



ABSTRACT BOOK

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ORAL PRESENTATIONS

Abstracts O1 – O32

Please note that the codes (for example O1) prior abstract titles correspond with the codes prior presentation titles in the programs.

O1 NURSING ADMINISTRATIVE ACTIONS ON PATIENT EDUCATION: AN INTEGRATIVE REVIEW

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(On behalf of the research group)

Background: Patient education is a core nursing responsibility. Despite that, there is a lack of research evidence about the nursing administrative activities related to patient education.

Aim: This study aimed to analyze the research on administrative actions related to patient education to inform healthcare organization professionals and scientific researchers about the development areas of patient education and to identify knowledge gaps for future studies.

Methods: An integrative review study design was adopted. A systematic search in October 2022 in five different databases (CINAHL (Ebsco), PubMed, Web of Science, ABI/Inform, and Business Source Complete) was carried out to identify empirical studies focusing on nursing administrative actions on patient education as a main topic of the study. The search was limited to the English language, but no time limitations were set. The data were analyzed using inductive content analysis.

Results: A total of 3,110 studies were identified and nine articles were included in this review. Three themes emerged from the studies, which were further divided into nine sub-themes. Nursing administrative actions on patient education focus on commitment to patient education, ensuring the necessary resources for patient education, and enhancing policies for patient education.

Conclusions: The results of this review highlight the central role of nursing administration in patient education and inform its actions but call for greater visibility. However, more research is needed to determine the impact of nursing administration actions on patient education outcomes.

Implications for Practice: The results of this review raise awareness among nurse administrators and clinical practitioners about the importance of administering patient education. Additionally, supporting future research in this area is crucial to provide more scientific evidence for the development and management of patient education.

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O2 THE EFFECT OF A NURSE-LED EMPOWERING EDUCATION IN PATIENTS WITH COLORECTAL CANCER UNDERGOING CHEMOTHERAPY

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Background: Research on empowering education on self-care is scarce among patients with colorectal cancer, although self-care can contribute to the success of care. It is particularly important to support patients undergoing chemotherapy to manage side-effects that may impair nutrition intake to avoid the risk of malnutrition that is common during chemotherapy.

Aim: To assess the effect of empowering education on patient-reported outcomes and register data.

Methods: A randomised controlled trial was conducted on adults with colorectal cancer (43 + 40). The intervention consisted of one-hour empowering patient education on nutrition impact side effects and their self-care. The effect was compared with standard care. The difference between the groups was analysed pre- and post-intervention on knowledge level, activation level, risk of malnutrition and quality of life. In addition, contacts to outpatient clinic and emergency room, treatment changes and severity of side-effects were monitored.

Results: The change in malnutrition-related knowledge level was higher in the intervention group compared to control group (median 0.0, IQR 1.00 vs median 0.0, IQR 0.0, $p = 0.028$). Additional contacts with outpatient clinic were fewer in intervention group compared to control group (median 0.00, IQR 0.00 vs median 1.00, IQR 2.00, $p < 0.001$). We did not find a statistically significant difference in the change in activation level, risk of malnutrition and quality of life, side-effects and treatment changes between the groups.

Conclusions: The research evidence supports positive outcomes of empowering education on patients' knowledge and activation level as well as number of contacts with health care. Thus, it can enhance patients' self-care and reduce health care costs.

Implications for Practice: Empowering education may support self-care of patients with colorectal cancer during the chemotherapy. Therefore, its use in cancer care is encouraged.

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O3 INCREASED NURSES' KNOWLEDGE IMPROVE PATIENTS' SLEEPING CONDITIONS

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Background: Sleep is essential to patients' recovery, and nurses are the primary promoters of sleep as they provide care to patients around the clock. Patients suffer from poor sleep quality during their stay in an intensive care unit. Sleep promotion is insufficient, and it has been suggested that nurses' attitude and lack of knowledge of sleep may act as a barrier to sleep promotion. It is unclear whether nurses have adequate knowledge and skills to support patients' sleep.

Aim: To explore the effect of sleep education on nurses' evaluations of patients' sleep quality and sleeping conditions in one critical care unit.

Method: 81 intensive care nurses participated in a 3-hour sleep education session. Their sleep knowledge level was tested before and after the education with a 10-item knowledge test developed for this study. Pre and post-education cohorts of 50 ICU patients participated by evaluating their last nights' sleep with Richards-Campbell Sleep Questionnaire. Nurses evaluated patients' sleep on the same night. Patients' sleeping conditions (light, noise, disturbing factors) were recorded. Data were analyzed statistically.

Results: Nurses' knowledge of sleep improved from the mean of 4.7 (1.2) to 8.2 (1.3). The correlation of nurses' sleep evaluations with patients' self-evaluation improved in the category sleep depth (R^2 0.029, $p=0.193$; R^2 0.157, $p=0.01$). Lighting conditions (mean pre 3.81, post 1.11, $p<0.001$) and noise levels (mean pre 47.2, post 45.0, $p=0.005$) improved significantly. However, the amount of noise peaks and disturbing factors did not diminish.

Conclusions: Educating nurses about sleep promotion increases their knowledge, which improves ICU patients' surrounding light and sound conditions and nurses' ability to evaluate patients' sleep depth.

Implications for Practice: Improving nurses' knowledge of sleep is essential in providing patients good sleeping conditions. Nurses need to know, how to support patients' sleep quality, as it is essential for patients' recovery.

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O4 QUALITY IMPROVEMENT PROJECT TO DEVELOP PALLIATIVE NURSE CONSULTATION SERVICES IN HELSINKI UNIVERSITY HOSPITAL

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Background: Finnish Ministry of Social Affairs and Health recommends the establishment of special level palliative care consulting services. The lack of palliative consultation support directs patients to the emergency room and acute hospitals. Delays in support lengthen hospital periods, increases readmissions, and cause human suffering.

Aim: To expand palliative nurse consultation services and improve care for patients with specialist palliative care needs in 10 departments of internal medicine in Helsinki University Hospitals lacking consultation services.

Methods: Pre- and post-survey was conducted, including open questions. During 4/2022-12/2022 project statistics of the amount and type of consultation and measures were collected. Consultations were either at the wards (10) or over the phone. Consulting specialist trained and educated the health care professionals and participated in multidisciplinary meetings.

Results: Data showed improvement in identifying patients in need of palliative and end-of-life care (71%) and improvement on the overall knowledge in palliative care (66%). Overall, the consultation was rated 4.8/5 and 91% of participants wish for the consultation to continue. 80% of time was spent on consultations, of which 83% occurred at the wards, of which 45% were at the patient.

Conclusions: Consulting specialist palliative care had a positive impact on symptom control, advance care planning, care pathways, psychosocial support, family support and end-of-life care. Competence in palliative care increased, relatively more for non-cancer patients.

Implications for Practice: Consulting palliative care nurse became a permanent post. A complete job description was created for the role and can be used as a basis when creating specialist roles for palliative nurses in other hospitals in Finland. Specialist palliative care team continues to offer support for all the departments in the Helsinki University Central Hospital and leads the country-wide network of palliative care nurse consultants.

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O5 CANCELLED

O6 CANCELLED

O7 CANCELLED

O8 RENUMBERED (O24)

O9 GROUP-BASED CARDIAC TELEREHABILITATION INTERVENTIONS AND HEALTH OUTCOMES IN CORONARY PATIENTS: A SCOPING REVIEW

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Background: After acute heart failure, over 40% of coronary artery disease (CAD) patients have suffered a recurrent cardiovascular event five- years post-index cardiovascular event. Secondary prevention includes the methods used to prevent the progression of coronary disease in a patient who is already ill. Telerehabilitation (TR) is the secondary prevention method utilising technology use and systems that facilitate remote communication with/support by healthcare professionals. The findings of this review are expected to map out evidence-based information available on group-based cardiac TR.

Aim: This scoping review explored the extent and type of evidence related to group-based cardiac TR interventions and health outcomes in CAD patients.

Methods: We used a scoping review methodology recommended by the Joanna Briggs Institute (JBI) scoping reviews. The limits applied to the database search were published in English between 2017 and 2022 and updated to cover until July 2023. This yielded 2,089 articles retrieved from the data sources. Two authors independently screened the titles/abstracts, followed by a full-text assessment. The final selection of relevant articles comprised 22 articles.

Results: The group-based cardiac TR interventions included cardiac-patient-led groups involved in intervention development, healthcare professionals and group interactions, and social support. The interventions were useful for patients with multi-faceted technological applications and social support. Group-based cardiac TR improved patients' health habits, psychosocial well-being, and quality of life.

Conclusions: These findings confirm the association between CAD patients' well-being and secondary prevention through technology use. Group-based social support can be used in rehabilitation groups to provide opportunities for peer support.

Implications for Practice: Based on the results, it can be suggested that nurses and other healthcare professionals can effectively utilize group-based telerehabilitation models to assist cardiac patients in establishing and achieving healthier lifestyles.

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O10 INTERACTIVE DIGITAL TOOLS IN CANCER CARE: A SYSTEMATIC LITERATURE REVIEW

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Background: People living with and beyond cancer is increasing. Various digital solutions are available to complement traditional cancer care. The burden of disease on patients can be significant. Therefore, support for patient empowerment should be taken into account in digital tools.

Aim: To identify interactive digital tools used to support empowerment of people with cancer.

Methods: A systematic literature review using PubMed, CINAHL, Web of Science, Cochrane, Eric, Scopus, and PsycINFO databases was conducted in spring 2023. Inclusion criteria were patient empowerment as an outcome supported by interactive digital tools, and peer-reviewed studies published since 2010 in cancer care. Content analysis and narrative synthesis were applied. The quality of the studies was assessed following Joanna Briggs Institute checklists.

Results: A total of 39 studies were included with 30 different web- or mobile-based interactive digital tools to support patient empowerment. In these tools, interaction occurs with the tool itself (22) or peers (7). In third of the tools, interaction occurs with nurses (7), physicians (2), psychologists (2) or social workers (1). Digital tools provide self-assessments and symptom-monitoring, information, peer support and multiple activities that support self-care of people with cancer. They also provide elements for healthcare professionals, although they are few in number.

Conclusions: Interactive digital tools have been developed increasingly during the last 10 years. They indicate support for patient empowerment by promoting patients' active role in decision-making and controlling one's own health. Most of the tools have only been tested once, thus further testing of these tools with different patient groups and larger samples will be necessary in the future.

Implications for Practice: Empowering elements in interactive digital tools are reasonable but there is still need to add the individuality of these tools. In addition, different health care professionals are strongly encouraged to participate to support patient empowerment multi-professionally.

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O11 THE EFFECT OF DATA VISUALIZATION ON PAIN MEASUREMENTS - A PILOT STUDY

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Background: Pain measurements are important nursing indicator. The use of these measurements has been guided in the hospital nursing strategy. The documentation by using mobile application is easy at patient bedside. The visual reporting platform Tableau is designed for data integration, analysis, and visualization. The special produced reports could be shown for professionals on the IDID screens of the hospital units.

Aim: The aim of the study was to explore the effect of the visualization of pain measurement data into the IDID screens of the pilot units.

Methods: After technical development of the visual pain measurements report we planned a before-after study design where the study data are gathered from the reports twice in three months period. The baseline data of the unit reports gathered during October-December 2023. The second data will be gathered during April-June 2024. In addition, we will gather experiences of the pain measurement reports from the nurses at the pilot units.

Results: The baseline results of the pilot indicate that the number of pain measurements varied a lot between three units. The total number of pain measurements was lowest 186 and highest 2693 in three months period. The percentage of at least one pain measurement has been done per patient compared to the whole number of patients in the unit varied 14% to 70% between the units.

Conclusions: Baseline results highlight a big variation in the use of pain measurements between the pilot units. This indicates a requirement to follow pain measurements data systematically and find out reasons for variation. The monitoring and feedback collection are ongoing in the pilot study.

Implications for Practice: The visual report can remind nurses to measure and document patient pain systematically which will improve quality of nursing.

