be used to further develop the program. Successful implementation of a competency management system for professional development and continuous education within different nursing specialties may be one of the most important projects for increasing quality of nursing care as well as for recruitment and retention of nurses.

Keywords

Emergency nurses, competency, benefits, retention.

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012

Clinical Nurse Specialists' training programme: Strengths, weaknesses, opportunities, and threats

Katrín Blöndal[1,2], *Auðna Ágústsdóttir*[1], *Hrund Sch. Thorsteinsson*[1,2]

Background
Continuously evolving since 2008, a post-masters training programme for nurses to become Clinical Nurse Specialists (CNS) has been offered at Landspitali - The National University Hospital of Iceland. The number of CNSs has increased from around 20 to 66 during this time. The aim of the program is to train and prepare nurses and midwives individually for their future roles as expert clinicians, leaders, educators, researchers, and consultants. A thorough assessment of the program is called for at this time.

Aim
To evaluate strengths, weaknesses, opportunities, and threats of the programme, with a special emphasis on the potential benefits of the collaboration between CNSs and administrators.

Method
To obtain different perspectives a SWOT analysis using focus groups with main stakeholders.

Results
Forty-nine nurses/midwives have graduated from the program and the majority still work at the hospital. They provide care within various settings, the majority at outpatient nurse-led units, as well as leading various projects within the hospital. The CNSs also function as educators and role models for their colleagues and students. Several strengths of the programme were identified as well as weaknesses, as were multiple opportunities and threats to the programme. Ways to work with the findings from the SWOT analysis will be proposed along with possible benefits for the individual nurse, patients, and administrators.

Conclusion
CNSs hold important positions in various units at the hospital and have influenced and changed how nursing is seen and provided within the hospital. Their high retention rate, variety of positions and valuable contribution indicate the strengths of the graduates of the program. Various weaknesses, threats and opportunities exist that must be addressed, to further enhance nursing care and patient outcome within the hospital. Further research on this project is warranted.

Keywords
Clinical Nurse specialists, training, supervision, training.

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052

Lessons Learned from the Experience of Nurse Unit Managers Work during the COVID-19 Pandemic

Helga Bragadóttir[1,2], Birna G. Flygenring[1], Sigrún Gunnarsdóttir[3]

Background
The importance of being prepared for future pandemics has been emphasized. Nurse unit managers (NUMs) play a pivotal role in health care services, placing them in key roles of leading and managing health care during catastrophic times such pandemics.

Aim
The aim of this study is to shed light on lessons learned from NUMs work experience during the COVID-19 pandemic.

Method
This was a qualitative study. N=13 NUMs were recruited with a purposeful snowball sampling. All were in charge of inpatient units during the onset of the COVID-19 pandemic and the following year 2020. A semi-structured interview guide was used for individual reviews. Interviews were recorded, transcribed verbatim and content analyzed for identifying themes. Prior to participation each NUM gave a written informed consent.

Results
Four themes were identified describing lessons learned from NUMs work during the COVID-19 pandemic: 1) It helped me grow professionally; 2) This is a manifestation on the importance of solidarity; 3) This will happen again; 4) They (the nurses) really led this entirely. The participants talked about how the experience had been an opportunity for personal as well as professional growth. Solidarity among their staff had grown under their leadership which was a manifestation of their competence as nurse leaders and managers as well as an indication on how well their nursing education and experience as nurses and NUMs had prepared them for their role in these chaotic and challenging times. They emphasized the importance of vigilance, to be prepared for the next pandemic as this will happen again.

Conclusion
The COVID-19 pandemic was not only difficult and challenging for NUMs, it also offered opportunities for their own growth and their group of staff. It showed them to always be prepared with well educated and trained nurse leaders.

Keywords
COVID-19, lessons, nurse unit manager, pandemic.

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053

The Characteristics of Nurse Unit Managers Work during the COVID-19 Pandemic

Helga Bragadóttir[1,2], Birna G. Flygenring[1], Sigrún Gunnarsdóttir[3]

Background

The work of nurse unit managers (NUMs) is manifold and complex requiring their competence in number of areas. During the COVID-19 pandemic their role has become even more strenuous and their work assignments more challenging. The work of NUMs during a pandemic such as the COVID-19 pandemic which spread throughout the world at the beginning of 2020, is scarcely studied.

Aim

The aim of this study is to shed light on what characterizes NUMs work during a pandemic.

Method

This was a qualitative study, with a purposeful snowball sampling. N=13 NUMs from hospitals and nursing homes, in charge of inpatient units during 2020. Participants were interviewed using a semi-structure interview guide. Interviews were recorded, transcribed verbatim and content analyzed for identifying themes. Prior to participation each NUM gave a written informed consent.

Results

Four themes were identified describing the characteristics of NUMs work during the COVID-19 pandemic: 1) Problem solving and use of rapid change management; 2) Securing everyone´s safety; 3) Pepping up the staff; 4) Solidarity; 5) Keeping cool and stand like a rock. Participants described the situation as chaotic, uncertain and scary with high workload. Also, during COVID, the role of NUMs was to ensure patient and staff safety, providing quality patient care. Human resource management, supporting and encouraging staff become an even bigger and more challenging part of their work than before, but solidarity was a huge help. The NUMs emphasized to keep calm themselves and not show any sign of weakness, even though feeling alone and having to support and guide their staff.

Conclusion

Findings indicate that even in the catastrophic situation of the COVID-19 pandemic NUMs kept their focus on ensuring safety for patients and staff, aiming for quality patient care. Their experience on successfully doing so is a manifestation of their competence.

Keywords

COVID-19, nurse unit manager, pandemic, work.

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061

The influence of the COVID-19 Pandemic on teamwork, leadership, and missed nursing care in nursing homes in Iceland– *a pilot study*

Helga Bragadóttir[1,2], Ingibjörg Hjaltadóttir[1,2], Sigrún Gunnarsdóttir[3]

Background
Teamwork, leadership, and missed nursing care are factors contributing to staff and patient safety and quality of care. Efficient teamwork, appropriate leadership, and the provision of necessary nursing care are associated factors that when in place support good staff as well as patient outcomes.

Aim
This paper aims to identify the influence of the COVID-19 pandemic on teamwork, leadership, and missed nursing care in nursing homes in Iceland while piloting the study instrument and data collection.

Method
This was a quantitative study where data were collected from direct care nursing staff in two medium-sized nursing homes in Iceland during the COVID-19 pandemic, in 2020 and 2021. Data collection questionnaires were a background questionnaire, the Teamwork Survey, the MISSCARE Survey, and the Servant Leadership Survey. Questions on the influence of the COVID-19 pandemic were added to the bat of questionnaires.

Results
Participants were 72 nursing home staff from two medium-sized nursing homes in the capital area of Iceland. The majority were under the age of 35 (60,6%), working as unlicensed assistants (70,5%), with less than five years' experience (77%). Most participants answered that the COVID-19 pandemic had influenced nursing teamwork, and leadership and missed nursing in their unit to some extent or a lot. Nursing teamwork and leadership increased and missed nursing care did not increase.

Conclusion
The findings from this pilot study in two nursing homes indicate that the COVID-19 pandemic may positively influence nursing teamwork, leadership, and missed nursing care, strengthening teamwork and leadership, and decreasing missed nursing care. Although challenging and hard to experience, the COVID-19 pandemic may have had some positive impact on the work and work environment of nursing staff in nursing homes.

Keywords
Leadership, missed nursing care, nursing home, teamwork.

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062

Workshop ENDA

The Rafaela®- A Nursing Intensity and Staffing System. Use for short and long term staffing and implications for patient safety.

Lisbeth Fagerström professor[1], Sigríður Gunnarsdóttir, Chief Nursing Officer[2]

Abstract

In this workshop the Rafaela®- Nursing Intensity and Staffing System will be introduced. The Rafaela system was developed in Finland in the 1990s and has been extensively tested in different countries and contexts. The system has now been used for 10 years in Landspitali. In this workshop, its implementation and use will be reviewed. It´s use for both short and long term staffing and budgeting will be described. The Panel discussion will focus on the opportunities in using a Nursing Intensity and staffing system for resource allocation and for ensuring patient safety.

Outcomes
After the workshop participants will be able to
1.   Know the Rafaela®- Nursing Intensity and Staffing System.
2.   Know the possibilities of Rafaela for short and long term staffing
3.   Know how Rafaela outcomes have been linked to patient outcomes

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017

Work-flow and work-load in nursing: identification of prediction effects

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Background
Evidence describing effects of workflow on nursing workload is increasing. Some possible aspects that can compromise workflow of nurses are the transmission precautions applied in response to an exposure to infectious agents, the unscheduled events or caring for patients of specialties different from those commonly assisted. These aspects, if numerous, can lead to increased volume or pace of nursing work and greater stress.

Aim
This study intended to evaluate effects of patient's isolation, patient's specialties and unexpected activities on the pace and volume of nursing work.

Method
A prospective observational study was conducted. Nurses working in 5 medical-surgical wards of a hospital in Italy answered an online survey. Workload was measured with the pace and amount of work scale of the QEEW 2.0 © SKB questionnaire, while unexpected activities, patient's isolation and patient's specialties were reported by nurses. Linear regressions analysis was performed.

Results
We received 205 completed questionnaires. Significant prediction effects on workload were identified for unexpected activities (β=0,295), patient's isolation (β=0,231) and patient's specialties (β=0,201). This model explained 23% of the variance on nursing workload.

Conclusion
Our findings indicate that nurse's workload increases when nurses care for patients in isolation, when patients belong to multiple specialties and whenever an unexpected activity is required. Optimizing nursing time and workflow is essential for ward managers and the healthcare organizations. Our results can therefore become a starting point for future interventions on improving nurse workflow to allow nurses to have more time in caring for patients and for reducing perceived workload.

Keywords
Nurse; Workload; Workflow; Predictors.

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054

Predictors of burnout among university nursing and midwifery students at the COVID-19 Pandemic

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Background
Little is known about the longitudinal effect of COVID-19 on nursing students' academic and personal burnout symptoms. Academic burnout among nursing and midwifery students can lead to negative feelings and behavior towards learning and poor mental health.

