

Abstract Book: Post Doc Symposium

Postdoctoral Researchers in Nursing Science Shaping the Future of the Social and Health Care

13-14 December 2024



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UNIVERSITY OF TURKU
Department of Nursing Science

Abstract Book: Post Doc Symposium

Editor: Suvi Antonen

OPENING WORDS

This is the second international Symposium targeted directly to postdoctoral researchers in nursing science. Postdoctoral period is a fundamentally important stage and it should give the basis for proceeding on the research career. The duration of the postdoctoral period is generally five active years following a PhD degree. During these years, postdoctoral researchers establish their own research group and area of study, as well as an international network.

Department of Nursing Science, University of Turku has maintained a post doc programme since 2013. The programme supports postdoctoral researchers to actively build their careers. Post docs are recommended to actively publish, participate in scientific meetings, develop their networks, and apply research grants. Each post doc has a nominated mentor who is a senior level researcher in the field. Mentors support post docs based on individual plans. Since 2019 within the programme, we have organized yearly seminar days, where the postdoctoral researchers have been able to learn from seniors, reflect their careers and enjoy peer support. Good experiences from these events encouraged us to innovate a new international event for postdoctoral researchers in nursing science – this symposium.

The program of this Symposium provides international perspectives for the post doc period. The theme for this year's Symposium is Postdoctoral Researchers in Nursing Science Shaping the Future of the Social and Health Care. Keynote speakers, Professor Ann Gallagher from the UK and Dr Thóra B. Hafsteinsdóttir from the Netherlands and Iceland will illuminate the postdoctoral research from different perspectives. This year we will also have an exciting panel discussing on the topic of the role of postdoctoral researchers in nursing science in social and health care. In addition, the participants' presentations provide a view to current postdoctoral research in nursing science.

We are extremely happy to be able to organize this on-site event. During these two days, there are dedicated time slots for networking and mentoring. We are sure that face-to-face event will lead to inspirational encounters and discussions.

On behalf of the entire Symposium Team, we want to warmly welcome you to enjoy the Symposium and Turku, Finland.

Riitta Suhonen, Chair of the Scientific Committee

Tella Lantta, Chair of the Organisational Committee

TABLE OF CONTENT

| OPENING WORDS2 |
|---|
| PARALLEL SESSIONS5 |
| Integrating Artificial Intelligence (AI) into Nursing Education through Wearable Electronic Devices: An Innovation-Driven Teaching Agostinho A. C. Araújo, Lucas Gardim, Andrea Bernardes, Kristina Mikkonen, Isabel Amélia Costa Mendes |
| The Relationship Between Nurses' Sleep Quality and Their Professional Satisfaction and Their Tendency to Commit Medical Errors Emel Avçin, Yasemin Kara Ökmen, Şeyda Can |
| The Effectiveness of a Chatbot Promoting Self-Care, Self-Monitoring and Motivation, and Social Support on Knowledge, Health Behaviors, and Biomarkers among People Risk to Hypertension Samoraphop Banharak, Rian Adi Pamungkas, Panita Limpawattana, Kathleen Potempa9 |
| Effectiveness of Nurse-Led Interventions on Self-care Behaviors of Patients Living with Cancer: Systematic Review Shumaila Batool, Riitta Suhonen, Raisa Gul, Samina Yasmeen, Minna Stolt |
| Light in the Darkness – A Project About Religious Abuse Maria Björkmark11 |
| The Relationship Between Mindfulness, Perceptions of Spirituality and Spiritual Care, and Spiritual Care Competence Among Nursing Students: A Cross-Sectional Study with Mediation Analysis |
| Nur Guven Ozdemir, Gulsun Engin, Sıddık Karagul, Enes Demirsoy12 |
| Post-doc research plan: Comparative Study of Nurse Anesthetist Competency in Finland, South Korea, Taiwan, and the United States |
| Yunsuk Jeon |
| Enhancing Clinical Outcomes: A Quality Improvement Study on Glucagon-Like Peptide-1 Receptor Agonist Education for Healthcare Providers Alexis Dawkins Jørgenson, Annalisa Salter, Zora Injic, Jeffrey Morse, Teresa Sienkiewicz 14 |
| Effect of Video-Based Teaching on Urinary Catheterization Skills: Randomized Controlled Study Ayten Kaya, Hanife Durgun |
| Understanding the Sexual Health of Older Residents Living in Coastal Towns: Implications for the Nursing Profession Ros Kane, Helene Markham-Jones, Agnes Nanyonjo, Mark Gussy |

| Teacher Students' Mentoring Program in Nursing Science Minna Koskimäki, Suleiman Kamau, Miro Koskenranta, Heli-Maria Kuivila | |
|---|------------|
| Co-Designing with Children – Gamified Intervention for Healthy Life Kaile Kubota, Annika Nordberg, Anni Pakarinen | |
| End-Of-Life Care Planning and Documentation in Palliative Care: A Qualitative Study from Social and Healthcare Professionals' Perspective Anne Kuusisto, Kaija Saranto, Päivi Korhonen, Elina Haavisto | |
| The Mediating Role of Nursing Students' Self-Efficacy in Clinical Performance between the Students' Perceptions of Instructor Caring and Stress Levels: A Two Centered Study | ı – |
| Ece Kurt, Aysel Özsaban, Nur Guven Ozdemir | |
| Public and Patient Involvement for Physical Activity Care Culture Change in Nursing Homes | |
| Noora Narsakka | |
| Co-Research in The Social and Healthcare Sector – Ethical Considerations Karoliina Nikula | |
| Social Death of Older Adults Residing in Nursing Homes in Finland Jenny Paananen, Jari Pirhonen, Jenni Kulmala | |
| A Validation Research of the Emotional Skills Assessment Measure for Early Adolescents' Music Therapy | |
| Maija Salokivi25 | |
| Introducing systematic Advance Care Planning in nursing homes – an interventio study | n |
| Annika Tetrault26 | |
| Exploration Of the Second Victim Phenomenon Among Nurses Working in Long- Term Care: A Mixed Methods Study | |
| Jaakko Varpula, Riitta Suhonen | |
| Occupational Self-Efficacy and Sustainable Occupational Health Among Health Care Professionals | |
| Stina Wallin, Malin Andtfolk | |
| Development of an Instrument to Measure Whistleblowing in Healthcare Johanna Wiisak, Minna Stolt, Riitta Suhonen | |
| Group-based Acceptance and Commitment Therapy (ACT) Intervention on Self-Stigma, Psychological Flexibility, and Recovery Capital of Thai Youths with Substance Use Disorders (SUDs): Program of Research Choochart Wong-Anuchit, Lynae Darbes, Darunee Rujkorakarn, Andrew C. Mills | |
| , | |

