The 6th International NCCS & EACS Conference

April 22–23, 2026
Pre-conference April 21st

Caring in Uncertain Times


City of Vaasa / Christoffer Björklund

PROGRAMME AND BOOK OF ABSTRACTS

Nordic College of Caring Science

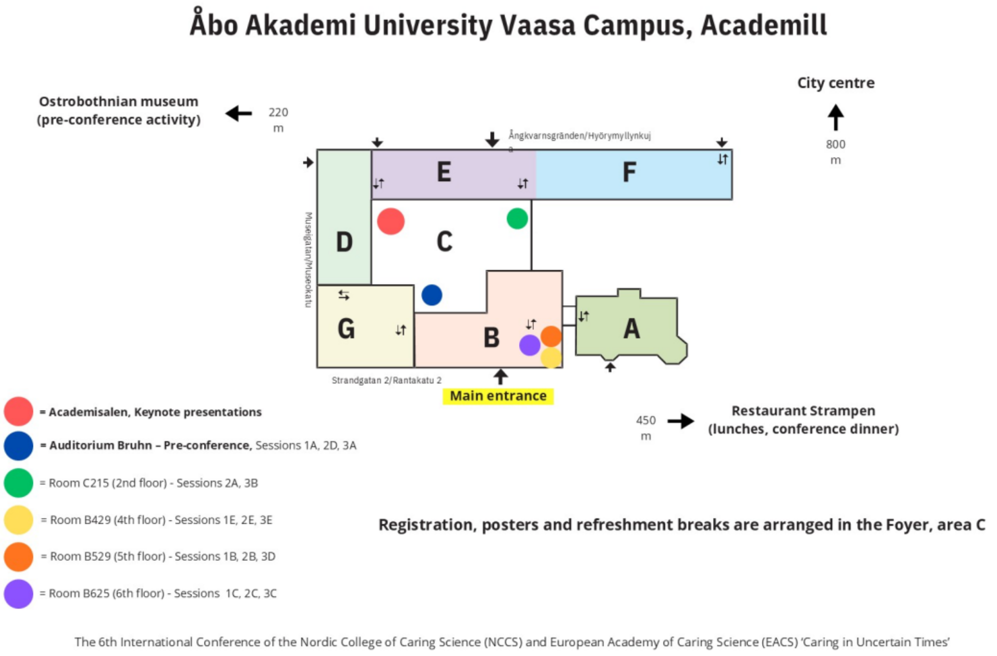
Åbo Akademi University

Our world today is marked by uncertainty; many of us are wondering what will happen in the future. Both the world and healthcare are undergoing major changes.
Over approximately 40 years of caring science research, we have built a strong tradition of caring research in the Nordic countries. Now we can take a step forward and reflect on the possibilities of caritative caring in times of change.
I wish you rewarding days and many meaningful discussions around all the new and exciting research findings that will be presented during our conference *Caring in Uncertain Times*!

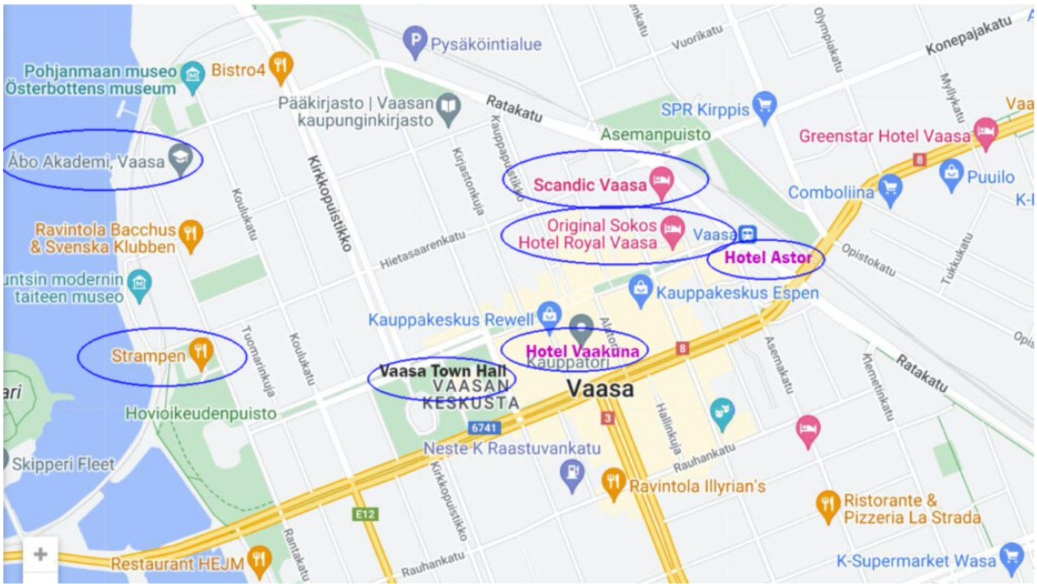
Lisbeth Fagerström
Professor in Caring Science
Åbo Akademi University

Find your way around campus

The conference is arranged at Campus Academill, Rantakatu 2 in Vaasa, Finland. It is possible to walk there from Vaasa Travel Centre (about 1.3 kms), where the buses and trains come in. The map also contains other important information about buildings, outdoor spaces and the restaurant nearby where the lunch and conference dinner will be held. You will find the registration and information at the foyer (area C) at Campus Academill.



The distance between Vaasa Airport and Campus Academill is about 10 kilometres. There are regular buses into the city every hour. You can reach Vaasa by plane via Stockholm (Arlanda) or Helsinki.