Aim
To identify the predictors of nursing students academic, collaborational and personal burnout in the 1st and 3rd wave of the COVID-19 pandemic.

Method
An online longitudinal cross-sectional two-sited study. Data were collected with a questionnaire that incorporated among others the Copenhagen Burnout Inventory Scale. All undergraduate and graduate nursing and midwifery students at The University of Iceland and the University of Akureyri. were offered to participate in the 1st and 3rd wave i.e., in spring semesters of 2020 and 2021 (N=2046). The response rate was 30-33%.

Results
Forty seven percent of the variability in academic burnout among the students, was explained by their educational level, support, stress, and the interactional effect of stress and support. Burnout related to collaborating with fellow students was predicted by the nursing students' educational level and support, explaining 7% of the variability in the outcome. Additionally, educational level, and stress, predicted 52% of the variability in personal burnout.

Conclusion
University educators need to offer academic support for nursing students, specifically at the 3rd and the 4th year in the BS program, to booster helpful coping strategies, to handle uncertainty and stressors-related to crises like COVID-19 to reduce bournout.

Keywords
COVID-19, nursing students, midwiferiy students and burnout.

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055

Nursing students and newly graduated nurses: Stress and burnout

Birna G. Flygenring[1], Herdís Sveinsdóttir[1,2]

Background

Nursing students have been shown to experience symtoms of stress and burnout during their education and stress levels have been found to increase across nursing education. Those who stuggle with stress and burnout during education are more likely to stuggle with it post-graduation and high levels of burnout increases newly graduated nurses intentions to leave the profession.

Aim

To describe stress and burnout among nursing students during their final year at the University of Iceland and University of Akureyri and again one- and two-years post-graduation.

Method

In this longitudinal cross-sectional three-sided study all nursing students (N=114) graduating in the year of 2018 from the two universities were invited participation. A total of 82 (72%) students consented to participate at all three study times. Data were collected online with a questionnaire that includes the Perceived Stress Scale and the Copenhagen Burnout Inventory that measures academic/work related, personal, and fellow students/co-workers collaboration burnout.

Results

Nursing students experience stress and burnout during their final year of graduation as well as up to two years post-graduation. Stress was however significantly lower one- and two-years post-graduation than during the final year of studies ($p < 0.005$). Academic/work related burnout was significantly lower one- and two-years post-graduation as compared to final year of study ($p<0.001$). Those nurses who had higher score on work-related and personal burnout and stress two years after graduation where more likely to consider leaving nursing.

Conclusion

Nursing students experienced considerably stress and burnout during their final year of study wich decresed one- and two-years post-graduation. It is important for those who organize nursing education as well as organizations employing new graduates to pay attention to early signs of stress and burnout and offer solution. Supportive working environment has shown to have a positive effect on nursing students and new graduate nurses career development.

Keywords

Nursing students, newly graduated nurses, stress and burnout.

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059

End-of-life care in non-specialist palliative care settings: A scoping review

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Background

Specialized palliative care and end-of-life care is often provided at acute care wards, general wards and nursing wards where circumstances are not always ideal and where health care workers do not consider themselves capable in providing palliative and end-of-life care.

Aim

The aim of this study was to answer the research question: What are the facilitators and barriers of end-of-life care in non-specialist palliative care settings?

Method

This scoping review was conducted using the Joanna Briggs Foundation guidelines, the five-stage methodological framework of Arksey and O'Malley's and the PRISMA-ScR. Cinahl and PubMed databases were searched. The key words were *general ward, hospital ward, medical ward, medicine ward, palliative care, terminal care, end of life care, nurses, nursing* and *nurse*. The selection criteria were in relation to age of the data and context and all three authors reviewed the data to minimize bias. The search was limited to data from 2011 to 2022.

Results

Eleven out of 367 identified studies met the inclusion criteria. The results are presented as five themes that characterize end-of-life care in non-specialist palliative care settings: 1) knowledge and competence of workers, 2) staffing, 3) environment, 4) communication and end-of-life organization on ward and 5) common interest in end-of-life care. Supporting factors were competence in end-of-life care, amble staffing, supportive environment, advanced care planning, good communication. Obstructive factors were incompetence in end-of-life care, too many patients, shortness of single rooms; clinical guidance and interdisciplinary teamwork and the conversation about potential end-of-life being taken to late in the process.

Conclusion

With training in palliative and end-of-life care and adequate environment for dying patients, it is possible to strengthening the service in non-specialist palliative care settings. More studies are needed, especially regarding successful implementation of end-of-life care in non-specialist palliative care settings.

Keywords

End-of-life care, general wards, nursing, palliative care.

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056

Transition, orientation, support, and well-being of new graduated nurses

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Background

In Iceland, as well as globally, the turnover rate of newly registered nurses is high. Stress during the transition from newly graduated nurses into the role of a professional practicing nurse is one of the primary causes.

Aim

The aim of this study is to explore what kind of orientation, support newly graduated nurses receive when they begin practice after graduation, and their well-being during transition.

Method

The study is a qualitative study, with a purposeful snowball samples, and was conducted in spring 2020. Participants were nurses graduating from University of Iceland and University of Akureyri in 2018 and 2019. Focus groups interviews were conducted.

Results

Three themes were analyzed: 1) Transition; 2) Exhaustion; 2) Bridging the gap. Formal orientation was in many ways deficient. It was in a different length of time and sometimes not sufficiently planned. Participants experienced some stress and insecurities during their first year at work, particularly during the first months of practice and they all agreed on the importance of support during that time. They experienced support from their peers, colleagues, support groups, mentors and manager.

Conclusion

Findings indicate that the transition process can induce stress and discomfort for new graduate nurses. It is therefore important to offer formal individualized orientation program and support when they start working after graduation to have positive effects on their well-being. This is particularly important during their first months in professional practice to ease the transition. Nursing leaders and managers need to realize how stressful the time is, and they are in key position to ease the transition and decrease the risk of stress and burnout in order to avoid drop out from nursing.

Keywords

Transition, orientation, support and new graduate nurses.

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037

e-learning: Future management

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Background

Lifelong learning is an important part of any organization. It is considered a key factor in future proofing the workforce. Nurse administrators at Landspitali have requested an efficient e-learning system (eLMS) to support onboarding of new health care professionals and facilitate the professional development of experienced nurses. In 2018 an implementation of an eLMS began at the hospital.

Aim

The aim was to increase the learning opportunities for nurses to support the hospital´s safety culture. Furthermore, for nurses and creators of educational materials to have a user friendly platform for continuous online education.

Method

The department of Education had the role of implementation, assistance and assessment of the program. Piloting started at the ICU and a group of nurses that had 2-5 years of work experience, based on the nurse administrators interest. Nurse administrators and clinical nurse specialists (CNS) were instrumental to the implementation at each unit. Furthermore, the CNSs created most of the educational material.

Results

The initial contract was for 1500 nurses and requests for enrollment increased quickly. The eLMS turned out the be effiecient for onboarding and provision of education during the COVID-19 pandemic, and the eLMS provided quick access to learning materials needed. Approximately 400 modules have been created by more than 100 content creators. About 2500 health care professionals are now active in the system. The system provides an online overview of the use of the program.

Conclusion

By now the eLMS is a part of the educational culture of Landspitali. The eLMS was well received and supports the culture of safety. This eLMS is a powerful management tool that can ensure that learning and development is continuous.

Keywords

E-learning, professional development and onboarding.

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004

Social and healthcare teachers' social perceptions of the robot Pepper

Susanne Hägglund[1], Melanie Rydgren[2], Linda Nyholm[2]

Background
There are rising expectations in robots' potential to strengthen healthcare in the pandemic, due to voice UI and multi-lingual communication [1-3]. Together with, and for, care professionals and clients, we co-created an application for the Pepper platform where the robot is acting as a gate keeper for visitors of a nursing home. After instructing the visitor on current restrictions regarding entry, the robot asks key questions on recent travels abroad, on experienced symptoms, and risk of exposure to COVID-19. Depending on the answers of the visitors, the robot advices on whether they may enter or not.

Aim
Our aim was to explore, together with stakeholders, a gate-keeping role of a humanoid, social robot, assisting in maintaining safety at hospitals, wards, and homes during the pandemic. This poster outlines social- and healthcare teachers' social perception of the robot Pepper in such a scenario.

Method
21 teachers met, interacted with, and evaluated the robot at a school hall. Participants filled out the Robotic Social Attributes Scale (RoSAS), then, two participants interacted several times with the Pepper care encounter scenario in the presence of everyone, after which the teachers filled out RoSAS again.

Results
Teachers "maybe not associate" Pepper with warmth prior to interacting with the Pandemic reception program. The teachers "associate Pepper to some extent" with competence. They "do not really associate" Pepper with discomfort. Post-interaction, the attitudes towards the robot became more positive, particularly regarding perceived warmth and convenience. Regarding warmth, they now "maybe associate" Pepper with warmth, they continue to "associate Pepper to some extent" with competence, and they "do not associate" Pepper with discomfort.

Conclusion
These results, coupled with other collected data, informed the design process further and contributed to development of multimodal dialogues, robot behaviour, refinement of robot roles and use cases, and manifestation of care values.

Keywords
Teachers, perception, SARs, healthcare.

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032

Research culture — perceptions of the health care professionals in 2014-2021

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Eriikka Siirala, PhD, Innovation Specialist[3]

Background

Positive research culture brings benefits to patients, staff, and organization. Research culture means organizational climate, where research is valued, and professionals are encouraged to engage in research related activities. There is limited evidence about health care professionals' perceptions about research culture and no follow-up studies.

Aim

The aim of this study was 1) to examine the research culture perceived by health care professionals working in three hospital districts in Finland during the years 2014-2021 and 2) to compare perceptions about research culture among nursing staff, physicians, and other staff.

Method

This was a cross-sectional study where data was gathered annually during the years 2014-2021 using an online self-report survey. The sample of the study was all professionals working in three public hospital districts in Finland. A total of 16 090 responses were obtained (n=16 090). Data was analysed statistically.