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O12 DEVELOPMENT OF ONLINE COURSES TO ENHANCE NURSES' COMPETENCE IN OPHTHALMOLOGY AND OPHTHALMIC NURSING

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Background: Patients with ophthalmic conditions have increased and continue to increase as people live longer. Additionally, treatments for ocular diseases have improved and therefore patients who previously would have lost their eyesight, now receive treatments, and maintain some of their eyesight. Ocular illnesses are also connected to many systemic diseases, such as diabetes and coronary diseases. As the teaching of ophthalmology and ophthalmic nursing is limited in the Degree of Nursing curriculums, nurses starting work in ophthalmology require education on the anatomy and physiology of the eye and the most common eye diseases during their orientation period.

Aim: This development work aimed to create evidence-based online courses for nurses working in ophthalmology to enhance their competence in caring for patients with ocular conditions.

Methods: Literature was searched from ophthalmology textbooks, the Health Village and scientific journals to produce structure and evidence-based content for the courses. These were approved by the project group and the head of the Ophthalmology. Three online courses were produced and the first one "Anatomy and physiology of the eye" is in production. The other two courses will follow in March 2024.

Results: Thirty-four nurses have so far completed the first course and rated it with an average score of 4.5 (1-5). The usability of the course content for daily work is graded as 4.6 (1-5). Nurses commented that their competence had increased and hoped that the course would have been available when they first started.

Conclusions: The first course seems to increase nurses' competence assessed by their feedback. In the future, scientific studies should evaluate the effectiveness of all three courses.

Implications for Practice: These easy access and practical online courses can be used to educate nurses of eye and eye diseases. The courses are available to all nurses within HUS Helsinki University Hospital.

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O13 CLINICAL ACTIVITIES OF ADVANCED PRACTICE NURSES IN TERTIARY HOSPITAL SURGICAL INPATIENT SETTINGS

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Background: Advanced practice nurses (APNs) are specialist nurses who have attained expert knowledge and skills within different nursing domains through additional education. Finland is beginning to consider how advanced nursing roles could be incorporated into the current health system. In acute tertiary facilities, APNs have been shown to help reduce patient waiting times for care, improve clinical outcomes, and improve patient satisfaction.

Aim: To identify examples of clinical activities performed by acute surgical APNs within tertiary settings, as described in the literature between January 2017 and November 2022.

Methods: A scoping review was performed utilising the 2020 JBI framework. During December 2022, 25 studies and documents were retrieved from CINAHL, MEDLINE, Academic search complete, PubMed, Google Scholar and Google databases. An inductive qualitative analysis was performed.

Results: Clinical activities of acute surgical APNs were classified into 106 codes and organised into five main categories: 1) Independent clinical care, 2) Clinical and professional advancement, 3) Management, 4) Education, and 5) Negative clinical activities. A majority of activities were identified as independent clinical care, reflecting the centrality of patients to the APN role. Through clinical and professional development APNs can improve their own skills and ensure quality clinical care through research and implementation of evidence-based practice. Collaboration and consultant roles highlighted in the management category, can lead to improved patient outcomes. APNs participate in patient education and health promotion activities. Negative activities reflected a lack of understanding of the APNs scope of practice.

Conclusions: Acute surgical APNs performed clinical activities across all identified categories. This allows APNs to have direct and indirect influences on clinical patient care processes.

Implications for Practice: In the context of Finland's evolving advanced nursing roles, the findings of this review could inform the development of acute surgical APN positions, role descriptions, and general scopes of practice.

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O14 ADVANCED PRACTICE NURSING ROLES, TASKS, AND OUTCOMES IN OPHTHALMOLOGY – A SCOPING REVIEW

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Background: Certain eye conditions, such as macular generation and cataract, increase with age and the aging population require more ophthalmic services. This adds pressure to the healthcare systems, which are already struggling. Advanced practice nurses (APNs) have their own established roles in ophthalmology in the UK, which could be adapted to the Finnish healthcare services. The APN roles could alleviate increased demand of services and reduce waiting lists in ophthalmology. Therefore, more knowledge is needed of how the APN roles could benefit both patients and the organizations.

Aim: The aim was to describe the roles and tasks of APNs working with ophthalmic patients and to identify the outcomes for patients, healthcare professionals and leaders.

Methods: A scoping review was conducted by following the steps in JBI Manual for Evidence Synthesis. PubMed, CINAHL and Google Scholar were used to search for evidence during January 2023. Altogether 14 articles met the inclusion criteria and were analyzed using an inductive content analysis.

Results: Four advanced nursing roles were identified: 1) a coordinator, 2) a counsellor, 3) a manager, 4) an autonomous practitioner. The ophthalmic APNs had various tasks, such as clinical procedures, history taking, triaging and emergency care, which all were linked to direct patient care. The outcomes were mostly described from the patient perspective, confirming that the APN role in ophthalmology fastens access to care, increases patient satisfaction and decreases waiting times.

Conclusions: The APN role in ophthalmology has several positive outcomes to patient care, however from the organizational perspective the establishment of the role requires resources, additional training, and time.

Implications for Practice: The results of this scoping review can be utilized when establishing advanced nursing roles in ophthalmology and thereby potentially improving patient outcomes.

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O15 “WE ARE EXPECTED TO BE PROBLEM SOLVERS” – FINNISH PARAMEDICS’ PERFORMANCE EXPECTATIONS THROUGH THE LENS OF ORGANIZATIONAL SOCIALIZATION: AN INTERVIEW STUDY

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Background: The changing paradigms of paramedic work has resulted in evolving performance expectations. Compared to traditional professional role and competencies of paramedics, new and changing expectations have arisen. Identifying these expectations from the perspective of the newly graduated and experienced paramedics is therefore paramount, in order to enhance their socialization into the workforce.

Aim: To explore Finnish paramedics’ perceptions of work-related performance expectations, in relation to work experience, and explore how organizational socialization contributes to understanding paramedics’ performance expectations.

Methods: Data were collected between May and August 2023, using focus groups and individual interviews of newly graduated (n=9) and experienced paramedics (n=13). Participants were recruited via social media channels. Data were first analyzed deductively, according to constructs of the organizational socialization framework (role clarity, task mastery, and social acceptance), then inductively, using codes not utilized in the deductive phase.

Results: Our findings showed comparable performance expectations between newly graduated and experienced paramedics; mismatches in role clarity of paramedic work, challenges in both learning and upholding competence, and difficulties of social acceptance into the paramedic community. There were, however, variations in how they were perceived between groups, indicating that experience might partly affect how paramedics identify and manage performance expectations. This further supports that the organizational socialization framework contributes to contextualizing these performance expectations.

Conclusions: Paramedic work involves challenges related to clinical competence, aligning to a professional role, and social integration into the professional community.

Implications for Practice: Our research contributes to understanding how challenges are perceived as performance expectations, by paramedics in different stages of their careers and how they could be managed, utilizing a framework for organizational socialization. Socialization of paramedics into the workforce needs to account for these performance expectations, especially considering the changing paradigm of paramedic work, role and societal expectations.

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O16 NURSE PRESCRIBING IN THE WELLBEING SERVICES COUNTY OF CENTRAL FINLAND

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Background: The specific qualification of nurse's limited right to prescribe is an advanced practice nurse role to improve patients' timely access to care in acute and chronic health problems in Finnish Primary Health Care (PHC) that is still not used to its full potential. There are no earlier studies on the utilization of the nurse prescribers' competency in the wellbeing county services.

Aim: The purpose of this study was to describe how nurse prescribers' competency to prescribe medication is utilized in the wellbeing services county of Central Finland.

Methods: The data for this cross-sectional study with total sampling were collected with Webropol survey program using the Finnish Nurse Prescribing Questionnaire (FiNPQ). Responses were collected from nurse prescribers in June-September 2023. The respondents (n=35) worked in out-patient health services (n=28), hospital Nova emergency unit (n=5), and other clinics (n=2). Two of the respondents did not prescribe at all.

Results: During one week, out of 35 nurse prescribers almost half (n=15) examined fewer than 25 patients, a third (n=12) 25-40, and seven 50-100 patients. More than half of the respondents (n=20) prescribed fewer than five medicines for patients in a week, a third (n=12) prescribed 6-10 medicines, and one prescribed 11-20 medicines. Prescription renewal was performed for fewer than five patients per week by 25 nurses, for 6-10 patients by two, and less than once a week by eight nurses. Over-the-counter medicines were recommended to fewer than ten patients by 21 nurses, to 11-20 patients by seven nurses, and to 21-40 patients by four nurses.

Conclusions: It seems that nurse prescribers' competency is unutilized when considering the number of treated patients and prescriptions.

Implications for Practice: The availability of services for patients can be improved through organizational changes. Access to care can be intensified by improving the patient flows to nurse prescribers.

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O17 QUALITY OF NURSING IN EMERGENCY CARE: ANALYSIS OF THE INDICATORS

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Background: Nursing Quality Indicators (NQIs) are crucial for ensuring high-quality nursing care, evaluating performance, and empowering nurses to demonstrate their success and proficiency. However, the lack of validated NQIs tailored to emergency nursing poses a significant challenge. Specific indicators are essential in this dynamic field, as generic ones may not capture the nuances of emergency nursing. Beyond their significance in clinical practice, NQIs also provide essential information for nursing leadership. Decision-making in emergency nursing is guided by insights from NQIs, emphasizing the importance of indicators closely aligned with the operating environment.

Aim: This study aims to analyze NQIs used in adult emergency nursing, advocating for their use in quality assessment. The focus is on understanding their relevance in this specific nursing context.

Methods: A scoping review of articles during 01/2010-02/2023 was conducted using CHINAL and Medline (Ovid) databases, following PRISMA-ScR guidelines.

Results: Among 936 articles screened, 18 were relevant, revealing 85 NQIs. However, literature indicated limited validation of these identified NQIs.

Conclusions: While NQIs are vital for assessing emergency nursing quality, this review underscores a significant gap in understanding and validating NQIs for adult emergency nursing. Future research should prioritize validating these existing NQIs and exploring potential new indicators. This dual approach promises a more nuanced and effective quality evaluation in the dynamic context of adult emergency nursing.

Implications for Practice: NQIs holds profound implications for nursing practice, enhancing patient care, informed decision-making, continuous quality improvement, resource allocation, and ongoing professional development in the dynamic setting of adult emergency nursing.

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O18 SHORTENING WAIT TIMES FOR EARLY BRAIN IMAGING IN SUSPECTED STROKE CASES

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Background: Early brain imaging (EBI) of suspected stroke patients is crucial to identify ischemic vs. hemorrhagic stroke in order to provide adequate quality care. The Israeli National Program for Quality Indicators (INPQ) developed a national quality indicator (QI) which requires EBI to rapidly identify of patients who are eligible for thrombolytic treatment.

Aim: To present the annual NPQI EBI QI values and the resulting improvement.

Methods: Development of new indicators dedicated to improve the time from admission to EBI. These data were published in the NPQI Annual Report (2013 through 2022). One of the factors that promoted EBI was granting Emergency Department (ED) nurses' an authorization to refer suspected stroke patents for brain imaging (granted in 2019).

Results: We found a consistent decline in the EBI median waiting time since the introduction of the QI. The median time dropped from 55 minutes in 2015 to 25 minutes in 2022. This improvement was not equal for both genders (1-3 minutes longer for women), different age groups (up to 5 minutes' difference between age groups and hospital shifts (up to 6 minutes' between shifts)).

Conclusions: While there is evidence of consistent improvement in EBI times - resulting from expanding the authority of ED nurses to refer patients for EBI; continuous QI measurement, and other local interventions - we found discrepancies which must be addressed.

Implications for Practice: The Ministry of Health quality indicator program (NPQI), led by the Quality and Safety Division, is assessing possible deployment of ambulances with a portable CT for out-of-hospital use. Interpreting the image would be done remotely by a radiologist, which would allow pre-hospital treatment in suitable cases. The NPQI will continue to follow the various aspects of compliance with this indicator, in order to promote additional improvement in stroke treatment.