The conference is sponsored by

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PRE-CONFERENCE FOR DOCTORAL STUDENTS AND EARLY CAREER RESEARCHERS, APRIL 21st

TIME	ACTIVITY	ROOM
12.30–13.00	Registration	Lobby 2nd floor
13.00–14.30	Progressing in Research and Grant Writing *Speaker: Professor Fredrica Nyqvist, Åbo Akademi University* NCCS Supporting the Next Generation of Caring Science Researchers *Speaker: Professor Linda Estman, University of Stavanger, NCCSF*	Auditorium Bruhn
14.30–15.00	Refreshment break	Foyer 3rd floor
15:00–16.00	Post-doctoral researcher panel discussion on career opportunities *Moderator: Melanie Rydgren* *Panel: Ariel Almevall, Emilia Viklund, Anitha Tind, Iren Vikström-Dahl, Annika Tetrault*	Auditorium Bruhn
16.30–18.00	Optional guided tour of Ostrobothnia Museum (pre-registration)	Start from the Lobby

Wednesday, April 22nd – Main Conference Day One

TIME	ACTIVITY	ROOM
08:15–09:00	Registration	Lobby 2nd floor
09:00–09:30	Welcome to the conference *Speakers: Lisbeth Fagerström, Professor in Nursing Science, Åbo Akademi University, Finland* *Hanna Holst, Chair Nordic College of Caring Science*	Akademisalen
09:30–10:15	Keynote: Compassion, Caring and Spirituality – Stories of hope in uncertain times *Speaker: Professor in Advanced Practice and Spirituality Melanie Rogers, University of Huddersfield, England*	Akademisalen
10:15–10:45	Refreshment Break	Foyer 3rd floor
10:45–11:30	Panel discussion: Caring in Uncertain Times – Navigating the Emerging Challenges *Moderator: Jessica Hemberg* *Panel: Professor Mats Holmberg, Professor Melanie Rogers, President of EACS prof. Stefanos Mantzoukas & President of NCCS, Hanna Holst*	Akademisalen
11:30–13:00	Lunch	Restaurant Strampen
13:00–14:00	Parallel sessions 1A Caring in Challenging Situations Moderator: Susanna Nylund 2.1 Nature as a Potentially Nurturing Space: Motivations for Spending Time in Nature Among Adolescent Girls in the Arctic *Speaker: Varpu Wiens*	Bruhn

	2.2 How can the idea of sacrifice support us in challenging caregiving situations? *Speaker: Kari Marie Thorkildsen*	Bruhn
13:00–14:00	Parallel sessions 1B Caring in Challenging Situations Moderator: Heidi Blomqvist 2.3 Violence in War and Armed conflicts as experienced by older persons: A Meta Ethnographic Study *Speaker: Elisabeth Lindberg* 2.4 Caring Amid Challenges: Social Determinants of Health and Homecare Nursing for Older People *Speaker: Anitha Tind* 2.5 Caring Amid Change: Informal Caring Amidst Urban Redevelopments *Speaker: Anitha Tind*	B529
13:00–14:00	Parallel sessions 1C Advanced Research and Practice in Health Care Moderator: Ruwang Han 2.6 Brotherhood and Homosociality – A Becoming Toward Health *Speaker: Mats Christiansen* 2.7 The Professional Nurse Self-Assessment Scale (ProffNurse SAS): Development Across Educational Levels in Nursing *Speaker: Lotta Eronen*	B625
13:00–14:00	Parallel sessions 1D Competence Development and Education in Changing Times Moderator: Jessica Hemberg 2.8 Resilience, Self-efficacy and Well-being among Nursing Science Students – A research Plan *Speaker: Saija Sihvola*	B429

	2.9 Enhancing paramedic student empathy towards Older People *Speaker: Robbie King*	B429
14:00–14:45	Keynote: Caring in Times of Existential Crisis *Speaker: Professor in Caring Science Mats Holmberg, Mälardalen University, Sweden*	Akademisalen
14:45–15:15	Refreshment break Poster presentations/Poster walk	Foyer
15:15–16:35	Parallel sessions 2A Caring in Challenging Situations Moderator: Cecilia Linnanen 3.1 Meanings of encountering patients in a suicidal process *Speaker: Staffan Hammarbäck* 3.2 When the worst has happened - Caring for a group of young people after a friend died by suicide. - A Case presentation of how being there, get in touch with, and compassion got them out of the shock phase. *Speaker: Anita Elvegaard* 3.3 Caring in the Context of Suicidal Ideation and Shame: Preliminary Findings from a Qualitative Study *Speaker: Kristine Rørtveit* 3.4 Being a close relative of a person receiving involuntary psychiatric care – a study of lived experiences *Speaker: Sara Hansson*	C215
15:15–16:35	Parallel sessions 2B Caring in Challenging Situations Moderator: Emelie Käcko 3.5 Navigating Trauma, Faith, and Caring: Clients' Accounts of Religious Abuse *Speaker: Maria Björkmark*	B529

	3.6 Mental healthcare professionals' experiences of collaboration with police officers during acute compulsory psychiatric care of persons with severe mental illness *Speaker: Ewa K Andersson* 3.7 Promoting Mental Health through Multiprofessional Collaboration in Student Health Services *Speaker: Pia Dahlström* 3.8 "How do care staff support older people with long-term mental illness in their daily life and housing?" *Speaker: Hanna Holst*	B529
15:15–16:35	**Parallel sessions 2C Advanced Research and Practice in Healthcare** **Moderator: Susanna Nylund** 3.9 Between engagement and unintended harms: Navigating older adults' experiences of social prescribing in Sweden *Speaker: Emilia Viklund* 3.10 Job descriptions as drivers for changes in practice patterns: a cross-sectional survey of Nurse Practitioners in Norway *Speaker: Else Turid Pedersen* 3.11 Improved care process for frail elderly persons *Speaker: Sara C. Wireklint*	B625
15:15–16:35	**Parallel sessions 2D Sustainable Workforce and Leadership in Uncertain Times** **Moderator: Jessica Hemberg** 3.12 Newly Qualified Nurses' Perspectives on Mentorship Support: A Nordic Focus Group Study *Speaker: Anette Tast*	Bruhn