Parallel sessions

Thursday, 12 December 2024

Parallel sessions A

Session 1 (13.30–14.45, Lauren 2): Care and services for older people Moderator: Jaana Lojander

- Social death of older adults residing in nursing homes in Finland (Jenny Paananen, Jari Pirhonen, Jenni Kulmala)
- 2. Introducing systematic Advance Care Planning in nursing homes an intervention study (Annika Tetrault)
- 3. Public and Patient Involvement for Physical Activity Care Culture Change in Nursing Homes (Noora Narsakka)
- 4. Understanding the sexual health of older residents living in coastal towns: implications for the nursing profession (Helene Markham-Jones, Ros Kane, Agnes Nanyonjo, Mark Gussy)

Session 2: (13.30–14.45, Blokki 1-2): Mental Health and Spirituality Moderator: Riitta Askola

- 1. Group-based Acceptance and Commitment Therapy (ACT) Intervention on Self-Stigma, Psychological Flexibility, and Recovery Capital of Thai Youths with Substance Use Disorders (SUDs): Program of Research (Choochart Wong-Anuchit, Lynae Darbes, Darunee Rujkorakarn, Andrew C. Mills)
- 2. Light in the Darkness A Project About Religious Abuse (Maria Björkmark)
- 3. The relationship between mindfulness, perceptions of spirituality and spiritual care, and spiritual care competence among nursing students: A crosssectional study with mediation analysis (Nur Guven Ozdemir, Gulsun Engin, Sıddık Karagul, Enes Demirsoy)
- 4. A Validation Research of the Emotional Skills Assessment Measure for Early Adolescents' Music Therapy (Maija Salokivi)

Friday, 13 December 2024

Parallel sessions B

Session 3 (9.00–10.00, Lauren 2): Healthcare Innovations and Interventions

Moderator: Maija Satamo

- 1. Enhancing Clinical Outcomes: A Quality Improvement Study on Glucagon-Like Peptide-1 Receptor Agonist Education for Healthcare Providers (Alexis Dawkins Jørgenson, Annalisa Salter, Dr. Zora Injic, Dr. Jeffrey Morse, Dr. Teresa Sienkiewicz)
- 2. Co-designing with children gamified intervention for healthy life (Kaile Kubota, Annika Nordberg, Anni Pakarinen)
- 3. The Effectiveness of a Chatbot Promoting Self-Care, Self-Monitoring and Motivation, and Social Support on Knowledge, Health Behaviors, and Biomarkers among People at Risk of Hypertension (Samoraphop Banharak, Rian Adi Pamungkas, Panita Limpawattana, Kathleen Potempa)

Parallel sessions C

Session 5 (11:00–12:15, Lauren 2): Nursing Education and Professional Development Moderator: Reetta Mustonen

- 1. Teacher students' mentoring program in nursing science (Minna Koskimäki, Suleiman Kamau, Miro Koskenranta, Heli-Maria Kuivila)
- 2. The Mediating Role of Nursing Students' Self-Efficacy in Clinical Performance between the Students' Perceptions of Instructor Caring and Stress Levels: A Two-Centered Study (Ece Kurt, Aysel Özsaban, Nur Guven Ozdemir)
- 3. Exploration of the Second Victim phenomenon among nurses working in long-term care: a mixed methods study (Jaakko Varpula, Riitta Suhonen)
- 4. Effect of Video-Based Teaching on Urinary Catheterization Skills: Randomized Controlled Study (Ayten Kaya, Hanife Durgun)

Session 4 (9.00–10.00, Blokki 1-2): Professional Well-being and Ethics

Moderator: Karoliina Nikula

- 1. Occupational self-efficacy and sustainable occupational health among health care professionals (Stina Wallin, Malin Andtfolk)
- 2. The Relationship Between Nurses' Sleep Quality and Their Professional Satisfaction and Their Tendency to Commit Medical Errors (Emel Avçin, Yasemin Kara Ökmen, Sevda Can)
- Co-research in the social and healthcare sector – ethical considerations (Karoliina Nikula)
- 4. Development of an Instrument to Measure Whistleblowing in Healthcare (Johanna Wiisak, Minna Stolt, Riitta Suhonen)

Session 6 (11:00–12:15, Blokki 1-2): Advancing Nursing Competencies and Collaboration; Moderator: Hanna Von Gerich

- 1. Post-doc research plan: Comparative Study of Nurse Anesthetist Competency in Finland, South Korea, Taiwan, and the United States (Yunsuk Jeon)
- 2. End-of-life care planning and documentation in palliative care: a qualitative study from social and healthcare professionals' perspective (Anne Kuusisto, Kaija Saranto, Päivi Korhonen, Elina Haavisto)
- 3. Integrating Artificial Intelligence (AI) into Nursing Education through Wearable Electronic Devices: An Innovation-Driven Teaching (Agostinho A. C. Araújo, Lucas Gardim, Andrea Bernardes, Kristina Mikkonen, Isabel Amélia Costa Mendes)
- 4. Effectiveness of Nurse-Led Interventions on Self-care Behaviors of Patients Living with Cancer: Systematic Review (Shumaila Batool, Riitta Suhonen, Raisa Gull, Samina Yasmeen, Minna Stolt)

Integrating Artificial Intelligence (AI) into Nursing Education through Wearable Electronic Devices: An Innovation-Driven Teaching

Agostinho A. C. Araújo^{1,2}, Lucas Gardim^{1,3}, Andrea Bernardes^{1,3}, Kristina Mikkonen², Isabel Amélia Costa Mendes¹

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- ² Research Unit of Health Sciences and Technology, Faculty of Medicine, University of Oulu, Oulu, Finland;
- ³ Faculty of Nursing, College of Health Sciences, University of Alberta, Edmonton, Canada

Introduction: As technology evolves, the world becomes highly globalized and dynamic, influencing different generations. With the advancement of Artificial Intelligence (AI), strategies must be established by scholars and educators to support its incorporation into nursing education, with wearable electronic devices representing an emerging strategy for leveraging AI.