Results

The response rate varied 5,6-14 % yearly (n=1072-2665). Responders were nursing staff (65 %), other staff (24 %) and physicians (11 %). During the years 2016-2020 research culture improved compared with 2014-2015. In 2021 results declined compared with previous years. Physicians' perceptions about research culture in workplace, support from superior and interest to do research was more positive in comparison with other professional groups. Other staff were more interested to do research work than nursing staff. Among physicians (78 %), nursing staff (38 %) and other staff (38 %) perceived that doing research should be part of their job.

Conclusion

In this study research culture improved during follow-up but declined in the year 2021. It may be because of the COVID-19 pandemic burdened the health care. Perceptions of the research culture varied between professional groups. It may be beneficial to use different strategies among professional groups to enhance research culture and build research capacity to promote evidence-based practice.

Keywords

Attitude of health personnel, research culture, organizational culture, research capacity building

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O58

Prosperous leadership in disastrous events

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Background
During the COVID-19 pandemic, nursing leadership and leadership in general has been put to the ultimate test. Leaders' main challenges during disastrous events are to handle recurrent situations of shifting goals, poor structure, novelty, unreliable information, and urgent needs of understanding of events to foresee what might happen in near future. Leaders' reactions to the challenges could have a permanent impact on social, economic, and health foundations of communities and organizations. The set of characteristics attributed to leaders who are perceived to employ the leadership process successfully can be observed in their managerial behaviors and reactions and have been partly discussed, but there is lack of empirical knowledge as to how leaders react to disastrous situations.

Aim
To identify existing knowledge on leaders' prosperous reactions (managerial behaviours and strategies) in the field of public administration during a disastrous event and thus enhance knowledge on the matter.

Method
Empirical research findings on prosperous reactions among leaders during disastrous events were systematically reviewed. From 2.241 identified articles and a careful selection process, 153 studies were screened for full-text eligibility and a total of 51 studies were eligible for inclusion.

Results
Prosperous reactions of leaders during disastrous and challenging events are based on self-awareness, connectedness, and implementation, and predicates on self-insight, a mindset of growth, care, adaption, and purpose.

Conclusion
Prosperous leadership during challenging events reflect leaders' characteristics that emerges through managerial actions based on the following five cofactors:

Continuously enhancing knowledge.
Have and maintaining clear purpose.
Being constantly aware of situation and seeing the big picture.
Plan according to the situation at hand.
Constructing a preparedness strategy.

An applicable framework is suggested that might serve as practical tool for more effective and adequate preparation for future leaders of nursing and other public disciplines when facing prolonged, demanding, and unprecedented events.

Keywords
COVID-19 pandemic; disaster; leadership; prosperous reaction.

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043

Hospital structural change: what's the role of nurse managers?

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Background

Hospital structural changes intend to improve the effectiveness and efficiency, to reduce costs, and to enhance the collaboration and increase the quality. The innovative approach at the general hospital was initiated as the nursing centrum for clinics became a structured unified organizational component of Viljandi hospital, Estonia in January 2022. Infrastructure was built up and leadership team was established in 2021, foundational strategy was set in motion in January 2022.

Aim

(1) to describe hospital structural change in which nursing centrum for clinics became a structured unified organizational component of general hospital;

(2) to describe nurse mangers' roles in the provision of structural change to ensure the empowered professional practice

Method

The structural change covered strategic planning through tactical execution. The process included the analysis of traditional hospital structures' shortcoming from nursing, financial, human resources (nurse staffing) perspectives, and literature review was performed. Preliminary model was created by nurse managers' team, the implementation phase was affirmed by hospital management, financial unit, physicians, hospital council and patients' council.

Results

Adjusting from a silo-style nursing structure to a unified systemwide structure did bring change. Nurse managers' team performed as operational team and supported to lead the tactical execution of a wide variety of established initiatives to improve nursing practice (new patient-room standard, nursing model, staffing, career pathways, competency mapping, patient bed management etc). The key performance indicators for nurse managers performance were established. Along the process, it was crucial that nurse managers held scope that allowed them sufficient contact with nurses at the bedside.

Conclusion

In the process of change, the focus was on the nurse managers' team holding a key role in providing the direction and infrastructure to new organizational structure, ensuring that nurses are empowered to practise professionally, delivering high-quality care.

Keywords

Organizational change, innovation, nurse manager, quality.

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023

Can we afford to employ a postdoc nurse?

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Background

The healthcare system demand evidence-based nursing-care and calls for academic nurses at PhD level, (Postdocs) to be employed close to clinical-practice. In Denmark, this is a new way of thinking, not many hospitals have allocated postdocs being a part of the nursing organizations.

Aim

The aim was to describe a nursing organisation containing a postdoc to contribute to the development of clinical practice.

Method

A head nurse from a Danish orthopedic department employed a postdoc in 2014. Only 2 nurses at master level was employed. For a common foundation, the leaders and the academic nurses created a strategy for nursing care. This was a framework for various nursing activities as journal club, nursing meetings, daily 15 minutes nursing discussion, and learning labs for students. A Nursing Forum including all academic nurses (8 in 2016) was established. The Nursing Forum contributed to ensure that projects would be realized. Nurses were working in partnership with the academic nurses during all processes from writing the protocol to convey the results through publication, posters or oral presentations.

Results

In the efforts to make clinical practice evidence-based, the postdoc was a priceless professional sparring for the head nurse. She used the postdoc strategically to raise the profile of the department internally and externally. Together they were role models showing the career opportunities within the profession. After the postdoc was employed more nurses continued education. There was an increased capacity and ability to produce and carry out research. Nurse managers and nurses gained renewed professional pride, sharpened focus on nursing and new inspiration and tool for specific nursing interventions. This gave the department a more clearly professional profile.

Conclusion

We cannot afford - not to employ a postdoc nurse. Postdoc nurses contribute to bridging research and practice. Departments need nursing leaderships who employ postdocs.

028

Nursing leadership in relation to organization, staff and patient outcomes

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Background

Nursing leadership and management creates the conditions for patient-centered care as well as high-quality and cost-effective care.

Aim

To identify, describe and synthesize earlier knowledge on the relation of nursing leadership and management to organization, staff and patient outcomes.

Method

A review of reviews was conducted systematically, and a protocol was registered to the PROSPERO database. Search strategy was prepared with the informatician, and searches were done in Cinahl, SocINDEX, PsycINFO, MEDLINE, Scopus, EconLit, Business Source Elite, Cochrane and PROSPERO databases in February 2022. The inclusion criteria were peer-reviewed review with search strategy and quality appraisal described. The quality of included reviews was assessed with JBI tools. Study selection and quality appraisal were done by two researchers independently. Results were analyzed narratively and discussed in study group. The review was reported following PRISMA statement.

Results

Database searches yielded 6992 citations, of which 12 reviews were selected. The reviews dated between 2011 and 2022. Thirty-seven leadership styles and 27 management practices were identified. Staff results were divided into satisfaction, commitment, well-being at work, professional competence, ethics and values, and quality of working life. Patient outcomes focused on patient satisfaction and safety and the use of health services. The organizational results were related to organizational culture and practices. Preliminary results show that most leadership styles focused on transformational leadership and assessed staff outcomes, particularly job satisfaction and commitment. In addition, a hypothetical model will be created for the effects of management.

Conclusion

Nursing leadership and management research have focused on a few leadership styles and outcomes. Patient outcomes were reported significantly less than staff outcomes; organizational outcomes were scarce. Preliminary results indicate that more research is needed on the relations between nursing leadership and patient and organizational outcomes. Knowledge of strategic leadership and destructive leadership styles is also needed.

Keywords

Nursing leadership, nursing staff, patient, review of reviews.

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018

Physical, mental and emotional workload: three Italian hospitals compared

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Background
International literature described that workload can be perceived non only physically but mentally and emotionally as well. Only a few studies have monitored variables related to physical, emotional and mental workload on nurses.

Aim
This study aimed to describe variables related to physical, mental and emotional workload on nurses.

Method
A prospective descriptive study was conducted. Nurses working in medical and surgical units of three hospitals in Italy answered an online survey. To measure physical, mental and emotional workload we used the QEEW 2.0 © SKB questionnaire. ANOVA and correlational analysis were performed.

Results
We received 233 completed questionnaires. Overall, mental and emotional workload was reported higher than physical workload and a significant variability between the three hospitals was evidenced. Moreover different nurse, patient and workflow variables were correlated with physical, mental and emotional workload with a significant difference among hospitals.

Conclusion
Our results indicate that nurses perceive workload on physical, mental and emotional dimensions and that differences exist among settings on variables correlated with each dimension. Exploring aspects that are related to workload is essential and can help managers to improve the work environments and nurse well-being. Interventions can be addressed not only towards appropriate staffing resources adjusted to patients'complexity of care but regarding workflow aspects as well. These interventions should be tailored to the settings and should be multidimensional.

Keywords
Nurse; physical workload; mental workload; emotional workload.

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001

Relationship between structural empowerment and nurse and patient-reported outcomes: The mediating role of control over nursing practices

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Background
Structural empowerment and control over nursing practices are important factors in retaining nurses and affecting nursing care quality and patient outcomes.

Aim
This study aimed to examine the relationships between structural empowerment and nurse and patient outcomes, and the mediating role of control over nursing practices in these relationships.

Method
This cross-sectional, correlational study was conducted from September 2018 to May 2019 in two public hospitals in Turkey. Its sample consisted of staff nurses working in the adult medical and surgical inpatient units of these two public hospitals (n = 319) and their patients (n = 319). The data were collected from the nurses using the Conditions for Work Effectiveness Questionnaire-II, the Control over Nursing Practice Scale, the Job Satisfaction Global Item, Intention to Turnover Subscale and the Nurse-assessed Quality of Care Scale. The data were collected from the patients using the Newcastle Satisfaction with Nursing Scale, the Trust in Nurses Scale and the adverse events question. Descriptive statistics and Spearman's correlation analysis were used in the statistical analysis of the data. Linear regression analysis was performed to determine the mediating role of control over nursing practices.