	3.13 Integrity as a Foundation for Leading with Effectiveness *Speaker: Susanne Salmela* 3.14 Environmentally Sustainable Leadership in Healthcare: Perspectives of Leaders and Experts *Speaker: Piia Kurikkala*	Bruhn
15:15–16:35	**Parallel sessions 2E Competence Development and Education in Changing Times** **Moderator: Stina Wallin** 3.15 Implementing Advance Care Planning in Nursing Homes – An Intervention Study *Speaker: Annika Tetrault* 3.16 Clinical Competence Gaps in Finnish Nursing Homes: Insights from the Ms. Olsen Test *Speaker: Irén Vikström-Dahl* 3.17 Developing a biopsychosocial consultation framework to guide paramedic assessment during non-emergency presentations. *Speaker: Robbie King*	B429
18:00–	**Optional conference dinner at Restaurant Strampen (pre–registration)** **Welcome to Vaasa – Reception by the City of Vaasa**	Restaurant Strampen

Thursday, April 23rd – Main Conference Day Two

TIME	ACTIVITY	ROOM
08:30–9:00	Registration	Lobby 2nd floor
09:00–10:00	Keynote: Moral Courage – A Compass in Times of Uncertainty *Speaker: Professor Emeritus in Nursing Science Helena Leino-Kilpi, University of Turku, Finland*	Akademisalen
10:00–10:30	Refreshment break	
10:30–11:50	Parallel sessions 3A Caring in Challenging Situations Moderator: Maria Björkmark 4.1 Care actions that matter: A classical grounded theory of identity validation in dementia care *Speaker: Judit Staller* 4.2 A Meta-Ethnographic Study of Crucial Aspects of Daily Life Among Older Women with Dementia Living at Home *Speaker: Oscar Tranvåg* 4.3 Person-centered respite care for older adults with dementia and their family challenges - A mixed designed study illuminating informal caring experiences *Speaker: Mirkka Söderman* 4.4 Understanding Family Caregiver Trajectories in Community-Based Dementia Support Centers in Chile *Speaker: Jean Gajardo*	Bruhn

10:30–11:50	**Parallel sessions 3B Caring in Challenging Situations** **Moderator: Emelie Käcko** 4.5 Existential and embodied presence—The meaning of peer support caring as experienced by breastfeeding peer support mothers in Sweden *Speaker: Lina Palmér* 4.6 The lived experiences of people with long-term musculoskeletal pain participating in Functionally oriented Music Therapy (FMT) *Speaker: Alhusayn Alqarqani* 4.7 Patient Experiences on Existential Suffering and Well-Being During Advanced Cancer *Speaker: Cecilia Linnanen* 4.8 How can existential perspectives contribute to a health promotive health care context? *Speaker: Ann-Kristin Eriksson*	C215
10:30–11:50	**Parallel sessions 3C Advanced Research and Practice in Healthcare** **Moderator: Heidi Blomqvist** 4.9 Advanced Practice Nursing in Primary Health Care – Preliminary Results *Speaker: Johanna Borg* 4.10 An exploration of nurse prescribers' competence domain 'direct clinical care' *Speaker: Susanna Nylund* 4.11 The implementation of advanced practice nursing in Finland: perspectives from patients in primary care. *Speaker: Ruwang Han*	B625

10:30–11:50	**Parallel sessions 3D Sustainable Workforce and Leadership in Uncertain Times** **Moderator: Frida Gädda** 4.12 Giving and Receiving—The Key to Meaningfulness at Work Supporting Home Care Workers' Occupational Self-Efficacy and Well-Being *Speaker: Stina Wallin* 4.13 Managerial Experiences in the Application of Nurse Practitioners within Home Care Services: A Qualitative Interview Study in Norway *Speaker: Laila Solli Reitan* 4.14 Healthcare leaders' perspectives on digital homecare services and its implications for social sustainability: A Delphi study *Speaker: Melanie Rydgren*	B529
10:30–11:50	**Parallel sessions 3E Competence Development and Education in Changing Times** **Moderator: Jessica Hemberg** 4.15 From Classroom to Community: A Qualitative Curriculum Analyses Study of First Aid Education in Nordic Primary Schools *Speaker: Jannica Andtfolk* 4.16 What Drives Clinical Competence? The Role of Standards, Language, and Age in Care for Older Adults *Speaker: Irén Vikström-Dahl*	B429
11:50–12:30	**1) Presentation of Katie Eriksson's memorial award** **2) NCCS poster award and scholarships** **3) Closing remarks**	Akademisalen

12:30–14:00	Lunch	Location: Restaurant Strampen
14:00–	Social programme *We offer winter swimming at the Pingvin sauna at Sandö (bring your own swimsuit and towel - these are not provided at the sauna) or a visit to the local skincare company Dermosil at Brändö (a walk from the campus).*	Start from the Lobby

Thank you for participating! Have a safe journey home!

BOOK OF ABSTRACTS

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1 KEYNOTE SPEAKERS

Melanie Rogers, PhD, MSc ANP, BSc N, RGN, Dip A&E, Dip Counselling, Dip Women's Health, Dip HPE, PGCE, FHEA, is a Professor in Advanced Practice and Spirituality, University of Huddersfield, England

Keynote speech: *Compassion, Caring and Spirituality – Stories of hope in uncertain times.*

Mats Holmberg, PhD, Professor in Caring Science, Mälardalen University, Sweden

Keynote speech: *Caring in Times of Existential Crisis*

Helena Leino-Kilpi, PhD, MEd, RN, FAAN, FEANS, FRCN, is a professor (emerita), University of Turku, Faculty of Medicine, and Researcher in Turku University Hospital, Finland.