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O19 DESIGN OF A DATA DRIVEN IMPLEMENTATION STRATEGY TO OPTIMISE CLINICIAN BEHAVIOUR CHANGE AT SCALE IN COMPLEX CLINICAL ENVIRONMENTS: A MULTICENTRE EMERGENCY CARE STUDY.

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(On behalf of the HIRAID® research group)

Background: Emergency nurses are the first emergency department (ED) clinicians to assess patients and their practice is fundamental to patient safety and quality. To reduce clinical variation and increase safety and quality of initial emergency nursing care, the evidence-based emergency nursing framework **HIRAID®** (**H**istory including **I**nfection risk, **R**ed flags, **A**ssessment, **I**nterventions, **D**iagnostics, communication, and reassessment) was developed. However, implementation of any intervention in ED settings is notoriously difficult due to workload unpredictability and the undifferentiated nature of patients.

Aim: To develop an evidence-driven, behaviour change focussed strategy to maximise implementation and uptake of HIRAID® in 30 Australian rural, regional and metropolitan EDs.

Methods: This embedded, mixed-methods study guided by the Behaviour Change Wheel and the Theoretical Domains Framework (TDF), is the first phase step of a step-wedge cluster randomised control trial to implement HIRAID® with over 1300 emergency nurses across 30 EDs. First, we collected quantitative and qualitative data via a survey; data were analysed using descriptive statistics and inductive content analysis to identify barriers and enablers to HIRAID® implementation. Data were integrated using the TDF to generate the overarching barriers and enablers. Behaviour change techniques were selected from the Behaviour Change Techniques Taxonomy. An overarching implementation strategy was developed, refined for each site, and tailored following stakeholder consultation and application of the APEASE criteria (**A**ffordability, **P**racticability, **E**ffectiveness and cost-effectiveness, **A**ceptability, **S**ide-effects/safety and **E**quity).

Results: Six barriers to implementation were identified by the respondents (58%, n=670), namely: i) lack of knowledge about HIRAID®; ii) high workload, iii) lack of belief anything would change; iv) lack of support of change practice; v), uncertainty about what to do; and vi)

lack of support or time for education. The three enablers to HIRAID® implementation were: i) willingness to learn and adopt something new; ii) recognition that there is a need for something new; and iii) wanting to do what is best for patient care. The barriers and enablers were categorised to ten TDF domains, then mapped to seven intervention functions and 22 behaviour change techniques. The overarching implementation strategy contained 45 mechanisms for successful implementation, including education, training, incentives, face-to-face learning, clinical support and modifications to the environment.

Conclusions: Implementation of interventions in the ED is notoriously difficult. A systematic process guided by the Behaviour Change Wheel resulted in the generation of a multi-faceted implementation strategy comprising 22 behaviour change techniques to implement HIRAID® across rural, regional and metropolitan EDs. Implementation fidelity, reach and impact of our strategy now requires evaluation.

Implications for Practice: Strategies to achieve successful clinician behaviour change and intervention implementation at scale in this complex health care setting are needed.

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O20 FROM EMERGENCY TO AGED CARE: ADAPTING A NURSING ASSESSMENT FRAMEWORK ACROSS HEALTH CONTEXTS USING THE DELPHI TECHNIQUE

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(On behalf of the HIRAID™ Aged Care Investigation Committee)

Background: Following the devastating impact of the COVID-19 pandemic in residential aged care, Australia has introduced new care standards and nursing mandates for this sector. To keep up with increasing demand and ensure better resident health and wellbeing, aged care nurses need better tools and resources to assist with their clinical assessment, decision making and communication. A tool developed in the emergency setting, HIRAID™ (History, Identify Red Flags, Assessment, Interventions, Diagnostics, reassessment, communication, plan), provides a promising, evidence-based solution.

Aim: To adapt the emergency nursing framework HIRAID™ for residential aged care (HIRAID™ Aged Care).

Methods: The HIRAID™ Aged Care framework was adapted using the Delphi technique and a 12-member panel comprising experts in nursing, education, geriatrics, and aged care. The online Delphi surveys consisted of eight sections for each element of the HIRAID™ framework, whereby characteristics of each element were put forward for agreement and modification.

Results: Two rounds were completed. Of the eight elements, four had all items reach consensus after the first round. These included Red Flags, Assessment, Reassessment and Plan which all saw minimal adaptation in their definition and scope across contexts. More substantive modifications were agreed to for History, which needed to include more comprehensive and adaptive tools for history-taking, and Interventions and Diagnostics, which established key differences in the scope of practice of aged care nurses.

Conclusions: Residential aged care is a unique healthcare environment, with a high-risk patient cohort and limited access to clinical resources. It is paramount that tools transferred from acute care are appropriately adapted to meet the demands and capabilities of this context.

Implications for Practice: The HIRAID™ Aged Care framework will be implemented in a clinical across 23 Australian aged care homes, aiming to improve the quality and safety of nursing care by reducing resident deterioration and inappropriate hospital transfer.

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O21 VISUAL REPORTING OF NURSING INDICATORS - THE CASE OF REPORTING PRESSURE ULCERS AT THE HOSPITAL LEVEL

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Background: To assess the quality and effectiveness of nursing, systematically and comprehensively produced information is needed. However, general documenting data is not enough, it must also be reported in usable way. By using visual reporting system documented nursing measurements and indicators can be offered for the use of nursing managers and developers.

Aim: The aim of this study was to develop visual reporting of pressure ulcers (PU) assessments and observed PUs at Tampere University hospital. Reporting produces real-time report, which enables the utilization of data as a systematic part of the evaluating quality of nursing.

Methods: Tampere University Hospital uses the visual reporting platform Tableau, which is combination of visualization and data analysis. PU assessment and observed PU data are produced recording patient data by using mobile application. The reports are updated once a day.

Results: The visual report of PU risk assessments and observed PUs was published at hospital in December 2023. The report provides information on the coverage of PU risk assessments and how many PUs have been observed in the selected period and in the units.

Conclusions: The new report offers nursing managers and developers possibilities to follow up what really happens in nursing practices and lead nurses towards comprehensive use of quality measurements. The visual data helps to development new and targeted interventions for patients. However, a longer period of follow-up is needed to evaluate the use of visual reporting to prevent PUs and improve nursing quality.

Implications for Practice: By utilizing knowledge management methods, it is possible to reduce and prevent financial and human harm caused by PUs.

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O22 THE PREVALENCE OF HOSPITAL ACQUIRED PRESSURE ULCERS IN 2021-2022 IN FINNISH ADULT INTENSIVE CARE AND STEP-DOWN UNITS

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(On behalf of Research Consortium of Nursing Sensitive Indicators in Assessing and Developing Nursing Care Quality, NurSeInQual)

Background: Pressure ulcer (PU) rates in critical care population have been reported to be significantly higher than in non-intensive care patients. A systematic review of PU (in all stages) prevalence studies reported a range of 13-45.5%. In these patient groups, the medical device related PUs are not rare and the skin condition assessing is highly important.

Aim: The aim of this retrospective registry study was to explore nursing care quality in intensive care and step-down units based on national benchmarking data on hospital-acquired pressure ulcers (HAPUs) among adult patients in Finland.

Methods: The benchmarking data of HAPUs covered 9 hospitals including 17 units on average monthly and 3542 patients. Frequencies and percentages were used to describe the results.

Results: In prevalence days in years 2021-2022 in intensive care units and step-down units, the total number of patients was 3542 and 93% (n=3279) of them were assessed for skin condition. The prevalence of HAPUs stages 2-4 in intensive care units was 7% (n=126) and in step-down units 1% (n=17). The proportion of all stage's medical device-related pressure ulcers was 31% (37% in intensive care units and 8,5% in step-down units).

Conclusions: In this Finnish study, HAPU prevalence varied from 1% to 7.0%. The numbers are lower than in international prevalence studies. A third of the reported HAPUs were related to medical devices.

Implications for Practice: In adult intensive care and step-down units, the skin condition assessments were carried out well during the prevalence. This approach should be extended to the entire inpatient process at the hospital. In nursing care, it is important to identify that the severity of patients' medical condition is related to HAPU rate. Systematically collected PU prevalence data gives a valuable picture of nursing care quality for development purposes.

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O23 INPATIENT FALLS AND THEIR CONSEQUENCES – A REGISTRY STUDY

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Background: Inpatient falls are globally recognized as a significant quality indicator due to, for example, their prevalence, related additional healthcare costs and decrease in patients' quality of life. Globally, the pooled fall rate in acute care varies from 1 to 9 per 1,000 patient days and injury fall rate 0.4-2 per 1,000 patient days.

Aim: To explore the consequences of falls in adult inpatients in acute care and to determine the relationship between falls and all-cause mortality.

Methods: This retrospective, cross-sectional register study focused on adult patients (≥ 18 years) treated in inpatient units from 1 January 2014 to 31 December 2016 (excluding obstetric and day surgery patients). The data were obtained retrospectively from the electronic patient records. In addition, a control group score matching was determined for those who fell.

Results: The data included 743 fallers with 859 falls. Most of the fallers were over 65 years of age. Falls caused injury for a third of fallers in somatic and for a half in psychiatric care. Of all falls, 24% resulted in minor, 6% in moderate and 3% in major injury, and 0.1% in death. The most common injuries were pain or confusion or wound. Falling increased the length of hospital stay. Mortality was found to be statistically more likely in the patients who fell than in the non-fallers' control group in each of the follow-up time points (in-hospital mortality, all-cause mortality 7, 30, and 365 days after discharge).

Conclusions: Among other factors, higher age and medical specialty of psychiatry are associated with falls with injury. An inpatient fall in acute care significantly increases in-hospital mortality and all-cause mortality after discharge.

Implications for Practice: The information can be used to design clinical guidelines and to implement preventive measures aimed at minimizing the number of falls in the hospital.

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O24 IMPLEMENTING DYSPHAGIA SCREENING FOR ACUTE STROKE PATIENTS

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Background: In Finland, approximately 24,000 people have Stroke every year. Dysphagia, a problem with swallowing, is often diagnosed with Stroke patients. The Nursing Research Foundation published in 2021 a national evidence-based guideline for swallow screening for nurses who take care of stroke patients. Failure in screening, identification and treatment causes significant psychosocial, health and financial problems for people with cerebrovascular diseases and increases mortality. It was known that nurses in Helsinki University Hospital (HUS) Neurocenter have not used evidence-based practice (EBP) for swallow screening.

Aim: Nurses with Stroke patients in the acute phase should know how to perform an EB swallow screening and what needs to be considered. Aim is to have a unified nursing practice in HUS Neurocenter wards (n=7).

Methods: The practice is implemented using a 10-step guide to adopt and maintain EBP. Two surveys were conducted for nurses to check the current state of practice. Several education and training sessions have been arranged. Information has been provided through professional communication channels. A place for record results in the electronic patient chart has been developed.

Results: The implementation process has reached approximately 300 nurses in nine training sessions. Nurses are more aware of swallow screening in accordance with adopted coherent practice. Additional training is required and scheduled, and electronic learning environments have been generated.

Conclusions: Implementing EBP guidelines into nursing requires time and commitment. The process is ongoing, and it requires multidisciplinary cooperation and stakeholders have kept up to date. Continuous monitoring, planned checkpoints for evaluation and encouragement for nurses to change their practice and approach is required.

Implications for Practice: Evidence-based guidelines for Stroke patients' dysphagia is a value-added program for health care providers. Implementing an evidence-based guideline for nursing practice enhances the quality and safe care of patients.

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O25 ACTUALIZATION OF SUPPORT STRUCTURES FOR EVIDENCE-BASED NURSING IN SOCIAL AND HEALTHCARE ORGANIZATION

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(On behalf of the research group)

Background: Promotion of evidence-based nursing (EBN) requires better understanding of the actualization of its support structures in different nursing practice settings.

Aim: The aim was to evaluate support structures for EBN within social and healthcare organizations in Finland and to compare the actualization between different nursing practice settings.