Aim: To describe the integration of Artificial Intelligence (AI) into nursing education through Wearable Electronic Devices.

Methods: This short communication focuses on wearables as an emerging and forward-looking strategy for integrating AI into nursing education. A comprehensive search of the literature was conducted to explore current trends and applications of wearable technology in this context. The analysis was framed within the Diffusion of Innovation theory, considering how these technologies are adopted, perceived, and integrated by educators and students in nursing programs.

Results: Educational strategies increasingly focus on adapting to the preferences and needs of Generation Z, a pragmatic and tech-savvy group. Wearables are electronic devices worn as accessories, which play a significant role in this adaptation. These devices offer functionalities such as health monitoring, but their potential in education is equally notable. By providing real-time feedback and creating personalized learning paths, wearables can be tailored to meet the unique needs and preferences of each student, enhancing the learning experience. Wearables are an effective educational strategy to integrate AI into nursing education, enhancing the development of nursing students' competencies required for professionalism.

Conclusions: Nurse educators face significant challenges with Generation Z, whose digital fluency demands innovative teaching strategies. The traditional educational approaches often fail to engage these students, who are accustomed to the instant access and interactivity of technologies, such as wearable electronic devices. When looking to the future, these challenges will only be overcome through the adoption of AI by educators to improve student learning experiences.

The Relationship Between Nurses' Sleep Quality and Their Professional Satisfaction and Their Tendency to Commit Medical Errors

Emel Avçin, Lecturer Doctor, Yalova University, Thermal Health Services Vocational School, Türkiye; Yasemin Kara Ökmen, Nurse, Yalova Training and Research Hospital, Türkiye; Şeyda Can, Associate Professor, Yalova University, Faculty of Health Sciences, Türkiye

Aim: This study aimed to examine the relationship between nurses' sleep quality, job satisfaction and tendency to make medical errors.

Methods: The study sample consisted of 296 nurses who worked in a hospital in Türkiye between May and June 2024 and agreed to participate in the study. The Information Form, PSQI (Pittsburgh Sleep Quality Index), Job Satisfaction Scale (JSS) and Medical Error Trend Scale in Nursing (METSN) were used to collect data. The questionnaire was sent to the participants via e-mail and message as a Google form link. Data was obtained from nurses who agreed to participate in the study voluntarily and gave their consent.

Results: A moderate negative correlation was found between PSQI and METSN (p<0.001). As the score of nurses from the sleep index increases, the score they receive from the medical error tendency scale decreases. This shows that the decrease in sleep quality will increase the tendency to make medical errors. A moderate positive significant relationship was found between JSS and METSN (p<0.001). As the scores of the participants on the professional satisfaction scale increase, the scores they receive from the medical error tendency scale also increase. In other words, it can be stated that as the professional satisfaction level of the nurse increases, the level of tendency to medical error decreases.

Conclusion: In line with these results, individual and institutional remedial and developmental arrangements are recommended to help nurses cope with sleep problems and increase their professional satisfaction.

The Effectiveness of a Chatbot Promoting Self-Care, Self-Monitoring and Motivation, and Social Support on Knowledge, Health Behaviors, and Biomarkers among People Risk to Hypertension

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Hypertension is a serious health problem across countries worldwide since it is a long-term condition that causes complicated management, high cost of treatment, complications related to serious and life-threatening, and resulting in burden health conditions. Prevention such as lifestyle modification intervention, sleep promotion, stress management, and low salt consumption are crucial and adequate to prevent Hypertension. However, lack of time, forgetfulness, and lack of motivation and support are barriers to lifestyle modification and interventions preventing Hypertension. Therefore, strategies and innovative methods to promote hypertension prevention are needed.

This study aims to develop and explore the effectiveness of a chatbot intervention in promoting self-care, self-monitoring and motivation, and social support among people at risk of Hypertension. A single-blinded randomized control trial was applied for this study. A multistage sampling included participants in intervention and control groups, 35 adults for each group. The participants in the control group receive routine care only; however, the participants in the intervention group receive a study program using a chatbot for 12 weeks. Outcomes are analyzed using a Dependent t-test, Wilcoxon Sign Rank Test, independent t-test, or Mann-Whitney U Test, which depends on assumption testing and group comparison.

Finally, the process of this study is currently in progress. A comprehensive scoping review has been completed, highlighting key gaps in existing hypertension prevention initiatives using Artificial intelligence (AI) and online technology applications. The prevention program and the chatbot have been fully developed, integrating evidence-based strategies tailored to address the identified gaps. After participants attend the intervention, we anticipate that Knowledge of Hypertension, health behaviors, and biomarkers among participants in the intervention group will be improved. Moreover, this improvement will be more significant than the control group.

Effectiveness of Nurse-Led Interventions on Self-care Behaviors of Patients Living with Cancer: Systematic Review

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¹ Department of Nursing Science, University of Turku, Finland

Introduction and Aim: Cancer is a global health issue affecting physical health, psychological well-being, and overall quality of life. Thus, in addition to medical treatment, it necessitates effective self-care behavior interventions. Nurses play a crucial role in educating and supporting patients in adopting these behaviors. There is growing evidence of nurse-led interventions to support self-care among patients with cancer. However, previous reviews have only focused on nurse-led interventions for symptom management and self-management. A systematic synthesis of the impact of nurse-led interventions on self-care behaviors is lacking.

Methods: A systematic review was conducted with literature searches in Medline, PsycINFO, CINAHL, and the Cochrane Library databases, covering publications from 2013 to 2024. The review adhered to the PRISMA guidelines, and the study protocol was registered on PROSPERO. Data were analyzed using thematic analysis to identify intervention types, their characteristics, measurement tools, and effects on outcomes.