Keynote speech: *Moral Courage – A Compass in Times of Uncertainty*

1.1 Compassion, Caring and Spirituality – Stories of hope in uncertain times.

Melanie Rogers,

Professor in Advanced Practice and Spirituality, University of Huddersfield, England

Professor Melanie Rogers is an internationally renowned Advanced Practice Nurse clinician, educator and researcher. She is the Professor of Advanced Practice and Spirituality at the University of Huddersfield, in England as well as a National Teaching Fellow in these areas of specialism. She still works clinically as an Advanced Nurse Practitioner in Primary Care. Melanie is the Director of the Academy of Advanced Practice Research-UK. She served as the Chair of the Nurse Practitioner/Advanced Practice Network for 5 years. Her international work and collaborations are extensive and well developed; she has been presented with the Queens Nurse award for her work in practice and education. She also holds an international certification as a Global Nurse Consultant. Her work and research have focused on how to provide truly holistic care to patients, and her doctoral studies have led to a framework for Nurse Practitioners to help patients find hope, meaning and purpose during times of illness.

Professor Melanie Rogers will in her presentation *"Compassion, Caring, Spirituality – Stories of Hope in Uncertain Times"* explore how compassion and spirituality form a transformative foundation for care, especially in times of uncertainty. Melanie is passionate about advanced practice as a way of providing the care needed at the point of need for patients. Drawing on her research and clinical experience, she will share stories that highlight how spiritual connection and compassionate presence can foster hope and resilience for both patients and healthcare workers.

1.2 Caring in Times of Existential Crisis

Mats Holmberg

Professor in Caring Science, Mälardalen University, Sweden

Mats Holmberg is a prehospital emergency nurse and Professor of Caring Science at Department of Health Sciences, Innovation and Design, Mälardalen University, Sweden. He has extensive clinical experience in ambulance and emergency care and remains closely engaged with clinical practice through his research. He has served as President of the Nordic College of Caring Science (NCCS) and has contributed to the development of a caring science–based model for prehospital care. His research focuses on ethical and interpersonal dimensions of caring in emergency contexts, with particular attention to the suffering human being as an integrated whole of body, mind, and spirit within care environments often dominated by a biomedical focus.

His lecture "*Caring in Times of Existential Crisis*" explores the nature of caring in moments of existential crisis from perspectives within caring science and philosophy. It examines how human existence may be understood within caring science and how existential crises can be conceptualised in caring contexts.

From a caring science perspective, the human being is understood as an integrated whole of body, mind, and spirit. Suffering is therefore multidimensional and interrelated across these dimensions. Existence is not limited to questions of life and death but also concerns threats to the continuity of one's lived life, including disruptions to meaning, identity, and future expectations.

In situations of existential crisis, caring professionals must attune themselves to the patient as a unique human being, unknown until the moment of encounter. Such attunement requires ethical sensitivity and relational competence to recognise and interpret the patient's situation and suffering.

Understanding the patient's lifeworld is a central aspect of caring and is grounded in an ethical responsibility to honor the patient's trust. Caring is inherently relational.

In contemporary health care, caring practices are often shaped by a prevailing biomedical paradigm, in which medical assessment and intervention tend to take precedence, while ethical, relational, and existential dimensions of caring risk being marginalised. This highlights the need to strengthen the caring science perspective across complex and demanding clinical contexts today.

1.3. Moral Courage – A Compass in Times of Uncertainty

Helena Leino-Kilpi,

Professor Emeritus in Nursing Science, University of Turku, Finland

Researcher, University Hospital of Turku, Finland

Professor Leino-Kilpi She is internationally well-known expert in nursing and health sciences. Her research is in the fields of health care and nursing ethics, quality of clinical nursing and nursing education. In ethics, she has expertise in patients' rights, as well as in ethical competence and moral courage of nurses. In European Academy of Nursing Science, she has taught research ethics/integrity for many years. She has co-ordinated several international research programs, developed instruments, supervised more than 70 new PhDs in nursing science, and published around 600 international publications. She is a Member of Academia Europea, and active in Nordic collaboration.

Leino-Kilpi has several academic duties. She was the Head of the Department for 20 years, a member of advisory boards of universities, made research evaluations in different countries, and for different funding organizations, and is a member of editorial boards. She is Honorary Doctor in the University of Klaipeda (Lithuania) and in 2024, President of the Republic of Finland gave her Finnish Honorary Title of Terveydenhuoltoneuvos.

Professor Helena Leino-Kilpis presentation examines the concept of moral courage within the domain of health care ethics. It explores the significance of moral courage in relation to both patient care and professional relationships within health care organizations. Grounded in virtue ethics, moral courage highlights the importance of ethical competence among health care professionals, thereby posing critical challenges for both education and clinical practice. In contrast to approaches that emphasize ethical burden or moral distress, this presentation adopts a constructive perspective, focusing on moral courage as a positive and enabling force in addressing ethical challenges. Moral courage is particularly essential in situations involving complex, value-laden decisions, especially when acting may entail personal or professional risk. Its relevance is further amplified in contexts characterized by uncertainty and rapid change.