Methods: A national survey was conducted in 2021 with a newly developed ActEBN instrument. The instrument focused on evaluating actualization of EBN support structures in social and health care organizations. Differences between specialized and primary healthcare and different nursing practice settings were tested based on the answers of nurses working in clinical practice. The data were analyzed with Welch's two sample t-test, the Kruskal-Wallis rank sum test, and the Wilcoxon rank sum test.

Results: In total 1289 nurses working in clinical practice participated in the survey. When comparing specialized and primary health care (n = 1020 nurses), those working in specialized healthcare hold more positive attitudes towards EBN and evaluated their organization's methods for monitoring and evaluating nursing practices in a more positive way than those working in primary healthcare. When comparing different nursing practice settings (n = 1241 nurses), those nurses working within preventive healthcare evaluated their attitudes towards EBN, EBN competence, and personal evidence-based practices more positively compared to other nursing practice settings. Similar results were observed with several organizational structures for EBN within preventive healthcare. Besides preventive healthcare, also somatic ward units at university hospitals had positive results. The most negative results were observed within institutional care settings, health centers, and home care settings.

Conclusions: The support structures for EBN vary between different nursing practice settings.

Implications for Practice: The results emphasize the need for targeted and tailored support and further EBN training especially within institutional care, health centers, and home care settings.

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O26 IMPACT OF A STANDARDISED EMERGENCY NURSING FRAMEWORK (HIRAID™) ON PERCEIVED QUALITY OF NURSING CLINICAL PRACTICE, HANDOVER AND PATIENT EXPERIENCE IN RURAL AUSTRALIA.

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(On behalf of the HIRAID® research group)

Background: The quality of emergency nursing assessment is crucial, particularly with current extended wait times for medical review. HIRAID™ is a clinical safety system for emergency nurse use with any patient presentation and known to reduce adverse patient events¹. The impact of HIRAID™ on clinical practice, handover and patient experience is unknown.

Aim: To determine the impact of HIRAID™ on perceived quality of nursing practice, handover and patient experience.

Methods: In 2021/2 HIRAID™ was implemented in 23 Emergency Departments with 550+ nursing staff in rural Australia using a multimodal, behaviour change informed implementation strategy that included eMR modification, scaffolded training including face to face, executive sponsorship, audit and feedback. Permanently employed nursing staff participated in a pre-post survey assessing clinical practice. Patient experience was captured via telephone interview using Australian Hospital Patient Experience Question Set and Schmidt's Perceptions of Nursing Care Survey. Appropriate tests were conducted to determine any changes before and after HIRAID™ implementation using SPSS v26.0.

Results: There were 519 (300 pre, 219 post) nurse and 1283 (626 pre 657 post) patient responses. Nurses reported significant overall improvement in quality of nursing assessment ($p=0.004$), handover ($p=0.002$), recognition ($p=0.023$) and escalation ($p=0.007$) of patient deterioration. Overall reported patient experience significantly improved, particularly in pain management ($p<0.0001$) and communication ($p<0.0001$).

Conclusions: HIRAID™ resulted in improved clinical handover and patient experience. A larger study is underway to evaluate medical staff perceptions, sustainability, and health service outcomes.

Implications for Practice: HIRAID™ is the only validated tool for emergency nursing initial assessment and could be used in any ED.

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O27 EXIT BLOCKS FROM THE AUSTRALIAN INTENSIVE CARE UNIT: A SURVEY OF INTENSIVE CARE CLINICIANS' PERSPECTIVES ON BARRIERS AND FACILITATORS TO TIMELY PATIENT DISCHARGE

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Background: Discharge delay from the Intensive Care Unit can be caused by the complexity of patient medical conditions, the challenge of transitions of clinical management between health care teams, and the discharge time of day. Importantly, discharge outside of normal business hours exposes patients to the risk of adverse events.

Aim: This national study aimed to explore cross disciplinary Intensive Care clinicians' perspectives on the barriers and facilitators to timely patient discharge from Australian Intensive Care Units.

Methods: The online questionnaire was comprised of 53 quantitative and qualitative items derived from the findings of several systematic reviews and the Australian Intensive Care Unit Clinical Indicators Manual. It was underpinned by the Donabedian framework of "structure, process and outcomes".

Results: The 114 survey participants included 11 doctors (9.6%), 97 nurses (85.1%), 5 allied health professionals (4.4%) and 1 administrative officer (0.9%). Participants worked in public hospital ICU's (n=98, 86%) and private hospital ICU's (n=16, 14%). For the discharge process, 75.5% found it to be extremely or somewhat difficult. A total of 78.5% of the participants reported that discharges were delayed mostly or always because of the lack of ward beds. About 60.5% stated ward bed confirmation was advised verbally or by phone, contrary to 38.6% digitally. ICU to ward follow up services were reported in 61.9% of participants, with 37% finding the service to have little or no positive impact on the discharge process. Few participants identified their hospital to have structural strategies in place to address discharge delay. Most participants perceived that early identification of patient discharge readiness could facilitate timely discharge.

Conclusions: Most participants identified discharge to be difficult due to delays. The causes of delays are complex. However, few participants identified structural discharge improvement strategies at their hospital. These data will inform future research into designing targeted interventions to optimize Intensive Care patient discharge to improve patient safety, workflow, and the use of Intensive Care resources.

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O28 ETHICAL ISSUES IN LONG-TERM CARE SETTINGS: CARE WORKERS' LIVED EXPERIENCES

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Background: Care workers who look after older adults in long-term care settings long-term care settings (LTCS) face ethical issues because they need to be independent and responsible, despite limited resources, shortage of skilled professionals, global and societal changes, and the negative reputation of LTCS work.

Aim: Our aim was to describe the care workers' lived experiences of ethical issues in their work.

Methods: We randomly sampled LTCS service providers in Finland and 53 care workers from seven organizations participated in focus group interviews in 2021. Interviews were analyzed using a hermeneutic-phenomenological method inspired by Ricoeur. The analysis comprised three steps: naïve reading, structural analysis and comprehensive understanding. This was a sensitive study because it was connected to the participants' individual views of the world, professional ethics and social and health care legislation. The participants' provided informed consent and their anonymity was guaranteed.

Results: Care workers discussed their lived experiences of ethical issues in an emotional way, using practical examples. They talked about how they were experts at caring and advocating for residents, balanced the responsibilities of their different roles and defended their work to the wider society. The care workers said that ethical aspects of their work were too difficult to solve on their own. There were elements of their working environment and practices that caused unnecessary strain and they needed the commitment of managers, organizations and society to solve ethical issues in LTCS.

Conclusions: Ethical issues were related to the well-being of both residents and care workers and reflected both internal and external pressures. Some issues could not be resolved by individuals and needed output from managers, organizations and society.

Implications for Practice: The findings can be used to gain new perspectives and to guide decision making to improve the quality of care, occupational well-being and nursing education.

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O29 NURSES' PERCEPTIONS OF THE QUALITY OF FUNDAMENTAL NURSING CARE

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(On behalf of the research group)

Background: Fundamental nursing care is an essential part of nurses' work in all healthcare settings and is a core and autonomous activity of nurses at all levels. In a Finnish university hospital, fundamental care has been developed in the STEPPI project. Fundamental care is a key focus for assessing the effectiveness and quality of care.

Aim: To describe and evaluate the impact of STEPPI project by examining nurses' perceptions of the quality of fundamental care.

Methods: A descriptive, cross-sectional study design with two data collection time-points was used. The data were collected from practical nurses, registered nurses and nurse managers online in 2015 (n = 546) and 2021 (n = 468) using a structured questionnaire covering 12 areas of fundamental care and analyzed statistically.

Results: Nurses evaluated the overall quality of fundamental care as high at both data collection time-points. However, the quality declined during the follow-up time. The different areas of fundamental care were all interconnected. Those working as registered nurses or nurse managers did not feel that all areas of fundamental care were relevant to their work.

Conclusions: The quality of fundamental care was high as perceived by nurses. However, quality deteriorated during the monitoring period, which was not expected. It may be that the Covid-19 pandemic and a general shortage of nurses in the hospital contributed to nurses having to decide which fundamental care-related tasks to leave undone and how to prioritize the work.

Implications for Practice: Nursing roles and practices need to be reviewed and further developed to better support nurses in their work to provide quality fundamental care. A systematic evaluation and development of the quality of fundamental care is recommended.

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O3o SEPSIS: NEW AREA FOR QUALITY MEASUREMENT

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Background: Sepsis is a life-threatening condition in which the organ function is compromised. Sepsis and septic shock pose a significant burden on healthcare systems and impact millions of people worldwide. In the United States alone, over 7 million people develop sepsis annually, with almost 90% of sepsis cases occurring outside the hospital setting. Increased awareness, early detection, and timely administration of antibiotics (within the first few hours of symptoms) improve outcomes and decrease mortality. Nurses' involvement is crucial in order to improve treatment quality for sepsis patients.

Aim: To develop quality indicators (QI) for improving sepsis treatment in Israel.

Methods: As this initiative is relevant to both general hospitals and the emergency medical services (EMS) sector, the Israel National Program for Quality Indicators (NPQI) team collaborated with professionals from the Israeli Infectious Diseases Association as well as the Israeli Society for Emergency Medicine and representatives from EMS organizations. Working groups were formed for each service type to develop suitable quality indicators.

Results: Three QI were developed: one for general hospitals and two for the EMS. The first indicator focuses on the median time from emergency department arrival for sepsis, septic shock, or severe sepsis until intravenous antibiotics administration. The EMS quality indicators are: performing a QSOFA evaluation (respiratory rate, level of consciousness, and systolic blood pressure) in patients with suspected sepsis and notifying hospitals prior to patient arrival.

Conclusions: These indicators have been approved for INPQ measurement, which was initiated in 2023-2024 on the national level.

Implications for Practice: Collaboration between NPQI professionals and clinical experts in the field of sepsis supports the development of quality indicators designed to improve sepsis care.

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O31 MEASURING HEALTH-RELATED QUALITY OF LIFE IN STRABISMIC ADULTS - TRANSLATION AND VALIDATION OF ADULT STRABISMUS QUESTIONNAIRE (AS-20) INTO FINNISH

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(On behalf of the research group)

Background: Strabismus is an eye misalignment where eyes do not point in the same direction. Eye(s) might deviate inwards, outwards, downwards, upwards and, very rarely around its' axis. Strabismus affects all age groups from children to elderly and the prevalence in adults worldwide is estimated at 3-4 %. Strabismus influences individuals' health-related quality of life (HRQOL), such as, functional, psychosocial and economic well-being. However, the impact has been not measured in Finnish strabismic adults due to a lack of an instrument, such as Adult Strabismus Questionnaire (AS-20). There are two structures of the English AS-20, the original and the refined.

Aim: To translate and culturally adapt the AS-20 into Finnish and to assess to psychometric properties of the Finnish AS-20.

Methods: Translation process followed the guidelines by the Professional Society for Health Economics and Outcomes Research. Four items of the original development data of AS-20 were included to the Finnish version to enhance cultural adaptation. Internal consistency, convergent and construct validity of three structures of Finnish AS-20 were assessed: the original, the original with Finnish addition and the refined.

Results: The translation was reported clear and understandable by the participants (n=137). All three structures were internally consistent measured by Cronbach alpha values. Spearman's correlation coefficients, to assess convergent validity, between the three structures of Finnish AS-20 and one item of Satisfaction with Life scale showed very low to moderate positive correlations. Confirmatory factor analysis, to evaluate construct validity, indicated the refined Finnish AS-20 structure as satisfactory.

Conclusions: The refined AS-20 can be used in research and clinical patient care, although the measure requires further validation.

Implications for Practice: The Finnish AS-20 can be used in clinical settings to assess HRQOL in strabismic patients to improve clinical practice and to evaluate the impact of care.