Results: Of the 2,236 hits from the literature search, 18 articles were included in the review. Three themes regarding nurse-led interventions were identified: interventions to support symptom management, interventions to support self-management, and interventions to support patients' comprehensive self-care. Symptom management primarily addressed pain and fatigue, using educational, counselling and exercise strategies. Self-management interventions involved technology and multi-modal approaches like face-to-face sessions and technological aids, with regular follow-ups. Interventions to support patients' comprehensive self-care emphasized the role of multidisciplinary collaboration in improving patients' mental health and overall well-being. Across the studies, positive effects on self-care behaviors and patient outcomes were observed, particularly with specific cancer types and interventions involving frequent follow-ups.

Conclusion: Nurse-led interventions are effective in enhancing the self-care behaviors of patients and improving patient outcomes in cancer care.

Light in the Darkness – A Project About Religious Abuse

Maria Björkmark, Doctor of Health Sciences, University lecturer, Åbo Akademi University, Finland

Healthy religion may support the well-being of an individual and give joy and hope in life. However, the effects of unhealthy religion and religious abuse are the opposite. Religious abuse can occur in different forms, for example in relationships, families and congregations. Still religious abuse has scarcely been studied from a nursing science perspective. This post-doc project consists of two sub-studies. The purpose of the first sub-study is to study how instructors, working with clients, describe religious abuse and how religious abuse appears in clients' lives. During the second sub-study, clients will be interviewed on the same topic.

The aim is a greater understanding of different forms of religious abuse, as well as what support a client needs in this context. The aim of the total project is to develop training for staff on religious abuse. The project will be carried out in collaboration with two different working life partners. These units, Frida - Fri från våld r.f. in Pietarsaari and Kokkolan ensija turvakoti r.f., provide support for clients who encounter domestic and other forms of abuse. The project has received initial funding from Aktia Stiftelsen i Vasa and Schaumans stiftelsen. Participant recruitment and data collection will take place at the above-mentioned units. Data collection will be conducted through focus group interviews.

The expected results of this project are: 1. Increased knowledge about religious abuse, 2. Mapping of clients' needs in this context, 3. Training for staff at both units on how to support clients who have experienced religious abuse, 4. Dissemination of the results through two scientific articles describing the results of the studies, 5. Presentations in professional forums where partners and other health care professionals can take part of the results. Health care professionals, within different contexts, encounter clients who have experienced religious abuse. Yet this is a subject professionals find difficult to address and discuss with their clients. Through our project, we wish to train professionals on the topic of religious abuse and develop the support clients in this life situation receive.

The Relationship Between Mindfulness, Perceptions of Spirituality and Spiritual Care, and Spiritual Care Competence Among Nursing Students: A Cross-Sectional Study with Mediation Analysis

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Introduction: Recent research highlighted the need to investigate the influence of mindfulness on the development of spiritual perspective and spiritual care competence. Also, the mediating role of perceptions of spirituality and spiritual care in the effect of mindfulness on senior nursing students' spiritual care competence has not been examined.

Aim: This study aimed to investigate the effect of mindfulness on senior nursing students' spiritual care competence and the mediating role of perceptions of spirituality and spiritual care.

Methods: This cross-sectional study was conducted with 522 senior nursing students in the five nursing departments in Türkiye. Data was collected through an online survey using a structured information form, the Mindful Attention Awareness Scale, the Spirituality and Spiritual Care Rating Scale, and the Spiritual Care Competence Scale. Institutional permission and ethics committee approval were obtained (Date: April 26, 2023, No: 191). Mediation analysis was conducted to examine the mediating role of perceptions of spirituality and spiritual care on the relationship between mindfulness and spiritual care competence.

Results: It was determined that mindfulness was positively associated with perceptions of spirituality and spiritual care (β = 0.301, p < 0.001). Perceptions of spirituality and spiritual care had a positive association with spiritual care competence (β = 0.564, p < 0.001). The direct effect of mindfulness on spiritual care competence was significant (β = 0.235, p < 0.001) while the overall impact of mindfulness on spiritual care competence among senior nursing students was also significant (β = .405, p < 0.001) In this regard, mindfulness through perceptions of spirituality and spiritual care had a significant partial and 58.77% indirect effect on spiritual care competence (β = 0.238, 95% CI of 0.123 - 0.352).

Conclusions: Nursing institutions and organizations should focus more on fostering mindfulness and broadening perceptions of spirituality and spiritual care to enhance spiritual care competence. This study's findings guide taking important steps to improve the quality of spiritual care.

Post-doc research plan: Comparative Study of Nurse Anesthetist Competency in Finland, South Korea, Taiwan, and the United States

Yunsuk Jeon, RN, PhD, Clinical Nurse Instructor, Head and Neck Center, Helsinki University Hospital, Finland Director of Research and Development in the Finnish Association of Nurse Anesthetists

Introduction: Nurse anesthetist education plays a pivotal role in healthcare systems across various countries, ensuring the provision of safe and effective anesthesia care. The International Council of Nurses (ICN) advocates for nurse anesthetists to attain a master's degree or higher as a minimum educational standard. However, the implementation of these standards varies across different regions.

Aim: 1) to assess the competency levels of nurse anesthetists in Finland, South Korea, Taiwan, and the United States; 2) to identify factors (e.g., educational level) related to nurse anesthetist competency, and 3) to test the psychometric properties of the AnestComp scale.

Methods: This will be a cross-sectional, comparative, and internationally collaborative study. The AnestComp scale will be translated into five languages (English, Finnish, Swedish, Chinese, and Korean). The content validity of the scale will be tested by expert groups in each language version, and the psychometric properties will be evaluated through selfassessments conducted by nurse anesthetists (n = 200 per country). Psychometric testing will include reliability assessment using Cronbach's α , and construct validity will be assessed through confirmatory factor analysis and Rasch analysis.

Expected Results: The study is expected to provide new insights that will enhance anesthesia nursing education and practice on a global level. The use of larger and more diverse samples will allow for refinement of the psychometric properties of the AnestComp scale.

Significance of the study: Finland requires systematic improvements in its educational system to ensure that the training and competencies of nurse anesthetists meet international standards. This study will contribute to the field of anesthesia nursing by identifying best practices, gaps, and opportunities for improvement in competency evaluation.