Results
It was determined that structural empowerment and control over nursing practices had a significant positive association with job satisfaction and nursing care quality, whereas a negative significant association with intent to leave, but there was no significant association with patient outcomes. Control over nursing practices partially mediated the relationship of structural empowerment and job satisfaction, and unit nursing care quality.

Conclusion
This study determined that the nurses' perceived structural empowerment affected job satisfaction and unit nursing care quality, through control over nursing practices.

Keywords
Empowerment, control over nursing practices, nurse outcomes, patient outcomes.

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046

Working so Closely: The Relational Environment of Rural Nursing

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Background
Creating and managing relationships with patients and colleagues is frequently referred to in nursing literature and is often taken for granted as an innate part of providing quality care. However, navigating nursing relationships in rural context remains largely unexplored.

Aim
The aim of this study was to illuminate and articulate the meaning of closeness in rural nursing practice. More precisely, it examines how closeness among members of smaller communities can influence nursing relationships, and how experiencing this closeness may affect nurses personally and professionally.

Method
A hermeneutic phenomenological approach was taken. Data were comprised of 24 in-depth semi structured interviews with 15 registered nurses living and working in eight different rural communities in Northern British Columbia, Canada.

Results
This study captures the rural reality of social intimacy, where closeness, social bonds, and sense of belongingness (or lack there of) shapes nursing practices and health care and can affect the health and wellbeing of nurses. The study reveals the relational environment of rural nursing within and outside of work settings, by exploring its different facets, ranging from the social structures that are in place to the individual thoughts and emotional experiences of the nurses.

Conclusion
The relational environment of rural nursing is both unique and yet similar among local settings. The study highlights how practicing nurses have limited control over the relational environment of their community and workplace. It explicates the responsibility of organizations, policymakers, and healthcare leaders in creating safe, caring, and supportive rural work environments that enable nurses to provide better care and may contribute to recruitment and retention efforts.

Keywords
Hermeneutics, Nursing, Relational Environment, Social Intimacy.

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060

Workshop ENDA

Confronting the unknown – establishment, running, and content of nursing care for COVID-19 infected patients – wisdom and challenges for future nursing management

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Abstract

The coronavirus disease 2019 (COVID-19) brought unforeseen and sudden challenges to the healthcare system in Iceland as elsewhere. Prompt actions to battle the disease were noticeable. A significant part of these actions was an outpatient clinic that was established in Landspitali – The National University Hospital of Iceland where nurse managers had a central role in the establishment and running of the care in the clinic, as well as the high-quality ward–based nursing care that was provided at the hospital. A team of researchers and nurse managers will present key findings from research of these services in the context of the work of Allen on the invisible work of nurses in organising complex care, emphasizing the accomplishments that were gained when nurses have the opportunity to utilise their professional capacity to the fullest. The nurse managers share how they have used this wisdom to develop nursing care in other clinical contexts. In general discussions with participants, we highlight the conclusions that can be drawn as well as the challenges that we identify for the future of nursing management.

Outcomes
Participants will have

- Gained insight into the context and establishment and running of the COVID-19 outpatient clinic and the wisdom and challenges that nurse managers are confronted with
- Identified key aspects of the nursing care in the COVID-19 outpatient clinic and the experience of providing ward   based nursing care, and conclusions that can be drawn regarding development of nursing care in unknown situations
- Understood some key patient characteristics and symptoms in relation to services that were provided as well as discuss needs that are unmet.

008

Pressure injury prevention in Finland – waste of evidence?

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Background

Despite of being mostly preventable, pressure injuries are frequent adverse events in hospitals. Treating pressure injuries is always more expensive than their prevention. Pressure injury prevention includes assessment of skin status and pressure injury risk together with targeted interventions such as repositioning and use of appropriate support surfaces.

Aim

To describe the realization of pressure injury prevention in Finnish somatic specialised health care organisations.

Method

A multicentred, repeated cross-sectional study in 16 (out of 21) university and central hospitals offering specialised health care services. Data were collected on annual STOP Pressure Injury Day 2018 and 2019. In all, 6160 patients gave their consent to participate. Descriptive statistics together with cross-tabulation and a Pearson's chi test, Fisher's exact test and logistic regression analysis were used in data analysis.

Results

There was a prominent difference between nurse managers' report on implemented pressure injury prevention in the unit and the actual nursing practices. Almost one third of the participants (30%) had their skin status assessed and every fifth (19%) their pressure injury risk assessed within 8 hours after admission. If neither assessment was done, the odds of getting a pressure injury were 15-fold greater for medical patients, and 6-fold greater for surgical patients. Preventive nursing interventions, such as repositioning, were inconsistently conducted and were not based on risk assessment.

Conclusion

Assessments of the skin status and pressure injury risk after the patients' admission were inconsistently conducted. Further, the patient's pressure injury risk did not guide the use of preventive nursing interventions. Thus, the nurses' contribution to and impact on pressure injury prevention is difficult to demonstrate. Nurse managers and leaders need to emphasise the importance of evidence-based nursing practices to prevent pressure injuries, and to systematically follow the conduct of evidence-based practices together with pressure injury incidence.

Keywords

Pressure injury, prevention, nursing assessment, nursing intervention

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024

Nurses' and nursing leaders' evaluations of transformational leadership competence

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Background
Constant changes in healthcare and labor shortages have deteriorated nurses' well-being. Through developing transformational leadership competencies (TLC) in accordance with the Magnet® model, the well-being of nurses can be supported.

Aim
The aim of this study was to describe nurses' evaluations and nursing leaders' self-evaluations of TLC within three specialized medical care departments in Helsinki seeking Magnet Hospital® recognition.

Method
Electronic questionnaire with five sub-areas of transformational leadership (leadership ethics, managing nursing process, feedback and rewards, professional development, and the leadership of the nursing director) was used in 2021 to collect data from registered nurses (n= 282) and nursing leaders (n=35) in the selected departments.

Results
Nursing leaders' (NLs) self-evaluations of TLC exceeded the limit of excellence in the Magnet Hospital® criteria in all aspects of leadership except in feedback and rewards. None of the aspects of leadership reached the level of excellence evaluated by registered nurses (RNs). When comparing RNs by age group, the older groups rated TLC higher than the younger groups. Only the oldest group (>59 years) evaluations exceeded the excellence in three aspects of TLC.

The lowest score items were rewarding nurses' development and enabling individual development for everyone. NLs evaluated that they are not equal with other members of management in the department nor visible directors in the strategic leadership of the hospital.

Conclusion
Transparency in leadership should be increased to build up nurses' organizational knowledge and understanding. Shared governance can provide framework for change in nursing leadership. Special attention should be paid to individuality and age management. Transformational leadership competencies should be developed to support nurses' well-being, and to achieve Magnet® excellence in leadership.

Keywords
Magnet® model, nursing leadership, registered nurse, transformational leadership competence.

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025

Transformational leadership methods to support nurses' well-being

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Background
Constant changes in healthcare and labor shortages have deteriorated nurses' well-being. Through developing transformational leadership competencies in accordance with the Magnet® model, the well-being of nurses can be supported.

Aim
The aim of this study was to describe nursing leaders' (NLs) self-evaluation of the means used to support registered nurses' (RNs) well-being within three specialized medical care departments in Helsinki seeking Magnet Hospital® recognition.

Method
Electronic open-ended questionnaire based on literature was used in 2021 to collect data from nursing leaders (n=19) in the selected departments. Data was analyzed with inductive content analysis.

Results
Nursing leaders support RNs well-being by strengthening open interaction and positive organizational culture with dialog, humor, and transparency. Valuing nursing is demonstrated by making the voices of nurses heard and highlighting their work. NLs support RNs' individuality by utilizing their competence in nursing and considering flexible working hours as needed.

NLs encourage developmental activities by supporting the autonomy of nurses and shared governance. They update instructions and guidelines to support RNs' practical work. NLs facilitate RNs' professional development by coaching and encouraging education and training. NLs show people direction by being a role model and leading according to the values of nursing which include equity and equality. NLs support RNs' well-being by using solution-focused leadership, enabling adequate nursing resources, maintaining leadership competencies, and giving recognition to RNs.

Conclusion
Strengthening open and positive culture of interaction can affect positively on e.g., giving feedback and solving conflicts. Attention should be paid to presence and reachability of nursing leaders and transparency in leadership to support nurses' well-being.

Keywords
Magnet® model, nursing leadership, transformational leadership, nurses' well-being.

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020

Anxiety caused by COVID-19 – a challenge for healthcare managers

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Background
During COVID-19 pandemic the health care professionals in different clinical units work under extreme pressure that can exacerbate professionals' distress and anxiety. To respond the growing stress, it is important to understand the anxiety experienced by hospital staff and provide evidence of what factors associated with anxiety.

Aim
To describe the anxiety levels of Finnish hospital workers during the COVID-19 pandemic and to determine the associate factors.

Method
The cross-sectional study in one university and one central hospital offering specialised health care services. The data was collected between 24 April and 12 May 2020 while emergency conditions were in force in Finland. The Generalized Anxiety Disorder 7-item (GAD-7) scale was used to measure the workers' anxiety. The survey was distributed to all health care staff (N=10,425), yielding a response rate of 19% (n=1995). Descriptive statistics together with multivariable logistic regression models with the enter method also, non-parametric Mann–Whitney U tests and Kruskal–Wallis tests were used in data analysis.

Results
The total mean GAD-7 indicate normal anxiety levels. However, 30% (n=1079) of the respondents had mild, 10% (n=194) moderate and, 5% (n=88) severe anxiety level. Young age, working in a university hospital, problems in cooperation between co-workers, difficulty concentrating at work, a health-threatening physical and psychological workload, and a fear of being infected at work were the key anxiety risk factors.

Conclusion
Hospital staff experienced a variety of work-related stress and anxiety issues that should be visible to hospital administrators and policymakers alike. Health care employers should engage in long-term follow-up as regards the personnel's recovery from the burden caused by the pandemic and from work in general. It is necessary to make easily attainable, flexibly delivered and cost-effective treatment interventions for anxiety available to hospital staff.