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O32 LESSONS LEARNED FROM A PILOT STUDY OF A CULTURALLY ADOPTED CLINICAL DECISION-MAKING SYSTEM TO PREVENT AGGRESSIVE BEHAVIOR IN PSYCHIATRIC WARDS (eDASA+APP FI)

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Background: The use of electronic health records (EHR) makes it possible to integrate clinical decision support systems (CDSS) to help clinicians with evidence-based care delivery. The integration of these into the nursing process brings both opportunities and challenges. Co-design including cultural adaptation, training and pilot-testing could be a way to overcome these challenges.

Aim: We aim to describe lessons learned of a pilot study of a culturally adapted CDSS (Electronic Dynamic Appraisal of Situational Aggression+Aggression Prevention Protocol Finnish Version=eDASA+APP FI) that aims at reducing aggressive behavior in psychiatric wards.

Methods: We used co-design methods including surveys and workshops both in the cultural adaptation and in the further development of a CDSS. Four wards with different patient profiles participated in the piloting of the CDSS and training.

Results: Clinical professionals from three wards and three experts- by experience participated in six adaptation and integration workshops. The original CDSS was modified based on the suggestions in these workshops. There were several unexpected challenges during the initial start in November 2020 and the beginning of the pilot in December 2023.

Conclusions: Cultural adaptation of CDSS is vital to ensure feasibility and co-design provides a good framework for this. Piloting is an essential part of the process.

Implications for Practice: Cultural adaptation of CDSS including training is essential in the integration of a CDSS. Involvement of end-users in this process is critical to ensure feasibility. This needs sufficient time resources and organizational support.

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POSTER PRESENTATIONS

Abstracts P1 – P29

Please note that the codes (for example P1) prior abstract titles correspond with the codes prior presentation titles in the programs.

P1 PREVENTION OF SURGICAL SITE INFECTIONS – GUIDELINES FOR EVIDENCE-BASED NURSING PRACTICE

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(On behalf of the research group)

Background: Surgical site infections (SSI) are common healthcare associated infections. SSIs increase mortality, lengthen hospital stay and increase the need for intensive care and reoperations. SSIs cause increased costs for societies and suffer for individuals. In Finland, the evidence-based guidelines and recommendations for preventing SSIs cover the perioperative practice partly. Therefore, there is a need for national guidelines.

Aim: The aim of the presentation is to introduce the construction process of the Finnish national team working for evidence-based guidelines for the prevention of SSIs in inter-professional perioperative settings from the nursing practice point of view.

Methods: Information retrieval conducted in Medic, ProQuest, Cinahl, Scopus, PubMed, Cochrane and Web of Science databases by information specialists between 1st April and 30th June 2023. Inclusion and exclusion criteria were determined to cover pre-, intra- and postoperative phases of operation on the assistance of Medical Subject Headings. Research questions were determined as: What are the pre-, intra- and postoperative measures used to prevent SSIs? Data retrieval resulted in 17377 hits. After the removal of duplicates, the titles and abstracts of 10 530 articles were screened individually by two group members. This yielded 341 articles for full text review. The quality assessment will be done based on critical appraisal tools by Joanna Brigg's Institute.

Results: The guidelines for preventing SSIs will be constructed for pre-, intra- and postoperative care from the nursing practice point of view.

Conclusions: The guidelines will be published in the spring 2025 by the Nursing Research Foundation in Finland.

Implications for Practice: The construction and delivery of the national guidelines for the prevention of SSIs enhance to strengthen the implementation of evidence-based practice and by it equalize the measures of perioperative patient care, improve the patient safety and quality of care.

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P2 IMPLEMENTATION OF THE NORMOTHERMIA GUIDELINE IN PERIOPERATIVE SETTINGS AND EVALUATION OF THE IMPLEMENTATION – THE RESEARCH PLAN

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Background: Perioperative hypothermia causes significant harm, discomfort, prolonged hospital stays and increases costs. Nurses play a key role in the prevention of hypothermia. However, deficiencies have been identified in the implementation of practice guidelines (PG), identification of hypothermia, its complications, and predisposing factors.

Aim: To describe the prevention, recognition, and treatment of perioperative hypothermia in surgical patients by promoting the implementation of guidelines.

Methods: The following phases will be conducted:

1. Using the Delphi method, the Finnish normothermia PG published in 2022 is validated in relation to international guidelines. Then interventions are operationalized and summarized into a care bundle.
2. To implement the PG, an educational intervention is prepared based on the literature. The intervention is carried out in Helsinki University Hospital (HUS) operating departments.
3. A pre-post knowledge test is conducted to evaluate the effect of the educational intervention on the knowledge base of perioperative nurses.
4. A registry study is conducted in HUS operating departments to investigate the implementation of the care bundle interventions and the sustainability of the practice. Also, the prevalence of hypothermia and related adverse events and their relationship to each other is examined.

Results: The development of a care bundle enables the monitoring and improvement of the quality of care and the allocation of resources. With the care bundle, it may be possible to find out the effects of educational interventions and the implementation of PG.

Conclusions: This study may produce valuable information about the effects of the use of care bundles on patient care and the staff's knowledge base.

Implications for Practice: The use of care bundles could enable monitoring and improving the quality of activities and care at unit level. Also, a national roll-out of the care bundle would enable data comparison and peer development at national level.

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P3 DEVELOPMENT OF A CLINICAL ALGORITHM FOR IDENTIFICATION AND INITIAL MANAGEMENT OF CHARCOT NEUROARTHROPATHY

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Background: Charcot neuroarthropathy (CN), or Charcot foot, is a complication of diabetes in which a combination of neuropathy, bone metabolic abnormalities and trauma cause acute aseptic local inflammation and bone destruction. Left untreated or with delayed intervention, CN may lead to permanent disability or necessitate amputation. Therefore, particularly in clinical and health nursing, it is crucial that healthcare professionals have evidence-based knowledge and skills to monitor and care for patients throughout their diabetes pathway. In Estonia, the absence of guidelines for managing patients with Charcot neuroarthropathy prompted a development project conducted at the North Estonia Medical Centre under the supervision of Tallinn Health Care College. The aim of the project was to develop a clinical algorithm for the identification and initial intervention of Charcot neuroarthropathy for health professionals.

Methods: The project employed a comprehensive approach, combining theoretical insights derived from a systematic literature review with empirical data collected through a structured online survey targeting healthcare professionals. The aim of the survey was to assess the general knowledge of health professionals, especially at primary level, on the diagnosis and initial management of Charcot neuroarthropathy. An invitation to participate in the survey was sent to 203 health professionals. A total of 102 responses from doctors and nurses were received, with a response rate of 50.2%.

Results: Of the respondents, 71.7% rated their knowledge of the diagnosis and initial management of Charcot neuroarthropathy as insufficient. Based on the theoretical information and the results of the survey, a Charcot neuroarthropathy detection algorithm was developed as a result of the development project in June 2023.

Conclusions: The Estonian Diabetes Association named the project the achievement of the year 2023. Subsequent to its formulation, the algorithm has been introduced in four health centres and incorporated into two nurses training programs.

Implications for Practice: The ongoing implementation involves further training sessions for health professionals and dissemination through relevant publications. In addition, the project author is exploring the possibility of publishing a Charcot neuroarthropathy detection and early intervention algorithm as an annex to a forthcoming diabetic foot medical guideline. To assess the sustained impact of the algorithm, the project author plans to conduct a follow-up survey of health professionals up to three years postimplementation.

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P4 DEVELOPMENT OF ADVANCED PRACTICE NURSE ROLE IN OPHTHALMOLOGY

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(On behalf of the project group)

Background: Advanced Practice Nurses (APNs) are integral part of ophthalmic services in several countries and the role should be developed also within Finnish ophthalmology departments. Research shows that APN's improve patient satisfaction, patients' access and cost-effectiveness of the services and the provided care is safe, high quality and holistic. Patients report that the APN's have more time to explain and answer questions. It is imperative to develop career pathways also in clinical ophthalmic nursing.

Aim: To develop the role of Advanced Practice Nurse in ophthalmology.

Methods: The project group utilized scoping review conducted on APN roles in ophthalmology and a plan for role development was agreed for the Oculoplastic Unit. English Advanced Practice Protocol for Nurses - Oculoplastic Minor Lid Surgeries was translated into Finnish and modified to follow Finnish healthcare and organizational guidelines. An experienced ophthalmologist was named for education, support, and development of the role. Additionally, criteria for patients cared by APN's were assessed.

Results: The first ophthalmic APN is caring for patients in Oculoplastic Unit. Currently, her work includes patient education, support, and removal of post-operative stiches. Next stage is to develop competencies in minor lid surgeries to remove eyelid lesions and biopsies. The APN role has already improved patient access to care.

Conclusions: The development of APN role in ophthalmic nursing is possible with experienced clinical nurses with master's degree, support of nurse leadership, medical staff, and active work environment.

Implications for Practice: The developed APN role supports independent practice, increases work satisfaction and commitment to the organization.

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P5 CANCELLED

P6 MORAL DISTRESS IN OLDER ADULT CARE: A SCOPING REVIEW

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Background: Moral distress among nurses is well researched and described in the literature. However, research about nurse leaders and their moral distress is lacking. Moral distress is something that care leaders experience daily in an older adult care context, and it is considered to have increased. Research has shown that healthcare workers in older adult care experience moral distress more than in other healthcare areas. The rapidly changing healthcare and the increased emphasis on efficiency have led to ethical conflicts becoming increasingly common in care environments. As a result, nurse leaders often find themselves in a state of moral distress, experiencing moral distress due to their inability to act according to their ethical values. This study attempts to address the current gap in knowledge about moral distress experienced by care leaders.

Aim: The aim of the study is to explore definitions of moral distress in older adult care based on previous research.

Methods: Research design, and research context: a scoping review was conducted in the databases Cinahl, Medline, PsycInfo and Web of Science. The study was conducted following the JBI the scoping review framework (2020). The data material was collected from scientific journals, reports, and theses both peer-reviewed publications and grey literature are included. To get a current overview of the subject in question, the selection of the material was limited to the last decade, i.e., 2010–2023.

Results: The findings display different definitions of moral distress based on earlier research.

Conclusions: Future research could focus on exploring moral distress according to nurses' perspectives.

Implications for Practice: The findings define moral distress based on previous research and discuss the implications for practice.

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P7 THE PREVALENCE, LEVEL, AND CHARACTERISTICS OF PTSD AMONG ONCOLOGY NURSES IN OMAN; IMPLICATION PRACTICE AND POLICY MAKING.

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Background: Anxiety among nurses may begin as soon as they are hired and continue to rise over time, with varying degrees and consequences. Although all nurses are at risk, anxiety is especially prevalent among cancer nurses; PTSD, for example, has a crucial impact on nurses' profession.

Aim: This study examines the extent of oncology nursing-related post-traumatic disorder in Oman.

Methods: This study used a cross-sectional design with a convenience sampling approach. A sample of 157 participants completed the study questionnaires, including a socio-demographic questionnaire and the Post-traumatic Stress Disorder Checklist for DSM-5 (PCL-5), between May and June 2023.

Results: The prevalence of PTSD among the study participants was estimated, with 62.3% (n = 109) of participants reporting the lowest level of PTSD (45.14%) compared to moderate (14.8%) and high (2.36%). The results of the current study indicate significant differences in overall oncology nursing-related PTSD in terms of participant's gender ($t = 36.225$, $P = .000$), marital status ($t = 40.217$, $P = .000$), level of education ($F = 41.333$, $P = .000$), medical history ($t = 45.685$, $P = 0.000$), and clinical experiences ($F = 52.333$, $P = 0.00$).

Conclusions: Nurses in cancer wards must be skilled in handling high-stress levels and complicated situations, providing medicine, and taking safety precautions. They must collaborate with a multidisciplinary team to diagnose, treat, and raise awareness about PTSD.

Implications for Practice: For nurses to remain healthy generally and be able to give patients the care they need, early interventions are essential. Policymakers and nursing administrators are investigating strategies, such as creating health education, lowering stigma, improving accessibility, and offering a support system, to lessen psychological issues among pressure-worked nurses.