Enhancing Clinical Outcomes: A Quality Improvement Study on Glucagon-Like Peptide-1 Receptor Agonist Education for Healthcare Providers

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Introduction: The obesity epidemic has prompted a paradigm shift in its management strategies. For the past two decades, bariatric surgery has been the cornerstone for the long-term management of morbid obesity. Recent updates by the American Society of Metabolic and Bariatric Surgery (ASMBS) and the International Federation for the Surgery of Obesity and Metabolic Disorders (IFSO) expanded the qualifying criteria for surgery. Meanwhile, the landscape for obesity treatment is evolving with the introduction of new pharmacological options, notably glucagon-like peptide-1 receptor agonists (GLP-1 RAs), approved by the FDA in 2021 for chronic weight management.

The purpose of this research project is to educate healthcare providers at Central California Surgery in Modesto, CA, on the updated ASMBS-IFSO and American Gastroenterology Association (AGA) guidelines, with a focus on GLP-1 RAs. This education aims to enhance provider knowledge about these pharmacological agents and their efficacy, costs, and side effects compared to bariatric surgical procedures.

Aim: The primary aim of this study is to educate healthcare providers at Central California Surgery about the pharmacodynamics, therapeutic efficacy, costs, and risks associated with GLP-1 RAs. This will be achieved through a recorded PowerPoint presentation outlining the latest clinical guidelines from the AGA and ASMBS-IFSO. The secondary aim is to compare the patient demand for GLP-1 RAs and bariatric surgery before and after the educational intervention, thus evaluating the impact of enhanced provider education on clinical practices and patient outcomes.

Experimental Design: The study employs a quasi-experimental observational design focusing on new patient encounters at Central California Surgery. Data will be collected over two three-month periods: one before and one after the educational intervention. The intervention consists of a 20-minute recorded PowerPoint presentation distributed to all healthcare providers at the clinic.

Results and Conclusion: This research is currently underway and is expected to be completed by November 2024.

Effect of Video-Based Teaching on Urinary Catheterization Skills: Randomized Controlled Study

Ayten Kaya, PhD, RN, Ordu University, Turkey; Hanife Durgun, PhD, RN, Ordu University, Turkey

Introduction: The training of clinical skills in nursing aims to equip students with the necessary knowledge, skills, and attitudes to overcome the challenges they will encounter in clinical settings and provide the best possible care to patients.

Aim: This study aimed to evaluate the effectiveness of video-based self-assessment in the training of urinary catheterization, a clinical skill, among nursing students.

Methods: This study was a randomized, single-blind, parallel-group controlled trial. This study was conducted in a nursing school in X. 112 nursing students studying in the second semester of the Bachelor of Nursing course. Students were divided into two distinct groups at random: an experimental group (class A, with 55 participants), and a control group (class B, with 57 participants). Participants in the experimental group received video-assisted education along with the conventional teaching method, while the control group received only conventional teaching method. Data collection methods included pre- and post-tests using research instruments (Personal Information Form, Urinary System Information Test, and Urinary Catheterization Insertion Skill Checklist). Data were analysed using SPSS (V.20) package programme.

Results: It was found that the difference between the post-test and pre-test mean scores was higher in the experimental group, who recorded their practice and evaluated themselves, compared to the control group. Additionally, a statistically significant difference was found between the pre-test and post-test skill checklist mean scores of the experimental group (p=0.000).

Conclusions: The video-based self-assessment method was effective in teaching nursing students professional skills such as urinary catheterization. The integration of technology into nursing education methods suggests that skill videos recorded via smartphones can be used for self-assessment by students.

Understanding the Sexual Health of Older Residents Living in Coastal Towns: Implications for the Nursing Profession

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Introduction: Well-being in coastal populations is influenced by many complex and interacting historical, political, economic, environmental, and social factors and accessibility to health services. Coastal towns are often amongst a country's most deprived neighbourhoods and are frequently characterised by an aging population.

With increasing age comes the likelihood of experiencing sexual difficulty, and research indicates that older adults face barriers to seeking and receiving help. Yet, asking questions about sexual health can be challenging as sensitive behaviours have the potential to seem intrusive and even offensive. As such, we know little about how older adults negotiate the psychological and social factors that inform seeking help for sexual health.

Aim: To explore the sexual health experiences and needs of men and women aged 65+ residing in a small, rural, economically deprived community in the east coast of England.

Methods: In-depth life-history interviews with 20 participants, analysed thematically.

Results: Coastal towns attract older adults for retirement who are also often re-partnering following divorce or loss of a spouse. Pre-existing co-morbidities often affect their sexual health partners and they are at risk of negative sexual health outcomes. Older adults are vulnerable within sexual relationships and may have difficulties with negotiating sex having lived through changing laws around consent. They may feel uncomfortable asking about services such as HIV testing due to fear of associated stigma and shame and loss of anonymity in the context of small towns. Older adults at times navigate their sexual health needs by unconventionally ordering sex enhancement drugs online instead of contacting their health providers. Some of the older are not digitally literate and risk being excluded from services provided on-line.

Conclusions: There is an important role for the nursing profession to be aware of the complexities of sexual health in the older population and to be proactive in identifying need and assessing the impact of comorbidities of sexual wellbeing and the consequences of peer sexual health on overall wellbeing.

Teacher Students' Mentoring Program in Nursing Science

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Introduction: Early career health care teachers often face significant stress and need substantial support from senior colleagues. Mentoring is crucial in this support system, aiding in the transition from clinical work to teaching. Successful mentoring relationships, where experienced educators provide regular guidance, help new teachers adopt a career development perspective and share resources. Mentoring enhances their professional development and ability to meet learners' needs effectively.

Aim: This study aims to identify different mentoring approaches and develop a mentoring program for teacher students in nursing science.

Methods: To identify various mentoring approaches, a literature review is conducted. The development of the mentoring program involves participatory research, where the aim, methods, and analysis are collaboratively conducted with teacher students and mentors.

Results: The outcome is a mentoring model designed for universities that educate teachers in the health care field.

Conclusions: The study underscores the importance of structured mentoring programs in supporting early career health care teachers. Effective mentoring relationships, characterized by regular meetings and experienced mentors, significantly contribute to the professional development and identity formation of new teachers. Universities should implement comprehensive mentoring programs to facilitate the transition from clinical work to academia, ensuring that new teachers are well-supported and equipped to meet the needs of their learners.