The presentation will address the conceptual foundations of moral courage, its implementation in health care settings as informed by empirical research, and emerging needs for its development in the future. The overarching aim is to engage the audience in critical reflection on the question: *Do I possess the moral courage required in my professional practice?*

2 PARALLEL SESSIONS 1A–1D

2.1 Nature as a Potentially Nurturing Space: Motivations for Spending Time in Nature Among Adolescent Girls in the Arctic

Name: Varpu Wiens

E-mail: varpu.wiens@gmail.com

Affiliations: Research Unit of Health Sciences and Technology/Faculty of Medicine MRC Oulu, Oulu University Hospital and University of Oulu

All authors: Varpu Wiens, Tarja Pölkki & Helvi Kyngnäs

Background: In Arctic regions, nature and seasonal rhythms shape daily life and emotional well-being. For adolescents, these experiences are increasingly important in times of social and environmental uncertainty. This study aimed to describe what motivates adolescent girls living in Finnish Lapland to spend time in nature and how these motivations relate to their well-being.

Methods: Participants were girls aged 13–16 years living in the province of Finnish Lapland. They wrote narratives about well-being (n = 117) and participated in individual interviews on the meaning of seasonal changes, nature, and animals (n = 19). Additionally, five focus group interviews were conducted (n = 17). Data were analyzed using inductive content analysis.

Results: Secondary analysis revealed three generic categories describing the girls' motivations for spending time in nature: (1) wanting to have pleasant emotions, (2) the possibility of participating in activities, and (3) a desire to feel better. These were integrated into the main category of "need to experience positive sensations." Nature was experienced as a source of emotional comfort, meaningful activity, and recovery from everyday stress.

Conclusions: In uncertain times, adolescent girls perceive nature as a stabilizing and nurturing space that promotes well-being through positive sensations and active engagement. Recognizing these motivations can inform youth health promotion, environmental education, and community-based well-being initiatives.

Ethical Issues and Approval: Researching adolescent girls' well-being is ethically important, as this group may face unique developmental, social, and environmental vulnerabilities that can affect mental health and coping. The study followed the ethical principles of research with human participants.

2.2 How can the idea of sacrifice support us in challenging caregiving situations?

Name: Kari Marie Thorkildsen

E-mail: kari.marie.thorkildsen@hvl.no

Affiliation: Western Norway University of Applied Sciences

Background: Sacrifice is a core concept in caritative ethics and ethos. Etymologically, sacrifice is related to sacred; it mans to carry out a holy act. Sacrifice is the love that searches to serve others and is the very basis for ethical acts. It means turning away from the ego toward something that has greater importance, and working for the good of others at the own`s expence. The imperative of sacrifice is to protect, promote and to renew life, something that can serve as an ethical basis for promoting heallth and wellbeing.

Implications for practice: Our modern health care system would hardly function without caregivers willing to sacrifice with a view to caring for patients. Bur many caregivers are faced with contradictory interests and values; the patients interests, on the one hand, and a health care system characterized by instrumentality and rationality on the other. Because of this, caregivers suffer, and they struggle with having to set limits for whom and what they can responsibly provide care for. In the struggle to retain sacrifice as the basis for the care they provide, pangs of concience result because of the gap between these inner vlaues and the care they think they ought to carry out but are actually prevented from providing. To protect themselves, caregivers may then become insentitive toward the patients` spiritual and existential sufferings, and relegate only instrumental caretaking tasks.

Keypoints: Caregivers need to go through a sacrificing process in order to care for both themselves and the patient, and to be able to disinguish between their own inner values and external expectations from the system. In Kierkegaard`s texts, sacrificing stands out as a search for the love that is consolidated in the heart, and then turning to one`s neighbor in self-sacrificing acts. Sacrifice may entail wellbeing and satisfaction within the carer when positive changes, due to the cares`involvement, takes place in the suffering human beings life.

2.3 Violence in War and Armed conflicts as experienced by older persons: A Meta Ethnographic Study

Name: Elisabeth Lindberg

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Affiliation: EL and MC Faculty of Caring Sciences, Work Life and Social Welfare, University of Borås, Sweden; Å I-Cardiothoracic intensive care unit/Sahlgrenska University Hospital Gothenburg, Sweden.

All authors: Elisabeth Lindberg, Maria Claesson & Åsa Israelsson-Skogsberg

Background: This meta-ethnographic study responds to the urgent need for strategies that uphold the dignity and well-being of older individuals during extraordinary circumstances such as war and armed conflict. While emergency responses often dominate the discourse in escalating crises, there remains a critical gap in long-term, compassionate approaches that center the needs of older adults, many of whom remain in conflict zones and face heightened risks of violence and neglect.

Method: The study synthesizes qualitative research to illuminate how older persons experience violence in war-torn contexts and how such experiences impact their health, sense of self, and overall well-being. A comprehensive search of databases identified twenty qualitative studies involving participants aged 55 and older, spanning seven countries.

Results: Through a lines-of-argument synthesis, the overarching metaphor "Guarding the past and ensuring a future" emerged, supported by five interwoven themes: To endure a violent situation; Home - the heart of existence; To witness a fragile family line; Alienated and abandoned by society- adding insult to injury and Maintaining normality in an abnormal situation.

The findings reveal that separation from loved ones, the collapse of healthcare systems, and the decision, or necessity, to remain in conflict zones profoundly increase vulnerability. Yet, within these narratives are also expressions of strength, continuity, and the deep desire to preserve dignity.

Conclusion: This study contributes vital knowledge to inform preparedness and response strategies that are compassionate. By deepening our understanding of older persons experiences in times of crisis, we can foster a more resilient society, one that recognizes older adults not merely as vulnerable, but as vital contributors whose experiences and wisdom are essential in navigating and recovering from conflict.

2.4 Caring Amid Challenges: Social Determinants of Health and Homecare Nursing for Older People

Name: Anitha Tind

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Affiliations: Department of Nursing and Occupational Therapy, UCL University College, Odense, Denmark; University of Southern Denmark, Odense, Denmark; Health Science Research Centre, UCL University College, Odense, Denmark; Department of Public Health, Aarhus University, Aarhus, Denmark.