Keywords
COVID-19, anxiety, hospital staff.

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009

Inter-professional Competence Acquisition in Healthcare in Times of VUCA

Iris Meyenburg-Altwarg, Com-P-Tense Germany GmbH

Background
Restrictions in educational offers in attendance and in practical environment due to infection and other factors - increasing shortage of skilled staff - ever shorter careers - ever more complex task profiles for all HCP`s make it difficult to ensure quality of patient care.

Aim
Specific and secure acquisition of competences of all HCPs, both individually or as a team, and for quality-oriented affordable outcome for the treatment and care-process in a VUCA world.

Method
Systematic recording of application-related competence-profiles and systematic use of their competency management tools. Independent and comprehensive tool for the learners, for the Institution and areas for continuous reflection and further development. Development of virtual and real learning location scenarios that clearly exceed conventional SkillsLabs and the various HCP`s and which cover their requirements. Activity-related settings, where diverse ideas, participants, and technologies flow together – and ideally future-oriented technologies and innovation opportunities are identified, evaluated, and made usable for the enterprise.

Results
Learners can reflect on theoretical knowledge under guidance, to learn and practice practical skills and abilities in different real settings, individually or together in cross-professional teams. Work processes become transparent and appreciation of the tasks of other professional-groups is encouraged.

Conclusion
Effective acquisition of skills requires essentially the combination of theoretical input, practice and experience. With use of competence management tools, practice-real learning-location settings, sustainable and result-oriented processes and teamwork are created for the specific work area. The enterprise can identify and monitor the actual need for personnel development and achieve it in a verifiable timeline. What is needed is consistent cooperation between education providers,healthcare institutions and technology companies.

Keywords
VUCA (volatility, uncertainty, complexity, and ambiguity), Competence-orientation, Learning-location scenarios, Healthcare Professionals.

022

Title: People for People - Leadership in Times of Refugees from Ukraine

Iris Meyenburg-Altwarg, Com-P-Tense Germany GmbH

Background

Millions of people from Ukraine have to leave their homes because of the war of aggression. The EU assumes around 5 to 10 million. It is uncertain how many of them will come to Germany. 148,000 refugees were already registered in Germany by March 12, 2022. The number of unreported cases is significantly higher. The refugees are mainly women, children, and the elderly.

Method

According to our assumption, there are also many specialists from the health care and educational sectors (teachers, educators) among the refugees. The aim must be to achieve a high level of self-determination for the refugees through adequate integration and to bring their everyday life into the best possible balance while at the same time ensuring the care and healthy development of the children and looking after the elderly. Parallel to this situation, there is a significant shortage of skilled workers in the healthcare sector. By linking existing expertise and the network of professional caregivers, these challenges can be met with the help of a far-reaching integration and care program.

Results

In days, various modular offers for professional integration and psychological support for everyday life and work were provided in close cooperation with existing German/Ukrainian associations and a newly founded association. The childcare offers could also be organized individually and close to home and in the mother tongue. Necessary nursing care places for seniors were made available to everyone on a daily basis via a app.

Conclusion

Through fast, imaginate and professional management behavior, a win-win situation was achieved for the refugees as well as the residents and the economy of the entire Hannover region.

Keywords

Integration, Refugees, Skills shortage, Health Care.

044

Gender bias in studies based on the medical records reviews

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Background
The retrospective review of medical records is a widely used methodology in health research. The possible gender bias associated with this methodology has not been studied.

Aim
To analyze possible differences between the results recorded by male and female reviewers.

Method
Secondary analysis of data from a previous Spanish cohort study conducted in primary care to determine the frequency of ignoring Do Not Do recommendations based on medical record review. Twenty reviewers were responsible for the record review. The Chi-square test was used to analyze the differences in the frequency of Do Not Do between male and female (both patients and reviewers). Multivariate logistic regression analyses were performed to determine the possible interaction effect.

Results
Nineteen hundred and twenty-eight medical records were reviewed (1004 belonging to female patients). Female reviewers (n=14) reviewed 67.8% of the medical records. Differences between the results of male and female reviewers were found in only two of the six Do Not Do's analyzed (p=0.04; p=0.08). There was only an interaction effect between the sex of the patient and the reviewer in the indication not recommended regarding the prescription of imaging tests in low back pain, with females detecting a higher frequency in males (OR=0.7, 95%CI 0.4-1.5) and vice versa (OR=2.8, 95%CI 1-7.8).

Conclusion
This preliminary study suggests that the impact of a possible gender bias in the review of records is small. Further research is needed, and concrete measures should be taken in the training of reviewers to ensure the data quality.

Keywords
Overuse, gender, primary care, family medicine.

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045

Low-value practices in primary care: male versus female patients

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Background

Low-value practices (LVPs) are commonly used in clinical care with little proven value or scarce patient outcomes improvement, and they can lead to harm and consumes resources. The volume of patients subjected to LVPs depends on the type of practice, service and the country. There is evidence that shows that gender, as a social construct, has a substantial impact on health behaviors, on access and use of health systems.

Aim

To assess the frequency of LVPs in primary care setting differentiating the sex of the patient and the severity of avoidable adverse events (AAEs).

Method

A national retrospective cohort study was conducted. Electronic medical records of a random selection patients attended in primary care in Spain were reviewed by 25 health professionals between February 2018 and September 2019. Ten LVPs highly frequent and potentially harmful for patients were selected using the Delphi method and they were analyzed.

Results

There were 1859 (72.7%) of 2557 (95% confidence interval [CI], 71.0%–74.4%) LVPs in 1307 patients. LVPs were carried out more often with female adult patients (adjusted rate, 49.4% [95% CI, 48.5–50.3]), p < 0.0001) than with male patients. Female patients suffered from a greater number of AAEs because of LVPs than did male patients (adjusted rate female, 4.9% [95% CI, 4.4–5.5]; adjusted rate male, 4.0% [95% CI, 3.4–4.7]; p = 0.047).

Conclusion

LVPs were applied more often in female adult patients than by male adult patients. The number of AAEs was higher in females than in males. A present study is conducting to check whether this gender bias occurs in overtreatment in primary care setting.

Keywords

Overuse, gender, primary care, family medicine.

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O19

Features of nurses' intentions to return to work in healthcare

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Background

The shortage of nurses is a global problem which is also current problem in Finland. Recruitment and retention of nursing staff is the biggest workforce challenge in healthcare faced by nurse leaders. The recruitment of nurses who have left the sector is one of the essential issues to solve. Their intentions to return and their experiences of attractiveness of nursing need to be researched.

Aim

The aim of the study is to describe attractiveness and retention features of nursing. This knowledge can be used to develop nursing management and education.

Method

The qualitative research data was essays written by nurses (n=9) who intended to return to the healthcare sector. The essay asked to reflect on six themes of attractiveness and retention features of nursing based on previous research. The data (23 pages) was analyzed with an inductive content analysis method. Two researchers categorized separately and then discussed until a consensus of subcategories and categories was reached.

Results

The study identified seven attractiveness and retention features of nursing. Results showed 1) leadership and management style of ward managers are essential in nursing. Ward managers have an important role 2) to develop the circumstances of working conditions from nurses' point of view. They support nurses in their heavy workload and 3) enables nurses' opportunity to influence their work. 4) A common view on the meaning and values of nursing is crucial in teamwork. 5) Multiprofessional collaboration was recognized as an important feature to promote patients' health. 6) Opportunity to continuous learning and daily collegial guidance motivated nurses at work. 7) The well-being at work and recovery process from work need more attention

Conclusion

Study results will assist nurse leaders to develop recruitment and retention strategies by focusing on strengthening nursing leadership and focusing on creating supportive and competitive work environment for nurses.

Keywords

Nursing Staff, Personnel Recruitment, Work Environment, Nursing Leadership.

027

Nurses' moral courage in primary health care

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Background
Moral courage refers to individuals acting according to professional and individual ethical principles, even in a risk of negative consequences for the acting individual. The roots of the concept are in Aristotle's virtue ethics and nurses can promote quality of care with their moral courage. Its importance is illustrated also in primary health care which is often a patient's first contact with health care. Nurses themselves and nurse managers can promote nurses' moral courage.

Aim
To analyse primary health care nurses' self-assessed level of moral courage and associated individual background factors.

Method
A cross-sectional design, applying a valid and reliable Nurses' Moral Courage Scale (NMCS), including individual background factors. Responses were given on a 5-point Likert scale. Moral courage was analysed as a sum of all 21 items, four sub-scale sum variables and items focusing on morally courageous acting. Data was analysed statistically.

Results
A total of 205 primary health care nurses (response rate 30%) participated. Mean of the participants' moral courage in the NMCS was rather high, 4.16 (SD 0.58). Higher knowledge base in ethics, encountering ethical dilemmas more frequently and obtaining knowledge in ethics from several sources indicated significantly higher moral courage in all sub-scales. Participants showed less moral courage in confronting management and physicians than their own colleagues.

Conclusion
Nurses' rather high moral courage indicates nurses' ability to uphold good care. However, because primary health care systems are constantly developing and various ethical issues can emerge, it is important to maintain and promote nurses' moral courage in primary health care. Support directed to knowledge base in ethics and identifying ethical dilemmas could be beneficial because these factors were associated with higher level of self-assessed moral courage.

Keywords
Moral courage, nurse, primary health care, support.

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040

Leadership training for nurses and midwifes at Landspítali University Hospital

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Background

The Nightingale Challenge, a one-year leadership training program for nurses and midwives under the age of 35, was part of the World Health Organization's Nursing Now campaign to improve health and wellness worldwide. The challenge was a joint project of the WHO and the International Council of Nurses (ICN) with the aim of strengthening the position of nurses for influencing health policymaking.

Aim

Landspítali University Hospital participated in the Nightingale Challenge with the aim of strengthening the position of nurses and midwives in their work. For participants, this was an opportunity for personal career development, in addition to being useful for the workplace and in accordance with Landspítali's policy model.