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P8 USERS' PERCEPTIONS OF PATIENT SAFETY INCIDENT REPORTING SOFTWARE – A QUESTIONNAIRE DEVELOPMENT

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Background: Although underreporting does not enable effective prevention of patient safety incidents and system-related barriers are recognised as one reason for underreporting, users' perceptions of incident reporting software and software's development needs are an understudied topic.

Aim: To develop a new questionnaire to collect users' perceptions of their current patient safety incident software and their development needs.

Methods: The tool development steps by DeVellis were followed: 1) Identification of the previously used tools (n=3) and the topic's content from the literature and previous systematic review, 2) Initial draft (27 items, 6 open-ended questions) based on the first step, 3) 5-step Likert scale was chosen for structured items 4) An international expert panel (n=12) assessed the content and face-validity. The second draft was translated into Finnish by the research group's Finnish members (n=3) and back-translated into English by an official translator. Finnish members of the expert panel (n=5) assessed the language and suitability in the Finnish healthcare context. The pilot study for health professionals (n = 6) was conducted.

Results: Some new items were made, and overall clarity was improved after the expert panel. The Item-CVIs were 0.64–1.00 for relevance and 0.55–1 for clarity. Three items with Item-CVIs lower than 0.78 for relevance were removed. Scale-CVI/Ave was 0.91. The pilot study revealed that the questionnaire was easy to understand.

Conclusions: The developed questionnaire, including 10 background questions, 23 structured items, and 7 open-ended questions, enables the collection of incident reporting software users' perceptions of used software and their development needs. Further testing of reliability and validity will now continue.

Implications for Practice: Users' detailed and practical perceptions of current patient safety incident reporting software can be utilised to develop more suitable and efficient reporting software for daily clinical practice. Software that better serves the practice could increase reporting rates.

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P9 DEVELOPMENT AND VALIDATION OF AN OBSERVATION TOOL FOR ASSESSING THE USE OF THE ISBAR REPORTING METHOD

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Background: Communication related to information flow between healthcare professionals has been identified as a key risk factor for patient safety. Structured reporting methods has been developed, and one of the most well-known is the ISBAR (Identify, Situation, Background, Assessment, Recommendation). While the use of ISBAR has been studied to some extent internationally, there is lack of studies conducted in Finland.

Aim: The study aim was to develop an observational tool to evaluate the use of the ISBAR reporting method and to evaluate its validity and reliability in acute care in Finland.

Methods: The development of the observational tool was based on the literature review and the ISBAR reporting protocol developed by Finnish Nurses' Association. The content validity, clarity and feasibility of the developed tool were assessed by experts (n=10) representing one university hospital.–Both item-level (I-CVI) and scale-level (S-CVI/Ave) content validity indexes were calculated from experts' evaluations. The tool was then piloted at one ward in university hospital by observing end-of-shift reports (n=10). The purpose of the piloting was to evaluate the reliability of the developed observation tool by comparing the consistency of observations made by two healthcare professionals. Consistency was reported as percentages and Cohen's kappa coefficient.

Results: Results demonstrate that the observation tool has good content validity (S-CVI/Ave .89). Based on the pilot test, the observation tool has high reliability. The Kappa average of observations was .84 and consistency percentage was 92%. The consistency of observations on a single variable was between 80% and 100%.

Conclusions: There is a need for further testing of the tool. In particular, the feasibility and reliability should be further examined in different nursing contexts and situations.

Implications for Practice: In the future, the observation tool can be used in evaluating the use of the ISBAR and developing patient safety.

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P10 MEDICATION SAFETY SELF-ASSESSMENT AT HOSPITAL WARDS OF TAMPERE UNIVERSITY HOSPITAL AND WELLBEING SERVICES COUNTY OF PIRKANMAA

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Background: The Finnish client and patient safety strategy and implementation plan for years 2022-2026 defines that ensuring medication safety is the duty of service providers. In line with the strategy, a medication safety self-assessment tool and model were developed by a multidisciplinary team in Tampere University Hospital in 2022. The tool was developed utilizing published medication safety audit tools and organization's own safe medication practice guidelines.

Aim: Describe the present state of medication safety and identify key areas needing development. Describe how medication safety has been developed between the assessments carried out in 2022 and 2023.

Methods: The self-assessments were conducted at the wards by organizing a multidisciplinary meeting including a physician, nurse, pharmacist, and head nurse. The assessment tool included 80 items with six areas: general procedures, quality management, high-risk medications, safe medication practices, medicines logistics and medical devices. The answer scale was based on a four-point Likert Scale, with "not applicable" option. Results were analyzed qualitatively and quantitatively.

Results: In 2022, when assessments were conducted at the first time, 61 specialized hospital wards participated. In 2023, also primary healthcare wards participated, and in total, 76 wards participated. Well-performed areas in both years were that medication licenses of nursing staff were at required level and responsibilities of different professions were defined in the medication management plans. Main areas needing development were ensuring patients' up to date medication lists, educating new staff on the ward's medication practices and learning from medication safety incidents.

Conclusions: Self-assessments provided information on the current state of medication safety at hospital level and will be conducted yearly. Results are used when prioritizing development actions.

Implications for Practice: Self-assessment acts as a systematic intervention for wards, engaging a multidisciplinary team to evaluate their own practices. It also provides an overview of the medication safety at hospital level.

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P11 IMPACT OF INTRODUCING PREFILLED ATROPINE SYRINGES IN OPHTHALMIC SURGERY: ASSESSMENT OF MEDICATION SAFETY AND ENVIRONMENTAL SUSTAINABILITY

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Background: It is common that intravenous atropine injection is prepared in advance to treat oculocardiac reflex (acute bradycardia) during ophthalmic surgery. Every year, hundreds of atropine syringes prepared from ampoules are unused and discarded from ophthalmology operating rooms. Ready-to-use prefilled atropine syringes are already available, but they are not widely used not only in Finland but worldwide.

Aim: The aim of this project was to analyse the risk of medication safety and environmental sustainability (budget and waste) associated with the use of atropine ampoules and ready-to-use prefilled syringes of atropine (hereafter PF).

Methods: Failure Mode and Effects Analysis (FMEA) was performed to assess the risks associated with medication use of two types of atropine injections. A higher score means a higher risk. The impact of PF on drug costs was investigated based on other operating rooms that have already used PF.

Results: The use of atropine ampoules indicated a higher risk of medication safety (risk profile number, RPN=297 scores) compared to PF (RPN= 74 scores). The major risks were associated with the preparation of ampoule drawn injection such as limited shelf life (2-12hours) and look-alike, sound-alike (LASA) medication errors. PF reduced the costs of atropine injections by more than 50% and minimized waste of unused atropine injections. A literature search supported the results.

Conclusions: This project confirmed that transition to PF can improve medication safety and meet environmental concerns by eliminating the left-over atropine injections.

Implications for Practice: The results of this project may be applicable to other acute care settings where intravenous atropine injections are prepared in advance. Lack of knowledge about safe and environmentally friendly medication is considered a significant barrier to the introduction of PF in operational units. Nursing managers should endeavor to provide latest information concerning medication safety and environmental issues in a variety of settings.

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P12 PREFERENCE-BASED PARTICIPATION IN RELATION TO THE IMPLEMENTATION OF A PERSON-CENTERED HANDOVER MODEL

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(On behalf of the research group)

Background: Moving nursing shift-to shift handover from the office to patient's bedside appears to be a challenging process, despite reports of patients' willingness to participate. A person-centered handover model (PCH), inspired by the Australian "Bedside handover model", was implemented per the framework integrated-Promoting Action on Research Implementation in Health Services (i-PARIHS).

Aim: To evaluate preference-based participation in relation to the implementation of a person-centered handover model.

Methods: A pretest-posttest study design, without comparison group. Adult patients were included from nine units at a university hospital, n=228 at pretest and n=253 at posttest. Patients preferences for (12 items) and experiences of (12 items) participation were assessed by means of the 4P-tool, Patient Preference for the Patient Participation. By using those scores, patients' preference-based participation (insufficient-fair-sufficient) were calculated.

Results: No differences between patients at pretest-posttest were identified regarding preference-based participation. The nurses used the PCH-model in 49% of the posttest handovers. Those who received PCH had sufficient preference-based participation in the item *Sharing one's symptoms* with staff to a greater extent than patients at pretest. Of those who not received PCH (51%) at posttest, 27% would have wanted PCH. Compared to patients not received but wanting PCH in the posttest group, patients who received PCH had sufficient preference-based participation to a greater extent in the following items: *Sharing one's symptoms with staff, Reciprocal communication, Being told what was done, Taking part in planning*.

Conclusions: This evaluation of preference-based participation highlights the importance of recognizing patients' willingness to be present or not at PCH. Further facilitation of the innovation, recipients and context is needed for a successful implementation of a person-centered handover.

Implications for Practice: Patients generally want to be present at PCH. Nurses should confidently invite all patients without hesitation, as PCH has the potential to improve preference-based participation.

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P13 NURSES MANAGING QUALITY MEASUREMENT – DEVELOPMENT OF QUALITY MEASURE WORKSHOP

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Background: In the past decade, Israeli Ministry of Health initiated national programs of quality measurement. Nursing plays an integral role in providing high-quality patient care. Nurses participate in quality measurement (QM) and reaching designated goals. However, nursing knowledge often is insufficient. There is a need to expose nurses to full spectrum of QM usage and development.

Aim: As part of a nursing leadership management course (NLMC), a QM workshop focused on development and implementation of quality indicators (QI) developed. In order to expose the NLMS student to full spectrum of QM including development and implementation of QI

Methods: Participants in a leadership management course took part in a two-day QM workshop allowing them to expertise in QI development and implementation. Participants requested to fill anonymized feedback questionnaire immediately after the workshop.

Results: 40 nurses participated in the workshops over 3 years of the project. Mostly (92%) females, all having a bachelor's degree, 30% holding a master's degree, and 96% working full-time. 60% of the participants indicated QI topic was not well known before the workshop. Most stated they received practical tools for QM and QI development (90%). All respondents stated the workshop was important and contributed to their management skills. The most valuable learning aspect was the experience in developing QI. The major topics were nursing care and management in medical centers and community. The majority of the respondents (87%) wanted to implement the QI they developed in their departments.

Conclusions: Nurses, especially in managerial roles, must be partners and leaders in the QM process. Especially in development and implementation of QI. Short and focused workshop allowing exposure and practice of the topic, thus fully empowering nurses to lead the QM and QI development and implementation.

Implications for Practice: Short QM workshop for NLMC participants allow them to acquire important tool for use in clinical practice.

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P14 BOTTOM-UP DEVELOPMENT OF ICU QUALITY INDICATORS

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Background: In Israel, nationwide healthcare quality measurement is well established, with ten years' experience of Israel National Program for Quality -Indicators (NPQI) tracking the quality of care in general, geriatric-rehabilitation, and psychiatric hospitals, as well as in family health centers and emergency medical services (EMS). The original process of selecting quality indicators for measurement involved INPQ measurement experts developing indicators to which service providers were required to adhere. However, this approach does not allow the flexibility or creativity required for healthcare professionals to develop tailor-made quality measures to improve the quality of care in their units. In order to encourage clinical professionals to develop local measures, the NPQI collaborated with ICU healthcare professionals from both the Israeli Intensive Care Nursing Association (IICNA) and the Israeli Intensive Care Physicians Association (IICPA) to develop clinical quality measures.

Aim: To engage clinicians in a bottom-up framework for the identification of important measurement topics and development of quality care indicators.

Methods: Under the leadership of NPQI measurement experts, several topics suitable for measurement were defined. These were then discussed in depth and refined with representatives from the intensive care nursing (IICNA) and medical (IICPA) associations. Following this, the approved measures were presented to IICNA and IICPA board members.

Results: The NPQI and ICU healthcare professionals (IICNA& IICPA) collaboratively developed eleven measures, covering various topics relevant to intensive care, for hospital self-assessment in the ICU. The topics include ventilation and airway management, skin integrity, nutrition, patient admission and discharge, and complications of immobility.