All authors: Anitha Tind, Bente Hoeck, Helle Elisabeth Andersen & Charlotte Delmar

Background: Homecare nurses provide care for older people living with complex health and social needs. Social determinants of health (SDoH) – the conditions in which people are born, grow, live, work, and age - shape older people's health and influence their ability to benefit from healthcare. Caring in this context is challenging, as nurses must navigate both structural inequities and the demands of an increasingly complex healthcare system. This study explores how SDoH affects older people's health and homecare nursing practices.

Methods: An interpretive phenomenological approach informed by Patricia Benner guided the study. Data were generated through 68 spot observations with situational interviews and six small group interviews involving twelve homecare nurses. Analysis combined paradigm cases, exemplars, and thematic analysis, supplemented by collaborative data analysis with representatives of older people and civil society stakeholders.

Results: Five key SDoH were found to have the largest impact on older people's health and homecare nursing: digitalization, social networks, transport, financial insecurity, and healthcare access. Generally, the growing complexity of the healthcare system and its demands often conflicted with older people's capabilities and resources. Nurses responded by bridging gaps between patients and the system, providing practical assistance, digital support, and continuous coordination of care.

Conclusions: SDoH significantly shape older people's health and the conditions under which homecare nurses deliver care. Addressing these challenges calls for holistic, equity-oriented caring practices that actively mitigate structural barriers influencing patients' lives.

Ethical considerations: The study was approved by the Research Ethics Committee at UCL University College, Denmark, and conducted in accordance with the Declaration of Helsinki.

2.5 Caring Amid Change: Informal Caring Amidst Urban Redevelopments

Name: Anitha Tind

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Affiliations: Health Science Research Center, UCL University College, Odense, Denmark; Health, Social Work, and Welfare Research, UCL University College, Odense, Denmark; Essex University, Essex, UK.

All authors: Anitha Tind, Anna Sejer Nielsen, Mette Strange Ørum & Marianne Staal Stougaard

Background: Urban redevelopment policies, such as Denmark's so-called "Ghetto Package," involve demolishing and reorganizing social housing areas. This causes older residents to face relocation and significant changes to their local community, disrupting social networks, sense of belonging, and daily routines. These transformations challenge how caring relationships are enacted and experienced among residents. This study explores how older adults experience and navigates these changes, and how caring interactions are affected in the context of urban transformation.

Methods: The study is based on ethnographic fieldwork as well as group and individual interviews with older residents in a social housing area. Observations in everyday settings, combined with formal and informal interviews, capture experiences of relocation, community change, and shifting social ties. Data are analyzed thematically, emphasizing patterns of support, mutual care, and social connectedness.

Results: Older residents report feelings of insecurity, anxiety, and changes in social ties, which weakened both their sense of community and personal well-being. Caring practices among neighbors, family, and community members are disrupted, requiring adaptation and new forms of support. Residents negotiate new social connections and rely on informal networks and civil society to maintain a sense of stability and belonging.

Conclusions: Urban redevelopment affects the relational and social dimensions of care, highlighting the importance of supporting caring interactions beyond formal services. Promoting community continuity, social ties, and mutual support is crucial for sustaining older adults' well-being during periods of displacement and environmental change.

Ethical considerations: The study was approved by the Research Ethics Committee at UCL University College, Denmark, and conducted in accordance with the Declaration of Helsinki.

2.6 Brotherhood and Homosociality – A Becoming Toward Health

Name: Mats Christiansen

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Affiliations: Åbo Akademi University, Finland; Uppsala University, Sweden.

Background: Male-only associations like the Freemasons are often seen as homosocial structures that reinforce power, exclusion, and hegemonic masculinity. However, in caring science and philosophy, health is understood not just as the absence of illness but as a dynamic process of becoming, involving meaning, relationality, and well-being. This philosophical overview explores how homosocial contexts may also serve as spaces that promote health through relational presence, existential reflection, and communal belonging. From a philosophical caring science perspective, the chapter examines brotherhood within a fraternal order as a lived practice that may facilitate movement toward health.

Key points: The analysis distinguishes between hierarchical, instrumental homosociality and horizontal homosociality characterized by reciprocity, emotional closeness, and lack of personal gain. The latter aligns with a caring science view of health as an ongoing process of becoming. Through ritualized meetings, shared practices, and fellowship, participants are given opportunities for reflection, meaning-making, and supportive relationships beyond professional and social roles. Such contexts may help combat male loneliness, emotional restraint, and stigma related to vulnerability, thereby promoting psychological well-being and existential health.

Implications for practice, education, or research: Philosophically, the findings prompt a reevaluation of male homosocial spaces in caring science, ethics, and health philosophy. Practically, they suggest that non-clinical community settings can complement formal caring by fostering meaning and a sense of belonging, emphasizing the importance of incorporating relational and existential aspects of men's health. Further research is needed to explore how horizontal homosociality influences health-promoting interventions and caring practices across various settings.

2.7 The Professional Nurse Self-Assessment Scale (ProffNurse SAS): Development Across Educational Levels in Nursing

Name: Lotta Eronen

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Affiliations: Åbo Akademi University, Finland; Arcada University of Applied Sciences, Finland.

All authors: Lotta Eronen, Sigrid Wangensteen & Lisbeth Fagerström

Background: Self-assessment of clinical competence enables registered nurses (RN) and nursing students to identify their strengths and areas requiring further training, a process that is fundamental to evidence-based practice. As education is directly affecting patient safety and mortality rates. Ensuring the use of reliable and valid assessment instruments is essential for maintaining the quality of both educational- and clinical practice. However, there is still a lack of validated tools that are specifically designed to assess clinical competence. The PROFFNurse SAS instrument is designed to focus on specifically clinical competence. The instrument originated as the Nurse Clinical Competence Scale, developed in Finland and later refined in Norway. It has been translated into all Nordic languages and English, supporting its use across diverse healthcare contexts. Grounded in Aristotle's three dimensions of knowledge and the Caring Advanced Practice Nurse model, the instrument comprises eight core competencies applicable to all levels of nursing practice. This presentation outlines the key phases of the instrument's development across different contexts, including the latest psychometric evaluation from 2025.