Method

Twenty nurses from 12 clinical wards participated in the program which lasted one year. Leadership training included lectures and discussions, reading material and videos on leadership skills, the importance of interdisciplinary collaboration and teamwork and education on quality indicators in health services.

Results

Participants assessed the program at the end of the year. They were very pleased with the training which had boosted their confidence and strengthened them as leaders. They found the teaching methods a good mix with lectures, assignments, and discussions, and very encouraging. Inspite of the COVID-19 pandemic influencing the program, making things more difficult, participants said that the program had met their expectations and empowered them personally as well as professionally. The nurse unit managers where the participants worked, also identified how the program empowered and strengthened participants.

Conclusion

The positive outcomes of this program showed how important it is to support and mentor young nurses and midwives as leaders. Based on this experience Landspítali has decided to continue offering leadership programs to empower young nurses and midwives in their work.

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O47

Organizational culture among nurses in Landspítali's emergency services

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Background

Organizational culture refers to the culture within organizational units. Studies have shown that organizational culture affects the performance of organizational units and, if strong, the greater performance. Research on organizational culture among emergency nurses internationally is lacking.

Aim

To investigate the organizational culture among nurses in Landspítali's emergency services, examine strengths and weaknesses and whether different departments or nurses' experience matter.

Method

Descriptive cross-sectional survey with an electronic questionnaire (Denison Organizational Culture Survey) was conducted among nurses at six emergency departments (EDs) at Landspítali in 2018. Four cultural dimensions were measured with 60 questions, on a five-point Likert scale. The average of each dimension was converted to a 100-point scale and the organizational culture was rated as strong, acceptable, or weak. Descriptive statistics were used and associations analyzed with adequate statistical methods.

Results

Organizational culture was assessed as weak. The dimension of participation and membership was higher in the general ED, 76, than in the accident/outpatient ED (65) and the cardiac ED (64) (p <0.05). The dimension of role and aim was lower at the cardiac ED (49) than at the general ED (71), the pediatric ED(70) and the obstetrics-gynecology ED (68) (p <0.05). The total value of organizational culture among nurses in the accident/outpatient ED (55) was also significantly lower than in the general ED (71) and the pediatric ED (70). The dimension of participation and involvement was assessed differently by experience (p <0.05), 74 for nurses with 0-5 years' experience compared to 64 for 11-15 years' experience.

Conclusion

The results of the study indicate a weak organizational culture among nurses in the Landspítali's emergency services, but different dimensions weigh differently between departments. Organisational changes during the study period could explain the differences in between departments. The organizational culture among emergency nurses may be improved based on the results.

Keywords

Organizational culture, emergency nursing.

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049

Attitudes and experiences of nurses at Landspítali's emergency department towards organizational culture

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Background

Six emergency departments at Landspitali University Hospital will be merged in a new treatment center, in about 5 years. Therefore, it was interesting to explore emergency nurses' experiences of a preferable organizational culture to build upon when planning for the combined workforce at the new emergency department.

Aim

To explore the attitudes and experiences of nurses towards organizational culture at Landspítali's general emergency department.

Method

It was a qualitative study with semi-structured interviews by a pre-determined question framework. The interviews were analyzed based on phenomenology, looking for and processing common themes and sub-themes. Interviews were conducted with eight nurses from the emergency department and their working experience ranged from two years up to 27 years.

Result

Two themes and 8 sub-themes emerged. The first, The Environment and the People, with the sub-themes: negligible class divisions, great friendships, like a family, teamwork; and the formation of organizational culture and traditions. The second theme was Difficulties and Challenges in an Ever-Changing Environment, with four sub-themes: incidents, debriefing, constant change, and values. Four factors were experienced to shape the department's culture, the people, the circumstances, the managers, and diversity of projects. When difficult issues arose, debriefing was the tool, experienced as positive. Participants experienced constant changes in the emergency department, sometimes successful but not always.

Conclusions

The experience of the nurses in the emergency department was of good communication, but it would be possible to increase the teamwork. Follow-up would for incidents and changes was called upon. The results will be useful in building a good organizational culture at the new emergency department.

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O1O

Nurse leaders and self-employed nurses' careers

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Background

Nurses are professionals that proficiently contribute to the sustainability of every healthcare system worldwide as their competencies encompass a broad spectrum of possible roles and functions, such as clinical, educational, academic, managerial, forensic, and highly specialized roles. Although self-employed nursing careers are strategic to enhance employability and empower nurses' professionality and entrepreneurship, no valid scales for assessing nursing preparedness to undertake self-employed careers are available.

Aim

To develop and psychometrically validate an inventory based on two scales: awareness regarding factors for determining the prices of freelance activities and knowledge regarding freelance-related norms among nursing undergraduates in Italy.

Method

A multi-method and multi-phase design were employed. Phase one encompassed developmental tasks for generating items, and phase two included a cross-sectional data collection for determining psychometric proprieties of the developed tools and their reliability.

Results

The final inventory encompassed two scales showing adequate validity and reliability after testing it on 882 Italian undergraduate nursing students. The first scale, factors for determining the prices of activities, is based on care complexity and logistic characteristic (two-factor structure). The second scale, knowledge regarding freelance related characteristics, encompassed two domains: knowledge regarding administrative rules and, pensions' and retirement issues.

Conclusion

The developed inventory showed adequate evidence of initial validity and reliability, useful for filling the gap given by the unavailability of valid assessments for leaders who pursue measuring the nursing students' preparedness to undertake self-employed careers. This inventory should be further validated in different countries within their work specific settings.

Keywords

Nursing; Entrepreneurship; Leadership; Nursing; Validation study.

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014

Social humanoid robots as caregivers: a complement or a colleague?

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Background
To address rising challenges in healthcare, social robots are seen as a potential solution. Nursing leaders are considered gatekeepers of technology in nursing work, and they possess broad knowledge in nursing and the nursing milieu. As a part of the Vaasa InnoCare-project, applications in social robotics were developed for the healthcare context through co-creation with stakeholders. In one of the applications, "Wound Care", the robot provided instructions on wound care to a patient being discharged from day surgery, through a series of questions.

Aim
The aim of the research was to explore the tasks of social humanoid robots in the care context according to nursing leaders, and to gain more knowledge about robotics as a solution to meet challenges in the nursing field.

Method
Qualitative data was collected from 22 nursing leaders in the form of written essays. The data was collected in Ostrobothnia, Finland in December 2020, and December 2021. The nursing leaders watched videos of the robot performing the wound care application and made written evaluations of the robot's function in care settings.

Results
The nursing leaders considered social robots to be able to perform multiple nursing tasks in care settings, as an assistant to caregivers. The most common suggestions for robot tasks were related to routine nursing tasks, as well as indirect, administrative nursing tasks. Robots were also found helpful as support to patients in cognitive, social, and physical aspects. Robots were not considered to be able to perform all nursing tasks independently, and therefore not seen as a replacement of nurses.

Conclusion
The results of this study show the suitability of social robots in care settings. The study suggests the placing of the social robot in caring contexts and provides information for innovators in developing ethical, meaningful solutions to benefit all stakeholders in caring contexts.

Keywords
Co-creation, healthcare, nursing leaders, robot-supported care.

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021

A client-centered approach in home care for older persons - An integrative review

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Background
Client-centered approach is a fundamental value and the basis of home care service management, development, and provision for older persons.

Aim
The aim of the study was to describe and synthesize client-centered care and service in home care for older persons.

Method
Method of the study was an integrative review using the guidelines for literature reviews by the Joanna Briggs Institute. The research process followed the Whittemore and Knafl framework and PRISMA toolkit in the selection of eligible articles. The CINAHL, Medline, Scopus, Web of Science and Social Sciences abstracts were searched for articles published between January 2007 and May 2020 according to previously designed search strategies. In total, 24 articles were deemed relevant for an analysis using a thematic analysis.

Results
The analysis resulted four significant themes with sub-themes for management, development, and delivery of home care services for older people. These resulted themes and sub-themes revealed that client-centered care and service in home care consist of: 1) Clients' involvement in their own care; self-care, decision-making, satisfactory daily life, 2) Family members' and care partners' participation in care; family members' and care partners' commitment to care, family members' and care partners' competence in care, 3) Communication and co-operation; communication models, empowerment, partnership, and 4) Evidence-based service competence; delivery and organization of services, implementation of services, versatile clinical skills, quality outcomes and personnel wellbeing.

Conclusion
According to the results, achieving client-centered care and service in home care requires the realization of all of the above aspects. The practice of home care development must better identify all dimensions of client-centered care and consider these in the management and delivery of home care services. Evidence-based service management and organization expertise requires a significant change in service systems and co-creation, organizational cultures, and financial systems.

Keywords
Client-centered care, home care services, older person, evidence-based home care management.

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039

Gem nurse in The ED - The first Five years

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Background

With longevity and better health, the number of elderly people living independently is growing. At the same time, more people from this age grouup need emergency care. At the end of 2016, an intervention with geriatric emergency nurse (GEM) consultation was implemented at the Emergency Department (ED)at Landspitali University Hospital in Iceland based on a Canadian care model (ACE). Older people, 75-years and older, are screened for service needs at the ED visit. If the screening is positive and the patient is to be discharged home, the GEM nurse receives a message and makes a more detailed assessment of the person in question, seeks solutions and organizes services at home and assessments as needed. The aim of the service is to ensure safe discharge from the ED and reduce avoidable emergency revisits.

Method

A retrospective analysis of the service of GEM nurses from 2017-21, the patient population, type of service and presentation of a case.

Results

The GEM nurses work 6-days a week in 8-hour shifts. They met and assisted an average of 783 patients at the ED per year and followed up with telephone calls after 80-240 visits per year. The majority of the patients was 80-90 years, 62% were women and 39% were married while 41% were widowed.

Conclusion

The implementation of the service of GEM nurses to the ED has proven to be an important addition to the emergency care at the department. There is a continuous need to strengthen the available resources and simplify all communication channels with community services as well as other health resources.

Keywords

Emergency nursing, implementing projects, improvement projects, geriatric patients.