Conclusions: Collaboration with clinical specialists is a valuable tool for developing quality indicators for use at the departmental and/or hospital level. This approach enables quality improvement in areas that are not subject to national measurement.

Implications for Practice: Collaboration of quality measurement and clinical specialists for developing quality indicators in various clinical fields is a valuable tool for promoting quality of patients care on various levels. This practice should be promoted.

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P15 INCIDENCE OF NASOGASTRIC TUBE RELATED PRESSURE INJURY IN ICU

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Background: Incidence of Medical Device-Related Pressure Injuries (MDR-PI) related to Nasogastric Tubes (NGT) is under-investigated. This is particularly significant in Intensive Care Units (ICUs) because ICU patients are highly susceptible to MDR-PI development.

Aim: to conduct ongoing monitoring of patients with NGT in ICU to ascertain the incidence of NGT MDR-PI.

Methods: prospective cohort study. Inclusion criteria: adult ICU patients with NGT inserted during ICU stay or shortly before ICU admission. Exclusions: patients with facial injuries/wounds/ulcers. Research team conducted daily monitoring for the NGT-MDR-PI. Upon PI detection, its location&stage documented.

Results: Data collection from July 2022 to July 2023 in 18 bed sized general ICU of large medical center in Israel result in 60 patients recruitment. NGT-MDR-PI incidence was 5% (3/60). No relation between NGT-MDR-PI development and albumin at admission, patient age or comorbidities found.

Conclusions: To our best knowledge, this is first prospective long-term study dedicated solely to NGT-MDR-PI incidence in ICU. The incidence of NGT-MDR-PI are lower than Endotracheal tube (ETT) MDR-PI. The difference lay in life-treating condition of accidental ETT removal which necessitates stronger fixation. Another reason for lower NGT-MDR-PI incidence comparing to previous studies is dedicated PI nurse that is part of the ICU nurses team who is responsible for various aspects of PI and wound development and treatment and leading the issue in the ICU.

Implications for Practice: Incidence of MDR-PI related to NGT is under-investigated while ICU patients are highly susceptible to MDR-PI development; Current single center prospective 1 year-long cohort study find 5% incidence of NGT-MDR-PI; A contributing factor to the relatively low incidence of NGT-MDR-PI could be the presence of a specialized PI nurse within the ICU nursing team.

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P16 ASSOCIATIONS BETWEEN UNDERSTAFFING IN NURSING AND PATIENT TURNOVER WITH QUALITY OF CARE

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Background: Understaffing in nursing and a rapid patient turnover have been found to be associated with a decreased quality of care. As a part of a larger research project on nursing staff dimensioning on the wards of a university hospital, associations between understaffing in nursing and patient turnover with the quality of care were examined.

Aim: To explore the associations between understaffing in nursing and patient turnover with the quality of care on the wards of a university hospital.

Methods: The data were collected from the hospital's electronic records management systems, and it covered the data from 1/1 – 6/30/2021. Statistical analyses were performed.

Results: Associations between understaffing in nursing and patient turnover with the quality of care were examined as associations with the incidence of infections, incidence of hospital-acquired pressure ulcers and incidence of fall events at the hospital. Understaffing in nursing (more than 20 % less of the median of the realized nursing hours) was associated with incidence of infections ($r = 0,059$, $p < 0,001$), pressure ulcers ($r = 0,373$, $p < 0,001$) and fall events ($r = 0,205$, $p < 0,001$). A rapid patient turnover was associated with the higher incidence of infections ($r = 0,06$, $p < 0,001$), pressure ulcers ($r = 0,231$, $p < 0,001$) and fall events ($r = 0,240$, $p < 0,001$). The larger number of patients treated at the hospital for less than 24 hours was associated with the incidence of infections ($r=0.06$, $p<0.001$), pressure ulcers ($r=0.233$, $p<0.001$) and fall events ($r=0.242$, $p<0.001$).

Conclusions: Understaffing in nursing and a rapid patient turnover are factors decreasing the quality of care of patients on wards.

Implications for Practice: The care needs of patients treated at the hospital for less than 24 hours should be examined and the most proper unit for their care should be considered to avoid critical levels of understaffing.

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P17 ASSESSMENT OF PATIENTS' DECISION-MAKING COMPETENCE FROM NURSES' PERSPECTIVE AND PATIENT DECISION-MAKING IN SPECIALISED MEDICAL CARE SERVICES

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Background: Decision-making is a key part of care and takes place at different stages of treatment. Assessing patient decision-making competence is important both for the realization of patient rights and for the protection of vulnerable patients. Nurses are closely involved in the patient's care, and thus play a significant role in assessing decision-making competence. There is only a small amount of previous research on the assessment of patient decision-making competence by nurses.

Aim: The aim of the study was to produce information that can be utilized in the development of new practices to assess the patient's decision-making competence and thus to improve the quality of care. In addition, methods can be developed to promote patient participation in decision-making.

Methods: The study design was qualitative descriptive research. In total, forty-five nurses working in specialised medical care engaged in this study. The data were collected with an electronic questionnaire containing open-ended questions and analyzed by inductive content analysis.

Results: The results showed that only some of the nurses assessed patient decision-making competence. There are no instruments used for assessing the patient's decision-making competence, and this assessment and the capacities assessed vary widely. Patients make decisions about care, advance care planning and medications, their own commitment to care and privacy, and daily care and activities. Cooperation between professionals, relatives, and the patient, providing information and asking for an opinion, open communication and a trustworthy atmosphere, as well as the role of nurses as supporters of patient's self-determination were seen as important ways to promote patient participation in decision-making.

Conclusions: Healthcare professionals can support the patient's participation in decision-making in various ways, but there are no evidence-based methods available.

Implications for Practice: In the future, the implementation of evidence-based methods would be important to improve the quality of care.

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P18 MULTIPROFESSIONAL CO-OPERATION IN PREVENTING PRESSURE INJURIES

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Background: Helsinki University Hospital (HUS) pressure injury (PI) working group (PIWG) is established 2013. This multiprofessional group was given a task to reduce pressure injuries in HUS area. There was a need for professionals to use validated measures to identify patients at risk of PIs and therefore enhance the quality of care and patient safety.

Aim: PIWG`s goal is to prevent pressure injuries during hospitalization. HUS nursing strategy goal is that the prevalence of HAPI (hospital acquired PI), grades II-IV, is < 1.9% on adult`s wards and <7% in adult`s intensive care units.

Methods: PWIG developed a risk assessment tool (PPI) that is scientifically validated. In addition, Prevent PI – protocols were developed for different environments (N=6). PWIG organizes education, events, and prevalence studies since 2014.

Results: Prevent PI protocols are used throughout the organization and are included in patient record system. To ensure competence there is online training. The units carry out PI prevalence monthly and it has decreased in recent years. The occurrence of PIs and the implementation of preventive interventions can be monitored from the reporting system later this year.

Conclusions: Protocols were developed for different environments by employee-driven methods. The multiprofessional group was able to enhance the prevention of PIs, but there still are some areas of care that need to be concentrated on.

Implications for Practice: Assessment of the prevalence of HAPI and education for health care professionals must be continued. The activities of the multiprofessional working group are developed according to the criteria of the Magnet[®] Recognition Program. The co-operation with the primary care level needs to be improved.

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P19 THE RELATIONSHIP BETWEEN NURSING WORK ENVIRONMENT, EMPOWERMENT, AND QUALITY OF PATIENT CARE: AN APPLICATION OF DONABEDIAN'S STRUCTURE, PROCESS, AND OUTCOME MODEL

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Background: Healthcare policymakers place a high priority on improving the quality of patient care. Evidence suggests that high-quality care has been associated with working in a healthy environment. The mechanism underlying this relationship, however, needs to be further explored.

Aim: The aim of the study was twofold: (1) to assess the relationship between nursing work environment and quality of patient care and (2) explore the mediating role of empowerment.

Methods: A proportionate stratified cluster sampling method was employed to recruit staff nurses working in Oman. Nurses' perception of the work environment, empowerment, and quality of patient care were assessed using four standardized instruments. A multivariate logistic regression was conducted to assess the relationship between the work environment and care of patient quality. The role of empowerment in mediating the relationship between the work environment and quality of patient care was examined using Hayes' process.

Results: The sample included 2000 nurses. 82.8% of nurses rated patient care as good/excellent. Quality of care was significantly influenced by the work environment. Specifically, sufficient staffing (OR = 1.550, 95% CI = 1.083 -2.218, p = 0.017), managerial support (OR = 2.031, 95% CI = 1.318-3.130, p = 0.001), and a strong foundation for quality of care (OR=1.890, 95% CI = 1.077-3.315, p = 0.026) were associated with better patient care. The findings also showed that empowerment mediated the relationship between work environment and quality of patient care.

Conclusions: Improving the work environment is a promising strategy for improving patient care.

Implications for Practice: Empowering nurses, engaging them in quality-related activities, providing sufficient staffing, and providing leadership support are strategies that can be used by nurse leaders to improve quality of patient care.

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P20 A DEEPER INSIGHT INTO EXISTENTIAL SUFFERING: EXPERIENCES OF PATIENTS WITH CANCER ILLNESS

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Background: There is an inequality between the caring science and the medical science in the health care organizations. Many patients and some health care professionals suffer from this. There is a need for existential knowledge and care. The suffering that is caused by unmet care needs may either increase or decrease the patients' search for help. The unresearched phenomenon failure demand may rise from before mentioned problems.

Aim: To reach a deeper understanding of patients' existential suffering and what they need to alleviate the suffering in cancer care.

Methods: A qualitative inductive method was used. The data material consisted of transcribed texts from semi-structured interviews with ten Finnish women who suffered from, or had suffered from cancer illness. The interviews were conducted via video call or phone call. A qualitative content analysis was carried out.

Results: The research persons experienced strong existential threat, distress and sorrow and a necessary need for human closeness and dialogue over time. The encounter of health care professionals can either increase or alleviate the patient's suffering. The organization impacts the care design and therefore also directly the suffering of the patient.

Conclusions: The study points out that caring science has no real place in the health care organizations and no resources, and this causes existential suffering in patients. Failure demand may arise when the patient's needs are not met.

Implications for Practice: With this study the health care organizations may have a deeper understanding of the cancer patients' existential suffering and what they need to alleviate the suffering in cancer care. The health care organizations may make space and put resources for caring science in practice and with that alleviate the patients' suffering and decrease failure demand. Decreasing failure demand may save time and resources for the health care organizations in the long run.

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P21 THAI BUDDHIST WIDOWS TRAJECTORY EXPERIENCED AFTER FACING SUFFERING FROM SUDDEN LOSS OF SPOUSE

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Background: Sudden loss of a beloved one who their breadwinners were deeply suffering among Thai women in the southernmost region of Thailand. However, they were struggling and overcame the situations by themselves under the support from the Thai government and healthcare professionals. In addition, the way that the widows used to overcome the difficult situation was never explored.

Aim: This study aims to describe the healing process of Thai Buddhist widows who experienced facing the sudden loss of beloved one by the violence, in southernmost region of Thailand.

Methods: Grounded theory approach was used as a research methodology. Thirteen Buddhist widows in different background were purposive selected to participate in the study as key informants, including three psychiatric nurses were participated as an assistant informants.

Results: The healing process named as “Reconciliations for Harmonious Life”. This core category comprised of three main subcategories consisting of; 1) Realizing the loss and learning to survive, 2) Cultivating to balance life, and 3) Fulfillment with the new life. Two main factors were facilitated in the process. They comprised of; 1) Internal factors: religion, belief, concerning of their parent’s love and the future of children, self-abilities and perceived self-abilities, 2) External factors: support from family members and friends, caring from psychiatric nurses and health care provider teams, monetary compensation from the government. In addition, Thai Buddhist widows reflected that psychiatric nurses played an important role in the healing process. Since, the process has been dynamic and receiving continuing support from the nurses and widows colleague.

Conclusions: The knowledge gained from this study could be used for developing the appropriate nursing interventions to promote the healing process of widows. Furthermore, the conceptual model derived from this study is required to be tested for further research.