Methods: The PROFFNurse SAS has been validated across multiple nursing education and professional levels. The first psychometric validation in 2015 with Norwegian RN (n = 357) confirmed its reliability and validity. Subsequent studies in 2018 (n = 97), 2021 (n = 36), and 2022 (n = 291) further refined the instrument for specialized, advanced, and student populations across the Nordic countries, culminating in a second validation in 2025. The latest exploratory factor analysis (EFA) and parallel analysis identified a five-factor solution explaining 52.14% of the variance, with adequate internal consistency (Cronbach's $\alpha = 0.960$) for the PROFFNurse SAS II A-scale. The five factors: Direct Clinical Practice, Ethical and Collaborative Practice, Pharmaceutical Practice, Digital Coaching and Guidance, and Development and Leadership, reflect key domains of clinical competence. The revised 44-item scale, now called ProffNurse SAS III, demonstrated sound structural validity and reliability for assessing self-assessed clinical competence and training needs among graduating nursing students at bachelor's level.

Results and Conclusion: The PROFFNurse SAS III aligns with the instruments theoretical framework and effectively measures registered nurses' self-assessed clinical competence across educational levels in Nursing. Grounded in the Nordic caring science tradition, the instrument contributes to caring sciences by offering a theoretically based, holistic framework for mapping clinical competence and supporting curriculum development, clinical practice, evidence-based care, and RN career progression.

Ethical issues and approval: No sensitive data was handled in this study, and all procedures were conducted in accordance with established ethical standards.

2.8 Resilience, Self-efficacy and Well-being among Nursing Science Students – A research Plan

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Background: One of the most significant megatrends in nursing science is the shortage of nurses. Nursing science research and education should focus on students in the field, so that they can eventually contribute to healthcare systems as resilient experts. The purpose of this study is to describe nursing science students' evaluations of their resilience, self-efficacy, and well-being, as well as to explain possible associations with their background characteristics.

Methods: This cross-sectional is conducted in Fall 2025 by collecting the data from two Finnish universities. Based on a power analysis (N = 587, confidence level 95%), the target sample size using purposive sampling is 233. The following scales will be used: the Individual Resilience Scale, Academic Resilience Scale, General Self-Efficacy Scale, and the World Health Organization's Five Well-being Index. The data will be analyzed using descriptive statistics.

Results: The results will describe students' resilience, self-efficacy and well-being, and explain their possible associations with background characteristics. Data collection is currently underway.

Conclusions: The findings could help develop education and support services for students, enabling the use of research-based knowledge to strengthen these areas. The knowledge can help students to face possible future challenges in working life.

Ethical issues: The study will safeguard participants' fundamental rights to privacy and protection of personal data. It is necessary to conduct because there is a lack of research focusing on resilience among nursing science students internationally. The information obtained can be used to promote nursing science students' wellbeing, which in the long run supports the sustainability of the healthcare systems.

2.9 Enhancing paramedic student empathy towards Older People

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Background: The number and proportion of older people attended by ambulance clinicians in the community is significant and expected to grow. Delivery of empathic care alongside technical interventions has been demonstrated to improve attitudes toward older people, their clinical outcomes, and reduce adverse events. Concerningly, undergraduate paramedic empathy levels are reported to be lower from students enrolled in other disciplines. To address this, novel education approaches are required, particularly for student paramedics who are managing shift work and working in geographically vast locations in Australia.

This project aimed to create an online educational resource with the objective of enhancing student paramedics' self-reported empathy towards older patients. Digital stories have been successfully used to improve empathy in healthcare students. To prioritise the perspective of older people in this resource, two sequential studies were performed: a scoping review that synthesised contemporary knowledge of paramedic empathy towards older patients, followed by a focus group to gain older peoples' perspectives of empathy during paramedic-led care.

Results: Older people perceive empathic care from paramedics as including: demonstration of patience to actively listen while showing respect and tailoring care to each individual's unique needs and concerns and referring to the person by name while avoiding sympathy and the use of endearments. Barriers to paramedics enacting empathetic behaviours may include perceive time pressures stemming from role

Conclusions: An online digital educational resource codesigned with a panel of empathy, paramedic and lived-experience experts was generated. (To be displayed at the conference). Evaluation of impact on student paramedic empathy levels will commence early 2026, results of which we hope to present at the conference.

Ethical considerations: Ethical approval provided by the Australian Catholic University Human Research Ethics Committee (2025-3844E).

3 PARALLEL SESSIONS 2A–2E

3.1 Meanings of encountering patients in a suicidal process

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Background: Ambulance clinicians encounter patients in all phases of the suicidal process. Patients describe that being met with a caring and non-judgemental approach is helpful for the recovery. Traditionally, most contacts with ambulance care are due to patients' physical problems and focus is on treating life-threatening medical crisis. However, patients with mental illness, including self-harm and suicidality are frequently presented and clinicians describe a lack of competence in caring for these patients. However, there seems to be a gap in the literature on what encountering patients in a suicidal process means to the clinicians. Thus, the aim of this study was to illuminate meanings of encountering patients in a suicidal process, from the perspective of ambulance clinicians.

Methods: The study had a phenomenological hermeneutical approach. Eighteen ambulance clinicians with lived experience of encountering patients in a suicidal process were individually interviewed.