Co-Designing with Children – Gamified Intervention for Healthy Life

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Introduction: Children are vulnerable to health inequalities due to differentials and inequities in the provision of comprehensive health support. This is influenced by inter-related factors such as sleep quality, nutrition, physical activity (PA), and psychosocial health. The HEAL Project is developing a gamified intervention for primary school-aged children to foster their health literacy, adopting a healthy lifestyle, as well as their physical and psychosocial health.

Aim: The aim of our qualitative study was to explore the perceptions of children aged 10 to 13 years old on the gamified intervention (prototype of the game) in co-design workshops.

Methods: A non-probability sampling method was applied, and participants were recruited from an elementary school. We organized two focus groups (4th and 5th graders) with 10-12 participants during Spring 2024. Data were collected using a semi-structured interview framework after the participants tested the prototype of the game. The interviews were audio-recorded and transcribed verbatim. The data were analyzed by two authors (KK, AN) using directed content analysis.

Results: The forthcoming results will showcase the children's involvement and design perceptions of the gamification, visual stimulation, and attractive components within the game. As the analysis remains ongoing, the results are presently unavailable but will be accessible prior to the conference.

Conclusions: In developing child-cantered interventions, early consideration of children's perspectives is pivotal during the developmental phase. Especially within the realm of game design, children uphold elevated anticipations considering the current availability of highly sophisticated games. Health-oriented games face risks in being perceived as monotonous and unwieldy. Incorporating components into the game that children find appealing may augment engagement and yield greater benefits from its utilization.

End-Of-Life Care Planning and Documentation in Palliative Care: A Qualitative Study from Social and Healthcare Professionals' Perspective

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Introduction: Knowledge of the care planning and recording processes and their challenges are preconditions for recording to be benefited by technology. Studies on care planning and recording differ by focus and are usually presented from the point of view of a single professional group, often focusing on Advance Care Planning (ACP). Studies related to care planning and recording widely from a multi-professional perspective in palliative care are scarce.

Aim: This study aims to explore social and healthcare professionals' experiences of end-of-life (EOL) care planning and documentation in palliative care.

Methods: A qualitative study used narrative method with pretested interview guide. The topic of the interviews was "Advance care planning". Data were gathered from purposively selected physicians (n=5), social workers (n=5), registered nurses (n=18) and practical nurses (n=5) working in palliative care unit in five hospitals in three hospital districts in Finland. The data were analysed with content analysis within narrative methodologies.

Results: Two main categories were emerged. 1) Patient-oriented EOL care planning contained treatment goals planning, disease treatment planning and EOL care setting planning. 2) Multi-professional EOL care planning documentation contained healthcare professionals' as well as social professionals' perspectives. Healthcare professionals' perspectives on EOL care planning documentation contained benefits of structured documentation and poor support of electronic health record for documentation. Social professionals' perspective on EOL care planning documentation contained usefulness of multi-professional documentation and externality of social professionals in multi-professional documentation.

Conclusions: Knowledge of the patient-focused EOL care planning and multi-professional recording processes and their challenges are preconditions for recording to be supported by technology. In the future, there is a need to study care planning and decision-making from

the patient's point of view and to make a synthesis of the patients' and professionals' perspectives in order to develop the quality and continuity of palliative care.

The Mediating Role of Nursing Students' Self-Efficacy in Clinical Performance between the Students' Perceptions of Instructor Caring and Stress Levels: A Two-Centered Study

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Introduction: It is estimated that clinical instructors, who work with students for a long time, affect the stress level of students. Also, the mediating role of self-efficacy in clinical performance in the effect of students' perception of the instructor's caring on their stress levels has not been investigated.

Aim: This study aims to determine the mediating role of nursing students' self-efficacy in clinical performance in the relationship between their perceptions of instructor caring and stress levels.

Methods: This descriptive and correlational study consisted of 763 students in the two nursing departments in Türkiye. Data were collected through the Student Information Form, the Nursing Students' Perception of Instructor Caring Scale, the Self-Efficacy in Clinical Performance Scale, and the Perceived Stress Scale for Nursing Students. Institutional permissions and ethics committee approval were obtained (Date: December 15, 2023, No: 124). Pearson correlation analyses were used to examine the relationship between variables and mediation analysis was used to determine the potential mediating effect of self-efficacy on clinical performance.

Results: There was a positive relationship between the perception of instructor caring and self-efficacy in clinical performance (β = 0.324, p < 0.001), and a negative relationship between self-efficacy in clinical performance and stress during clinical practice (β = -0.193, p < 0.001). As a result of the mediation analysis, there was no significant relationship between the perception of instructor caring and the stress of nursing students during clinical practice (β = -0.041, p > 0.05). On the other hand, the perception of the instructor caring indirectly affected the stress during clinical practice by 14.56% through self-efficacy in clinical performance (β = -0.015, 95% CI of -0.107 - -0.039).

Conclusion: Clinical performance self-efficacy plays a full mediator role in the effect of students' perceptions of instructor caring on their stress levels. Nursing programs are needed that support clinical instructors in developing their careers to reduce their students' stress by increasing their self-efficacy.

Public and Patient Involvement for Physical Activity Care Culture Change in Nursing Homes

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Introduction: Older adults live inactive lives in nursing homes, despite activity being vital for their health and functioning. Care culture development is an approach that has not been largely used but has the promise of improving physical activity promotion in nursing homes without additional resources. A research project is conducted to develop, implement, and evaluate a physical activity care culture change toolkit for nursing homes. Public and patient involvement will be undertaken to incorporate older adults in the research process.

Aims: 1) Public and patient involvement will be conducted to involve older adults and their family members in the development, implementation, and evaluation of a physical activity care culture change toolkit. 2) Evaluation will be conducted to assess the impacts of the conducted public and patient involvement and explore the experiences of public contributors about their involvement.

Methods: A public involvement advisory board of 6 members will be involved throughout the study. Advisory board meetings will be organized as workshops to plan, conduct, and evaluate the research project. The board's impact and involvement will be evaluated using a mixed methods design, and impact logs and semi-structured interviews to collect data.