Implications for Practice: The knowledge retrieved from this study used to provide the appropriate intervention for widows’ sufferers, and others.

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P22 INTEGRITY LINKS ETHICS AND EFFICIENCY IN NURSING LEADERSHIP – NURSE LEADERS' VIEWS

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Background: Today's healthcare organizations are organized to achieve efficient and effective care and are also focused on good outcomes for the patient. In order to achieve the organization's goals, nurse leaders therefore need to balance leadership and management by both leading human relationships and managing the operational processes. Healthcare and care work should also create value for the patient, while leadership is needed to improve care and operational processes. Nurse leaders are thus faced with many demands to manage respectful, dignified and safe care that is also evidence-based, financially stable and sustainable.

Aim: The aim of this study was to explore nurse leaders' perceptions of the importance of integrity in enhancing nursing leadership that is effective and ethically sustainable.

Methods: A qualitative exploratory design was used with multistage focus group interviews as method. 9 nurse leaders participated in the focus group interviews. The participants were selected in consultation with the chief nursing officer and the chief nursing officers of a hospital in Finland. The interview material was analyzed using qualitative content analysis. Permission for the study was granted by the CEO of nursing care at a hospital in Finland.

Results: The findings revealed one main theme "Integrity links ethics and efficiency" followed by the subthemes "Leading with integrity", "Integrity as a characteristic trait of the nurse leader", "Integrity is shaped by personality, personal growth and work experience", and "Leading with Efficiency".

Conclusions: The study highlights integrity as the key element in enhancing an effective nursing leadership that is ethically sustainable. Future research should focus on exploring integrity in nursing leadership from nurses' views.

Implications for Practice: The results of the study are valuable for nurse leaders and other nurse professionals highlighting the fundamental element of integrity as the cornerstone for enhancing effective leadership that is both ethical and sustainable.

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P23 ETHICAL ISSUES ENCOUNTERED BY NURSE MANAGERS IN LONG-TERM CARE OF OLDER ADULTS: AN INTERVIEW STUDY

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Background: Nurse managers (NM) constantly face ethical issues in their work in long-term care settings (LTCS) for the older adults. The residents are frail and have several health problems. They are cared for by employees, most of whom have a rather low educational background, but who nevertheless work mostly independently. Social and global changes are also reflected in the work of NMs.

Aim: Our aim was to describe the ethical issues that NMs encounter in their work.

Methods: We randomly sampled LTCS service providers in Finland and 23 NMs from seven organizations participated in semi-structured group interviews in 2021. We analyzed the data using conventional content analysis. This was a sensitive study because it was connected to the participants' individual views of the world, professional ethics and social and health care legislation. The participants' provided informed consent and their anonymity was guaranteed.

Results: The ethical issues encountered by NMs in LTCS were ensuring residents' right to self-determination, ethical decision-making regarding employees and processes, fulfilling ethical leadership despite conflicting role in an organization and defending ethical care in society.

Conclusions: The care given in LTCS always ends in death, which puts NM in a position where both employees, residents and their relatives are at the edge of existential questions and reablement does not offer an endless solution. In LTCS, NMs are left to their own personal ethics and management becomes difficult when NMs must deal with the whole spectrum and the finite of life. NMs should be given a real opportunity to lead their employees and be involved in all decision-making of the organization.

Implications for nursing practice: The results can be used to support NMs and in including ethical issues when planning organizational management structures.

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P24 VERBAL ABUSE BY NURSING PROFESSIONALS IN SOCIAL SERVICES' CONTEXT

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(On behalf of the research group)

Background: Verbal abuse is reported occurring in social services. Trained nursing professionals are an integral part of social care, thus being involved also in such abuse cases, but little studied.

Aim: This cross-sectional study aimed to describe verbal abuse conducted by nursing professionals in social services, based on mandatory reports of 'risks in implementing social services' in a relatively new Spro reporting system. The further aim was to describe implemented actions due to the reports.

Methods: The reports of 'risks in implementing social services' in SPro reporting system, submitted from 2016 to 2020 (n=1433), by all social services professionals, were extracted. The verbal abuse reports describing the abuse committed by professionals (n=34) were analysed using inductive content analysis.

Results: Half of all professionals using verbal abuse were registered professionals (n=17), and of those, the majority were nursing professionals (n=11). The verbal abuse by nurses was using inappropriate verbal styles such as shouting and yelling or ignoring clients' views, oppressing by berating and dominating by diminishing or threatening clients aggressively. Sometimes physical violence was involved with verbal abuse. The clients experienced emotional distress and compromised responses to their needs. The identified implemented actions due to the SPro-reports concerned monitoring, support and education of professionals and enhancing awareness of verbal abuse, related boundaries and reporting.

Conclusions: The final sample was minimal; however, the results highlight the need for proactive training of nursing professionals concerning professional encounters and the importance of verbal abuse reporting. It is needed for protecting vulnerable clients and patients.

Implications for practice: Systematic recurrent training about verbal abuse, preventive support possibilities, reporting responsibilities and guidance for whistleblowing is needed for nursing professionals in the social services context. Future studies are needed with wider sample and about verbal abuse by nursing professionals in hospital settings.

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P25 THE USE OF WELLBEING TECHNOLOGY WITH PATIENTS WITH PAIN - THE BARRIERS AND FACILITATORS FROM THE PERSPECTIVE OF PRACTICE AND EDUCATION

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Background: Technology has become more and more present in society and offers the opportunity to digitalize and improve health care, for example through mobile-based interventions. However, research indicates that healthcare professionals' skills may not be updated on how to use technologies in cooperation with patients. Based on the literature search, the technological skills and competencies for the future health care professionals include technological expertise, knowledge of technology and technical know-how. To achieve these goals, health care professionals must be aware of the used technologies that are essential for the care of patients with pain (PwP).

Aim: The objective of this ongoing study is to describe the health care professionals, students and educators' experiences and skills of available wellbeing technology in the care of patients with pain. The aim of this study is to describe the barriers and facilitators of using this wellbeing technology in the care of PwP.

Methods: This qualitative research is a part of a larger study. Data was collected in an Erasmus + project. A focus group interview was performed including health care professionals, teachers, and students in nursing and physiotherapy. Data analysis was performed with inductive content analysis. Ethical review was carried out and the approval for the study was received by the Ethical committee.

Results: To be able to design common concepts and teaching methods in access to wellbeing technology, it is important to gain and share information and experiences between education and practice. It is also essential to know, what are the practical needs of health care professionals to be able to use wellbeing technology to increase the quality of life of the patients with pain.

Conclusions: It is important to learn how to use technology both in health care education and in practice environment. This demands more technology exercises and practical use in health care professionals' education. In addition, we need to study and understand better what kind of skills and competencies health care professionals need on future to use technology with patients with pain.

Implications for Practice: The information about the possibilities of the available wellbeing technology is essential to be able to increase the quality of life for patients with pain.

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**P26 ENHANCING CHRONIC PATIENT CARE AND SAFETY IN HELSINKI CITY'S
PRIMARY HEALTH CARE: A COMPREHENSIVE APPROACH TOWARDS
STANDARDIZATION, DIGITALIZATION, AND IMPROVED PATIENT SAFETY**

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Background: Inequalities and inconsistencies existed both in the treatment of individual patients and in the care processes of chronically ill patients in Helsinki's primary care. Chronic patient care pathways and processes were outdated and lacked validity, leading to inconsistent quality, unequal follow-up, and potential risks to patient safety.

Aim: This project aimed to align care practices with the Current Care Guidelines, standardize structures, and streamline processes for the care of chronically ill patients in Helsinki's primary care.

Methods: A multidisciplinary panel of experts came together in workshops encouraging collaboration and the exchange of knowledge. Emphasis was placed on leveraging digital applications within the care process. Furthermore, a standardized procedure for creating, adopting, and updating care guidelines was implemented, which is applicable to all care guidelines in the Helsinki city's primary care.

Results: The project defined and clarified care pathways, processes, and guidelines for chronically ill patients. This ensures a consistent and equal quality of care and increases patient safety. Updated guidelines were exported into a digital platform which increases accessibility and usability.

Conclusions: The initiative successfully established a consistent care process across the Helsinki city's health stations. Not only enhancing the quality of patient care but also improving the consistence of care. Evidence-based and up to date guidelines, which are accessible on a digital platform, empower professionals to systematically assess and monitor their work.

Implications for Practice: The standardized guidelines, which can be digitally accessed, across Helsinki's health sector hold significant practice implications, including improved patient safety. Accessible and up to date guidelines, rooted in evidence, enhance patient care quality, and enable professionals to systematically assess their work. This structured digital approach contributes to a more efficient healthcare delivery system in primary care setting, emphasizing the vital role of structures, processes, and outcomes in clinical patient care and safety.

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P27 VIRTUAL OSCE IN NURSE PRESCRIBING EDUCATION

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Background: In nurse prescribers' curriculum Objective Structured Clinical Examination (OSCE) is defined as one method of ensuring the competence in clinical assessment and examination. Due to the Covid-19 the OSCE exams in nurse prescriber education in Jamk UAS were implemented virtually during 2020. Each student solved three different simulated standardized nurse's appointment cases, which were urinary tract infection (UTI), appendicitis, back pain, and vaccination. OSCEs were performed via remote connection where the student, a teacher and an actor patient were present. The standardized form was used in evaluation.

Aim: To compare the results of the virtual OSCE with the corresponding results in classroom setting. In addition, the students' feedback of the virtual OSCE was collected.

Method: The study includes 42 virtual OSCE and 47 classroom OSCE evaluation forms. Furthermore, the students' self-evaluation and general feedback of the virtual OSCE were collected. Quantitative and qualitative methods were used for the data analyses.

Results: Four virtual OSCEs were successfully implemented. The overall score average of the virtual OSCEs was lower in appendicitis, and vaccination cases compared to classroom setting. In back pain and UTI cases, the average scores were higher in virtual OSCE. According to the students' feedback UTI and vaccinations OSCEs are feasible to implement remotely. However, the other cases are reasonable implement in classroom setting.

Conclusion: Although there were small differences in the scores between remote and classroom OSCEs, it is not feasible to consider all OSCE exams remotely. According to the students' feedback, the most suitable cases are those, where clinical decision-making is based on patient's interview and medical history without clinical examination.

Implications for the Practice: Virtual OSCE method can be used judiciously ensuring competence. Furthermore, results can be utilised in developing nurse prescribers' remote appointments.

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P28 HOW TO TALK TO PATIENTS ABOUT SUBSTANCE ABUSE – ONLINE EDUCATION MATERIAL FOR NURSES

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Background: Genuine encountering of intoxicated patients is important because intoxication should not prevent good care and all patients have the right to equal treatment. It is estimated that as much as 50 % of emergency room patients are intoxicated. Encountering intoxicated patients may be challenging to nurses as they lack knowledge and skills how to communicate with the patients. Therefore, more education in these challenging caring situations is needed for nurses.

Aim: This development project aimed to improve nurses' knowledge and competence in encountering intoxicated patients in emergency departments by providing an online course to enhance the quality of nursing care.

Methods: A scoping review was conducted to identify the necessary competencies when encountering an intoxicated patient to create contents for an online course. The course material was further evaluated by nursing staff and new ideas were collected at a workshop. Evidence-based material was then assessed by the project steering group and accepted for production. The project was conducted at Head and Neck Center, HUS Helsinki University Hospital.

Results: Evidence-based educational online course for nurses was created. The course consists of knowledge about ethical, interpersonal, teamwork, guidance and counselling competencies as well as information on intoxicants, alcohol risk assessment, safety and follow-up care. The learning is assessed by a knowledge test. The course is available to all nursing staff at HUS Helsinki University Hospital in February 2024.

Conclusions: Evidence-based easy access online course was created together with nursing staff to increase their competence on encountering intoxicated patients. Further studies should assess the effectiveness of the course.

Implications for Practice: The created online course will aid nurses for genuine encounter with intoxicated patients. By increasing nurses' competences, the quality of the care will be equal also to this patient group.

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P29 CANCELLED