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O26

Nursing manager's experience of managing nursing homes in Iceland

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Background
Nursing managers face challenges, including striking a balance between nursing standards and financial constraints. The Icelandic Health Insurance, a government agency, makes a framework funding agreement with nursing homes that do not receive predetermined funding. Residents' care needs are assessed using the interRAI instrument (InterRAI MDS 2.0), which provides indications for quality of care and impacts funding.

Aim
The objective of the study was to explore nurses' experience of management and operation of nursing homes run with daily fees from the Icelandic Health Insurance.

Method
Data was collected by semi-structured, one-on-one and focus group interviews where 16 nursing managers participated. Data was analyzed using content analysis where content was categorized into themes and consolidated into an overarching theme.

Results
The overarching theme, constructed through four themes, was that nursing managers felt they were caught between a rock and a hard place because funding was not in line with expected quality of care. The first theme, 'having many balls in the air', was described as challenging work with great professional responsibility, high job satisfaction and the importance of professional support. The second theme, 'challenges to meet quality requirements', expressed that daily fees didn't reflect real cost of care and more educated staff was needed. The third theme, 'benefits and drawbacks of the interRAI instrument', described the instrument's usefulness in quality improvement when time allows, but did not always reflect nursing intensity and care needs. In the last theme, the importance of future vision for nursing homes management and elderly care in general was emphasized.

Conclusion
The results indicate that nursing homes require additional funding to increase quality of care, ensure professionalism and safety. Nurses' criticism that the interRAI instrument doesn't always accurately reflect care needs and nursing intensity must be considered. The results can be useful to strategic planning and future vision of elderly care.

Keywords
Nurse manager, nursing home, interRAI, content analysis.

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057

Minimizing Climate impact from hospitals – does it matter?

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Background

Climate change impacts have a wide range of health outcomes affecting the future work of hospitals. The most significant climate change impacts are rising temperatures, more extreme weather, rising sea levels, increasing carbon dioxide levels, impacts affecting human health. The subsequent health outcomes that can result from these changes in exposures are e.g., asthma, cardiovascular disease, respiratory allergies, malnutrition, diarrheal disease, forced migration, civil conflict, mental health impacts, heat-related illness and death, injuries and vector borne diseases.

Worldwide Healthcare is responsible for 5% of the global emission and as such has a lot of work to be done.

Aim

The aim of this presentation is to share experience of the climate work at Landspitali University Hospital.

Method

In 2015 Climate goals and plan were set to reduce the climate impact of the hospital by 40% in the end of year 2020. The scope covered e.g. anaesthesiatic gases, transportation, energy, minimizing disposables and waste. Plan was implemented with various stakeholders. Yearly calculations and regular follow-ups on the progress were giving to employees and management.

Results

By implementing various measures, with the effort and engagement of employees, the ambitious climate goals were reached in 2020 – without threatening patient safety. Actions were both in technical terms and a behavioural change; employees being the key to lasting success. Examples of projects that affected the work of nurses was the implementation of nitrous oxide destruction unit in maternity wards, reduced use of disposables, increased waste sorting and the promotion of environmentally friendly transport to and from work. Projects were not directed towards nurses especially beyond other professions but there is a reason to belive that such dialog could escalate the progress.

Conclusion

The effort of Landspitali showed that minimizing climate impact from hospitals is doable, vital and the resposibility to take today. Now with the renewal of goals and plans, there is a reason to have an increased conversation with nurses that have a great influence on procedures and changes within the hospital.

Keywords

Climate change, hospitals, engaging employees.

O11

Pathways to Nursing on Patient Safety via Near Misses

Alessandro Stievano RN PhD FAAN Research Coordinator[1], Ippolito Notarnicola RN PhD[1], Laura Sabatino RN PhD[1], Gennaro Rocco RN PhD FAAN[1]

Background

To address access and equity issues in the Italian health care system, a Patient Safety Initiative developed by the Italian Centre of Excellence for Nursing Scholarship was launched. This study was based on three challenges: 1) limited opportunities to design novel nursing interventions on patient safety based on research findings; 2) sparse training programs on patient's safety research for nurses; and 3) inadequate curricula on patient safety in nursing education programs.

Aim

To shed light on the value of near misses for nurses and nurse leaders as a guide to identify recovery strategies and ensure high standards of safety and quality in healthcare organizations.

Method

A collaborative qualitative study using focus groups was conducted among 10 acute care hospitals involving 223 nurses and 87 patients to describe experiences with near misses. An inductive content qualitative analysis was accomplished.

Results

Six thematic outcomes on the context of near misses emerged: 1. The healthcare system is a minefield of near misses; 2. Near misses are catalysts of change; 3. Near misses serve as opportunities to reduce suffering and vulnerability; 4. Alliances are the milestones for safer healthcare: the alliance between patients and nurses reduce near misses; 5. Near misses serve as a way to humanize healthcare; 6. Patient safety is related to nurses' level of education: education and safety are two sides of a coin.

Conclusion

Findings of this first patient safety study ignited a thread of research in the Centre of Excellence for Nursing Scholarship to implement clinical research projects on patient safety. To date, 8 nursing research projects and 10 online programs for research training were accomplished. This oral presentation presents findings from studies as evidence of outcomes in nursing's contributions to patient safety in Italy.

Keywords

Near Misses, Nursing, Patient Safety, Risk Management.

015

Spirituality and religious diversity in nursing: a scoping review

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Background
Spirituality in nursing literature is a common theme for the profession as a fundamental ethical requirement for nurses. Healthcare organizations and their nurse leaders are aware that offering patients of different cultures and faiths to practice their religion and/or spirituality is conducive to improved care. Despite this, it is often unclear how to engage in spiritual care in clinical nursing practice, especially in globalized day societies, in complex healthcare systems and the secular social context of religious pluralism.

Aim
The main purpose of this scoping review has been to describe the findings regarding how to put spiritual healing into practice, particularly in religious diversity.

Method
A scoping review was conducted according to the model developed by Arksey and O'Malley. It included five phases: identification of the research question, identification of relevant studies, selection of studies, tracking of data, and collection, synthesis, and communication of results.

Results
Following a literature search, a total of 787 articles were initially selected. After meticulously reading all the included studies, 16 articles that matched our research aim were finally obtained. The quality of the included studies was assessed by the Critical Appraisal Skills Program (CASP).

Conclusion
This scoping review indicated that nurses generally consider spirituality interconnected with spiritual care and crucial in nursing. Despite this, the analysis revealed the causes that impede the application of spiritual care in many settings. The practical obstacles ascertained involved the lack of organizational support, lack of training, presence of figures of spiritual assistance of Christian religion in Western countries regardless of the patient's religious belief and, consequently, the absence of other religiously different figures. Nurses attribute various meanings to spirituality and spiritual care, mostly centred on respecting personal, interpersonal, and relational aspects of religious beliefs.

Keywords
Leadership, nursing care, religious diversity, spirituality.

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029

Nursing leadership: Compounding responsibilities in the post-COVID-19 pandemic

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Background
The COVID-19 pandemic has demonstrated to the world the importance of nursing in ensuring safe and effective patient care. Similarly, the pandemic has had varying impacts on nursing demand and supply at local, national, and international levels. Nurse leaders evidenced that personal issues of nurses (e.g., stress, workload, etc.) and institutional issues (e.g., re-deployment, evolving access to PPEs, etc.) have been heightened since the pandemic's start and are contributing to an increasing shortage.

Aim
The main aim of this investigation has been to describe the fluctuating movements of nurses during and in the post-COVID-19 pandemic and the implications for nursing leadership.

Method
A retrospective study was accomplished via the worldwide CGFNS dataset for the years 2020-2021 on crucial flows of nurses between source and affluent destination countries.

Results
In domestic workforce shortage, health systems look abroad for internationally educated nurses to fill vacancies and supplement depleted national workforces. In 2022, 1 in 8 nurses of the world are migrants, and roughly 600,000 foreign-trained nurses are working across 36 high-income affluent member countries (up from 460,000 in 2011). The reliance on foreign-trained nurses compared to domestic trained nurses varies across countries and regions but is very significant.

Conclusion
Beyond the COVID-19 pandemic, international migration flows are expected to increase due to issues ranging from climate change, conflict, and inequality to opportunities in labour, education, and technology. In the context of an increasing nursing shortage and a parallel increased reliance on a foreign-educated health workforce, nurse leaders around the world need to be prepared for a 'tsunami', both in terms of numbers as a source or destination country, but also in terms of shifts (i.e., different migratory patterns, implications for different healthcare settings, impacts on nursing education, etc..).

Keywords
Leadership, nurse mobility, workforce shortage.

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030

How leadership can influence health policy: Evolution of nursing in Albania

Alessandro Stievano RN PhD FAAN Research Coordinator[1], Franklin Shaffer RN PhD FAAN President and CEO[2], Blerina Duka RN PhD candidate, President[3], Ippolito Notarnicola RN PhD[1], Gennaro Rocco RN PhD FAAN Director[1]

Background

Nursing in Albania has grown fast over the past two decades in response to government initiatives to strengthen the national healthcare system, and currently, nursing education has been at the undergraduate level for more than 15 years all over the country. However, there is limited data on how nurse leaders have prompted this expansion, and the characteristics of the nursing workforce presently working in Albania are underexplored.

Aim

The purpose of this study has been to describe the demographic and occupational characteristics of Albanian nurses working in the health system from 2009-to 2021 to explore changes in education and the workforce over time.

Method

A retrospective study, accomplished via the Albania Regulatory Body (UISH) dataset, on crucial educational and labour force indicators was undertaken to describe nurses' demographics, clinical roles, and skills. This investigation has defined the characteristics of nurses from 2009-to 2021 to examine variations in learning and staff.

Results

This study provided a clear indication of increased intellectual accumulation in the years when professional nursing education from the technical level attained undergraduate compulsory entry-level. This study identified that some of the structural barriers to nursing in Albanian general care have been challenging over the years. Understanding these issues is critical to optimizing the nursing workforce's effectiveness and undergraduate education.