Results: The public involvement advisory board improves the research project's relevance, conduct of the process, interpretation of results, and dissemination of findings. The evaluation of public involvement increases the evidence of positive and negative impacts of public involvement in research and understanding public contributors' experiences being involved.

Conclusions: The study provides a novel research approach to address the issue of inactivating care culture in nursing homes. Involving stakeholders in the research process can produce more relevant, acceptable, and usable research products, that are more feasible to be implemented in practice. Knowledge about the impact and involvement of older adults and their family members in academic research can be used to inform future research projects and increase evidence of stakeholder involvement in health-related research.

Co-Research in The Social and Healthcare Sector – Ethical Considerations

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Co-research is part of the participatory research approach. Co-research refers to the participation of the people under study in the implementation of the research and their inclusion in the research process as competent actors with 'knowledge' of their own world. Co-research can be seen as part of Patient and Public Involvement (PPI). In co-research, partner researchers are seen as experts in their own lives and as partners in the research process, not just as informants or subjects.

Traditional academic knowledge production can be seen meritocratic, excluding way of producing knowledge. In OECD countries, 1% of individuals aged 25-64 are research-trained. It could be asked if all wisdom resides, in the minds of this selected group to observe research problems and analyse data, or if a broader diversity could contribute to the knowledge production.

In this presentation, I will highlight ethical issues related to co-research and its implementation. As a case example, I will present a study in which we had as co-researchers experts-by-experience with history of crime and substance abuse. The results brought up ethically interesting themes. In this presentation, however, I will primarily address the co-research approach and related ethical considerations, rather than the results of the study itself.

Ethical issues in co-research include e.g. the following: 1) question about authentic participation and the precondition for its realization, 2) the possibility of knowledge ownership, e.g, as a name in the article vs. preserving anonymity, 3) obtaining informed consent from collaborative researchers positions them as subjects instead of equal partners, 4) funding technical questions about whether co-researchers can be paid for the entire research process, 5) informed consent regarding academic research processes - it is worth pondering how well a responsible researcher can inform a co-researcher about what participating in an academic research truly means.

However, even imperfectly, the efforts with co-research can enrich research and knowledge production. Co-research has potential to be wider applied within the future of the social and health care.

Social Death of Older Adults Residing in Nursing Homes in Finland

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Social death refers to situations in which individuals become socially excluded from social interaction or are considered socially insignificant. Social death is about losing roles, relationships, and eventually identity in the eyes of others. When becoming a permanent resident in a nursing home, older adults with severe physical and cognitive disabilities face an increased risk of social death. However, empirical research on social death and its manifestations in nursing homes is still scarce.

The aim of this study was to investigate the phenomenon of social death by interviewing family members (N=19) of older people living in nursing homes in Finland. A theory-driven thematic analysis of family members' interviews revealed two cross-cutting themes that were linked to social death in nursing homes. We discovered that 1) the transition to a nursing home significantly narrowed the older adults' social environment and 2) dementia seemed to affect all aspects of older adults' social life and social agency negatively. Furthermore, four main mechanisms of social death in nursing homes were 1) losses associated with decline of physical and mental health, 2) loss of social identity, 3) isolation and lack of social connectedness, and 4) lack of quality of care. It seems that nursing home residents, especially those with advanced dementia, still face social death when they are not seen as persons who are entitled to social roles and meaningful activities. Thus, there is an urgent need to improve the social connectedness of older adults living in care facilities. Based on these results, we provide checklists for nursing professionals and all citizens to restore the social value of older persons.

A Validation Research of the Emotional Skills Assessment Measure for Early Adolescents' Music Therapy

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Introduction: Music therapy is a functional rehabilitation for early adolescents with mental health problems. Music acts as a channel for emotional experience and expression. To evaluate the effectiveness of music therapy on the progress of emotional skills, reliable and validated measures are needed. Unfortunately, at the moment, such measures are unavailable in music therapy in Finland and internationally. However, development work has started and is ongoing. The measure's item pool has been completed and validated, and in this research, they are examined further in clinical practice.

Aim: Examine the reliability and validity of the measure items for early adolescents' music therapy in clinical practice. Also, to develop the technical manual for the measure.

Methods: The measure results of the clients (n=120) are collected from music therapists (n=40). Based on these results, the measure's internal consistency is evaluated through Cronbach's alpha, construct validity through Explorative Factor Analysis, and convergent validity is assessed via Pearson Correlation Coefficient and t-test. In addition, the content analysis of the written therapy feedback is done, and the results are compared to the measure's results. Also, the longitudinal evaluation of the measure's results is performed quarterly over ½ -3 years. The semi-structured questionnaire assesses the clarity, comprehensiveness, and usability of the technical manual.

Results: Validated and clinically relevant measure and its manual for assessing the progress of the early adolescents' emotional skills in music therapy.

Conclusions: A validated emotional skills measure for early adolescent music therapy opens possibilities for both scientific and practical effectiveness. The measure's value for practical music therapy work is meaningful when therapists can verify the progress of emotional skills through an objective measure. This can support the understanding of the importance of emotional skills for the adolescent's mental health in general and the role of music therapy as an effective form of rehabilitation for early adolescents. This may, over time, change rehabilitation practices.

Introducing systematic Advance Care Planning in nursing homes – an intervention study

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Introduction: A 2021 Finnish survey by a palliative care expert group found that during their last days of life, older people often receive acute care. Nursing home and home care staff palliative care competence was found to be deficient. According to the Ministry of Social Affairs and Health, nursing home staff is expected to, with the support of a care plan, have the ability to provide end-of-life care when the client is in stable condition and clinical care needs can be anticipated.

Aim: To map nursing home staff knowledge and educational needs pertaining to Advance Care Planning (ACP), to train staff, and to introduce and test a semi-structured tool for ACP in an intervention study.

Methods: Questionnaires will be used to map the current care plan situation, ACP knowledge, and educational needs of nursing home staff. The responses will be analyzed using statistical methods. An ACP tool will be piloted in 3-4 selected nursing homes and the staff trained in facilitating ACP with clients and their family members. After the intervention period, staff, clients and family members will be interviewed about their experiences. Questionnaires mapping the post-intervention situation will be used to enable comparison between pre- and post-intervention circumstances. Responses to open-ended questions and interview data material will be analyzed through qualitative content analysis.