Conclusion

This novel information serves as a reference for the formulation of new actions that foster the need to improve the quality of educational processes and the offer of continuing education. It also emerged that Albanian nursing leadership has a pivotal role in this process. For this reason, a specific program for nurse leaders was launched in 2022 by the Albanian Regulatory authority (UISH) at the national level.

Keywords

Near Misses, Nursing, Patient Safety, Risk Management, Albania, education, health policy, leadership, nursing.

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051

Nursing as a second-degree recruitment option in the future

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Background

New BS program in nursing for students holding a BS, BA or B.Ed. in another field started at the Faculty of Nursing at the University of Iceland in 2020. The program is a two-year program and is 240 ECTS program like the traditional nursing education in Iceland. With leadership and visionary professors within the Faculty of Nursing the program was established but is in constant revision. It follows the EU-directive 2005/36/EC article 31. The students in the new program enter it with 60 ECTS in natural, social sciences, statistics and with BS final projects. The program is one of the reactions in health care to lessen nursing shortages in clinical practice in Iceland.

Aim

To describe the admission/entry process, the organization and content of this special BS curriculum in nursing. To describe the nursing faculty's experience of establishing and running the program. To describe the student's experience attending the education and the expectation of the nursing managers towards this new group of nursing students.

Method

Qualitative and descriptive methods describing the curriculum, the faculties and student's experiences and the expectations of nursing managers. Data collection will take place in the summer of 2022.

Results

Icelandic study results will be presented.

Conclusion

Special BS programs for students holding other university degrees have proven to be successful in other countries, for example USA/UK/Canada/Australia. Studies on graduates in other countries show that they perform as well as graduates from traditional programs, job satisfaction is good, and they are praised by nurse managers. The Icelandic experience will be reflected in international studies of programs that educate nurses with another university degree.

O16

Recognition of Croatian Nurses Value Preferences Based on Schwartz's Theory

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Background

In the health-care and medical fields, nurses are the most prevalent professionals. They have been the most trusted profession in the United States for the past two years. (SIA, 2021) Although people trust nurses, it will be fascinating to learn more about the fundamental human values that exist in this particular unique community. Schwartz established ten essential personal values based on four dimensions. (S. H. Schwartz, 2012) Professional behavior and outcomes are influenced by personal values. Despite this, nurses appear to be helpless in terms of politics and economics. It's probable that it stems from a fundamental human values in nursing. This will be investigated as a hypothesis in this nurse research.

Aim

To define and recognize Nurses Value Preferences Based on Schwartz's Theory in Croatia

Method

It was using Personal Value Scale PVQ-RR according to Schwartz theory, in the online Google form. The questionnaire was distributed via social platforms like Facebook, LinkedIn, and MailChimp.

Results

It collected 520 validated answers. The largest number of respondents were female (91.3%), age 36-45 years (26.2%), and MsN education level (40.2%). In the category of ten basic personal values: the statistically significant highest value was **Benevolence** AM = 5.42; SD =0.58 and **Self-Direction** AM = 5.31; SD =0.58. The lower arithmetic mean has **Power** AM = 2.80; SD =0.92. The results of the main four dimensions show the highest values for *Self-Transcendence* AM = 5,26; SD =0,56; *Self-Enhancement* AM 3.45, SD= 0.74; *Openness to change* AM=4.94, SD 0.59 and *Conservation* AM =4.84 SD=0.66.

Conclusion

The outcomes of this study support benevolence as a basic human value framework for the nursing profession in Croatia, according to the Schwartz theory. These findings may motivate nurses to reflect on their personal values in the context of their work. In a worldwide setting, basic values can be characterized as nursing attitudes, beliefs, standards, and qualities. Values are internal motivators that drive us to achieve our goals, and it is therefore a key nursing concern.

Keywords

Nurse, human values, Schwartz, Croatia.

035

Characteristics of a successful remote leadership

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Background
The organizational structures of health care organizations are increasingly changing due to the globalization and advancements of digital technology that enable the remote interaction between the leader and employees via various communication channels. This development has led to increasing decentralization of organizations also in the health care sector and strengthened the clinical experience in this manner. Little is however known about the characteristics of a successful remote collaboration

Aim
This systematic review aims to gather and synthetize the current evidence on the characteristics of successful remote collaboration and discuss it in the context of health care.

Method
The review was carried out in five phases, following the PRISMA statement. Seven databases were employed in the literature search. A total of 21 peer reviewed articles that were published between 2010-2019 in English, German of Finnish were included to the review. The analysis followed inductive synthesis that was reported in narrative method.

Results
The successful remote collaboration included three themes: characteristics of the remote leader, trust and communication in remote context and leading the remote culture in remote context. Recommendations, based on identified good practices, encompasses the organization of regular face-to-face meetings, constant formal and informal communication, clear communication policies and leading the positive team spirit. The identified challenges of remote leadership included aspects related to the remote leader as well as to the members of remote team.

Conclusion
Leading remote collaboration in health care requires strong competences especially in combining different leadership styles, communication and building trust. The increasing decentralization of health care organizations emphasized the need to take these factors into account in the education of future and current nurse leaders. Furthermore, attention should be paid in organizational and peer support in order to avoid the challenges of remote collaboration.

Keywords
Remote collaboration, nursing management, leadership competencies.

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036

Leaders' and employees' views of collaboration in remote context

Anja Terkamo-Moisio, university lecturer[1], Elsa Paronen, research manager[1], Johanna Lammintakanen, professor[1], Arja Häggman-Laitila, professor [1]

Background

The health and social care sector undergoes global changes, which are supported by the advances of digital technology. As a result, the number of decentralized organizations is increasing, strengthening the remote leadership in health and social care, which is further accelerated by the global pandemic. Despite the existing experience of remote leadership in health and social care context, little is known about how to build and enhance the trust and communication, that have a central role in remote leadership.

Aim

To describe the leaders' and employees' views about trust and communication in remote context in health and social care sector.

Method

The data were collected in "The More Remotely – work in social and health care is changing"-project between September 2019 and January 2020. A total of nine interviews were conducted, of which eight were group-interviews. The informants (N=33) represented the employees and leaders in public- and third sector social- and health care organizations among three regions in Finland. The data was analyzed with inductive content analysis.

Results

The trust was seen as crucial component of remote leadership, that may be enhanced by open communication and positive experiences of work getting done despite the distance between the leader and employees. Furthermore, knowledge of different job descriptions, employees' experiences of leader's accessibility and being on their side strengthened the reciprocal trust. Together created rules and agreed channels were seen to strengthen the communication. In addition to the leaders' visits in the unit, the regularity and openness of communication were considered as important.

Conclusion

The trust and communication are highlighted in remote leadership, which should be considered in all levels of leadership education and considered as crucial competence of employees, too. Remote leaders should consciously create common practices to enhance the communication and trust to strengthen the collaboration in remote context.

Keywords

Remote leadership, trust, communication.

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042

Development of students' leadership skills during a continuing education program

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Background
Nurse leaders are required to have a wide range of leadership skills as they work in diverse positions within the healthcare system. Nursing leadership has been linked to several positive outcomes, emphasizing the significance of sufficient leadership skills. Despite the diversity of educational interventions of leadership skills, little is known about their effectiveness. A Ministry of Education and Culture funded continuous leadership education program was implemented 2019-2021 in collaboration of five universities having Nursing Science in their curriculum in Finland.

Aim
This quasi-experimental longitudinal study aims to describe the development of the students' leadership skills during the continuing education program.

Method
The data were collected three times by an electronic questionnaire, consisting of background information and a previously validated instrument, that measures the leadership competencies in five subareas. The data were collected at the beginning, end, and eight months after the studies. A total of 25 participants fulfilled the questionnaire in all three data collections. The age of the participants ranged from 35 to 64 years, most of them were women, working as nurse leaders. Participants had an average of 4.5 years of experience in their current position and an average of 25.5 years in healthcare. The data were analyzed using statistical methods.

Results
At the end of the studies, the participants' leadership skills were statistically significantly strengthened in four out of five measured subareas. Eight months after completion of the studies, positive development of leadership skills remained statistically significant compared with the beginning of the studies. In the area of communication and cooperation, no statistically significant change was observed at different measurement times.

Conclusion
Continuous leadership education strengthens participant's leadership skills also in long term; thus, possibilities should be offered to nurse leaders to enhance their leadership skills. Research should be focused on the effectiveness of educational programs.

Keywords
Leadership skills, nurse leaders, continuous education, effectiveness.

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031

Factors promoting nursing staff's research involvement

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Background
Quality of nursing care is ensured with evidence-based practice. To enhance evidence-based practice, nursing staff needs opportunities to be involved in research activities in their work field.

Aim
The aim in this cross-sectional survey was to identify factors that promote nursing staff's research involvement.

Method
All of the nursing staff in three Finnish hospital districts and Health and Social Services in one Finnish city were invited to participate in web-based survey. The nursing staff included participants that have education from the range of vocational upper secondary qualification to the PhD degree and identified themselves as part of the nursing staff. Survey included an open-ended question, where participant was asked to mention three factors that promote research involvement. The results of this open-ended question were quantified and analyzed via inductive content analysis.

Results
714 nursing staff members participated to the survey (response rate 6,7%). From 714 participants, 374 answered question regarding factors that promote research involvement. Altogether, 1026 factors were mentioned. These factors were grouped, and seven main themes were identified. Resources was the most mentioned main theme (48% of all mentioned factors), and it includes those assets, that enhance the research involvement, such as time, economical resource, and staff resource. In the theme of organizational culture and values (18%), such characteristics as encouragement, development and research support, appreciation, and positivity were recognized. The measures (14%) are concrete actions which are directly aimed at promoting research. Particularly information, training, and including in research process were recognized as such measures. Other emerged themes were support for the research involvement (8%), research-related factors (5%), general actions of the organization (4%), and respondent's interest in research work (3%).

Conclusion
The most mentioned promoting factor from all mentioned factors was time. Interfering in identified factors, the health organization can support nursing staff in evidence-based practice by promoting research involvement.

Keywords
Nursing staff, research involvement, evidence-based practice.

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