Results: A person-centered approach to ACP can be used to tailor clinical care for nursing home clients according to the preferences and wishes of the clients and their family members. The burden of end-of-life decision-making can be lifted from family members should the client himself or herself be unable to communicate his or her wishes. The ACP and palliative care competency of nursing home staff will be enhanced. Enhanced competency and satisfaction with the ability to provide dignified and good end-of-life care may increase work satisfaction and increase staff retention.

Conclusions: Nursing home staff is expected to care for their clients through the end of life. To be able to do so, training and support is needed as well as tools for creating an end-of-life care plan.

Exploration Of the Second Victim Phenomenon Among Nurses Working in Long-Term Care: A Mixed Methods Study

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Introduction: Adverse events are frequent in long-term care. The consequences of adverse events are significant to patients and professionals. Nurses involved in adverse events are also affected, they can become second victims. Second victims experience psychological symptoms similar to post-traumatic stress disorder (PTSD). Little is known of second victim phenomenon among nurses working in long-term care.

Aim: The aim of this study is to explore second victim phenomenon in nurses working in long-term care settings.

Methods: Mixed methods explanatory sequential design was used. Quantitative cross-sectional data was first collected, followed by qualitative descriptive data collection to expand the understanding of the phenomenon. The study setting were public and private long-term care organisations in South-West Finland. Quantitate data was collected using an online survey, comprising of FIN-SVEST, a self-administered 35-item scale to measure second victim experiences, The Finnish Posttraumatic Stress Disorder Checklist for DSM-5 (PCL-5). Qualitative data was collected via interviews. Data was analysed using statistical methods and inductive content analysis.

Results: Not yet derived, to be presented in the symposium.

Occupational Self-Efficacy and Sustainable Occupational Health Among Health Care Professionals

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Introduction: There is a severe shortage of healthcare staff, and retaining workers in the profession has become a major challenge. Both young and older healthcare workers experience declining energy, work ability and meaningfulness of work. Therefore, there is a need to focus on their occupational health. By improving occupational self-efficacy, work ability and the meaningfulness of work can be improved. Digital tools have become common to support health issues and will be evaluated in this topic.

Aim: To explore the needs and competencies of healthcare professionals and their line managers regarding occupational self-efficacy and their wishes and needs regarding a concrete digital tool in this topic.

Methods: The planned method is semi-structured interviews with healthcare professionals. The planned data analysis is an inductive qualitative content analysis.

Results: The expected results are to provide information about knowledge needs regarding a digital tool aimed at strengthening self-efficacy and work meaningfulness, as well as staff attitudes towards it.

Conclusions: Exploring the needs of healthcare professionals is an important step in the development of a digital tool aimed at enhancing occupational self-efficacy and meaningfulness of work.

Development of an Instrument to Measure Whistleblowing in Healthcare

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Introduction: Wrongdoings occur globally in healthcare. Whistleblowing is a complex and value-based action that aims to terminate these wrongdoings. However, whistleblowing is potentially a complex process for individual whistle-blowers. Thus, there is a need for the development of instruments to measure whistleblowing in healthcare and identify the different types of whistle-blowers.

Aim: The aim is to develop an instrument to measure healthcare professionals whistleblowing, and to evaluate the psychometric properties of the instrument.

Methods: Patient and public involvement is used by involving healthcare professionals into the development process. The steps of scale development are followed: generation of items; content validity testing through face validity testing and expert review; and psychometric testing. The design of the pilot study is a cross-sectional exploratory survey. The participants are registered nurses who are recruited and the data collected electronically from the Nurses Association. The psychometric testing includes McDonald's omega for internal consistency, Svensson's model for test-retest reliability, Principal component analysis and Confirmatory factor analysis for construct validity for measuring criterion validity should a "gold standard" test be discovered.

Results and conclusions: A new instrument to measure healthcare professionals whistleblowing is needed. Recognition of the importance of whistleblowing and its assessment and identification of the various types of whistle-blowers offer possibilities to develop implementation studies, educational programs and whistleblowing policies to enhance whistleblowing, thus, ensuring ethically sustainable healthcare for patients and work facilities for healthcare professionals.

Group-based Acceptance and Commitment Therapy (ACT) Intervention on Self-Stigma, Psychological Flexibility, and Recovery Capital of Thai Youths with Substance Use Disorders (SUDs): Program of Research

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Introduction: Acceptance and Commitment Therapy (ACT) reduces self-stigma, promotes psychological flexibility, and supports the strengths and assets of people with substance use disorders (SUDs) that can sustain recovery from substance use (recovery capital). Newly modified group-based ACT intervention in Thai youth with SUDs may alleviate unwanted consequences.

Aim: (1) To translate and assess the psychometric properties of the Self-Stigma of Substance Abuse Scale, the Acceptance and Action Questionnaire-Substance Abuse, and the Recovery Capital Questionnaire in Thai people with SUDs; (2) Identify the extent to which the self-stigma, psychological flexibility, and recovery capital currently exist in Thai youth with SUDs; (3) Use mixed-methods approach to modify a group-based intervention by integrating ACT to reduce self-stigma, promote psychological flexibility, and support recovery capital among Thai youth with SUDs; and (4) Test the feasibility/acceptability of a modified group-based ACT on self-stigma, psychological flexibility, and recovery capital among Thai youth with SUDs.

Methods: An explanatory sequential mixed-method research design with newly translated instruments will be used. A cross-sectional quantitative survey with approximately 500 participants will identify the extent to which self-stigma, psychological flexibility, and recovery capital currently exist in Thai youth with SUDs. Youth receiving inpatient treatment and rehabilitation will be recruited from seven Thai drug treatment hospitals. Structured interviews and focus groups will elicit qualitative data that will be analyzed using thematic analysis.

Expected Results: The study will illuminate the unique Thai cultural context and yield evidence about self-stigma, psychological flexibility, and recovery capital among Thai youth with SUDs.

Conclusion: Translating and testing the psychometric properties of research instruments will allow researchers and clinicians to develop innovative strategies for decreasing self-stigma, increasing psychological flexibility, and supporting recovery capital in Thai youth with SUDs. This will be ground-breaking research conducted nationwide across Thailand.