Results: The analysis resulted in three preliminary themes. Encountering patients in a suicidal process means to be under the burden of responsibility. It means to struggle for control but being indecisive without guidelines or conventional feedback. The encounter means being vulnerable. It means to be powerless and requires the use of self beyond the uniform. The encounter also means being in shared humanity when there is a connection with the patient. It means to be present and to care through time. The encounter means to be emotionally affected and becoming part of each other's stories.

Conclusion: Encountering patients in a suicidal process are challenging for ambulance clinicians. To facilitate caring, there is a need to strengthen ethical, interpersonal and communicative competence within the ambulance service.

Ethical considerations: The study was approved by Swedish Ethical Review Authority and performed in accordance with the Declaration of Helsinki.

3.2 When the worst has happened - Caring for a group of young people after a friend died by suicide. - A Case presentation of how being there, get in touch with, and compassion got them out of the shock phase

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Background: The encounter with human beings with shock reactions after extreme events is an unpredictable project with which carers have to deal.

Context: A psychiatric nurse on duty at the emergency department encounters a group of teenagers who have gathered in the church after a friend of theirs had suicided the day before.

The 14 teenagers are silent and pale. Their numbness, helplessness and sadness are associated with this unexpected suicide. The nurse takes the responsibility for the structure that should open up for a conversation. Her attempts to start moving towards relief is in this context to get in touch with or confirm their shared experience - they had lost their friend – and at the same time to open up to their different unique reactions associated with this tragedy. At one point, the tight structure and the nurse's leading role loosens. The young individuals come into a flow in the conversation that highlights strength, life force and an inherent power of trust, equality, and mutual respect for each other.

Outcomes and impact of caring science: The access to the suffering others as experiencing and interpreting subjects, is a form of reflective humility, which challenges the use of sensibility, analytic and synthetic abilities as well as professional assessments. In this group all found their own words to express their suffering. The outcome is a confirmation of how important it is to be there, to see and listen and take the responsibility as leader. It is also an example of a nurse's withdrawal in an active, conscious way when observing that the group members have regained their strength, life force and the ability to let the speech flow also with caring for each other.

Conclusion: To recover from shock is crucial in order to find a way back and cope with daily lives after suffering from a trauma.

3.3 Caring in the Context of Suicidal Ideation and Shame: Preliminary Findings from a Qualitative Study

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Background: Suicidal ideation in patients represents a complex clinical challenge, and mental health carers are often required to engage with patients' lived suffering through dialogue and existential reflection. There is a need to explore patients' own existential experiences in order to identify appropriate and sensitive ways of meeting them within a caring context.

Aim: The aim of the study was to explore patients' own expressions of existential challenges in the context of suicidal ideation.

Methods: Data were collected through in-depth interviews with individuals admitted to specialized mental health care. Participants experiencing suicidal ideation were recruited for this qualitative study, and the transcribed interviews were analyzed using phenomenological approach.

Results: One preliminary finding illuminated expressions of shame, including experiences of shame as potentially lethal. Participants appeared to express a strong need to verbalize their personal experiences of shame in the context of suicidal ideations.

Conclusions: The findings suggests that shame plays a central role in suicidal expressions. Clinical implications include creating space for individuals to articulate and explore senses of shame. Talking about shame may contribute to a sense of peace of mind.

Ethical approval: The study was approved by the Regional Ethics Committee in Norway.

3.4 Being a close relative of a person receiving involuntary psychiatric care – a study of lived experiences

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Background and purpose of the study: Relatives are placed in a challenging situation when someone close receives involuntary psychiatric care. In a Swedish context, research focusing on this group is limited. To gain a better understanding of their situation and support needs, this study aims to describe the lived experiences of being a close relative of a person receiving involuntary psychiatric care.

Methods: This qualitative study, conducted in specialized psychiatric care facilities in Sweden explores the phenomenon of being a close relative of a person receiving involuntary psychiatric care through 13 individual interviews. Data was collected and analyzed using a reflective lifeworld research approach, characterized by openness, reflection, and bridling.

Results: Preliminary results show that being a close relative of a person receiving involuntary psychiatric care often means facing a highly demanding life situation. The sense of responsibility is strong and involves worry and a feeling that the situation is a matter of life and death. As a close relative, you remain constantly ready to act, yet you often face limited opportunities for participation in the care. At the same time, involuntary care can offer temporary relief and a sense of safety for close relatives.

Conclusions and potential implications: This study highlights the challenges faced by close relatives, emphasizing the need for support and inclusive care in such challenging situations. It deepens understanding of what it means to be a close relative of a person receiving involuntary psychiatric care and supports the development of a more inclusive model of care.

Ethical issues and approval: This study was approved by the Swedish Ethical Review Authority and adheres to ethical and scientific standards for research, including informed consent, voluntary participation, the right to withdraw, confidentiality, and use of data solely for defined research purposes.

3.5 Navigating Trauma, Faith, and Caring: Clients' Accounts of Religious Abuse

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Background: Religious abuse is an increasingly recognized form of harm that can have a profound impact on individuals' health and well-being, including their psychological, physical, and spiritual health. The purpose of our study was to examine how clients who have encountered religious abuse describe their experiences and what support they need. This study forms part of a larger project aimed at developing staff training on religious abuse.

Methods: Participants were recruited at two support centers for victims of domestic violence in Western Finland. Data was collected through semi-structured interviews with ten clients, and the material was analyzed through a thematic analysis.

Results: Preliminary results indicate that clients describe religious abuse as harmful and traumatic, with serious consequences for their health and wellbeing. The results show that clients describe needs for support that encompass physical, psychological, emotional, social and spiritual aspects. However, clients find it difficult to find professionals who understand the nature and consequences of religious abuse. Caring for clients, in this context, entails caring for their health holistically and having the courage to identify and address also the spiritual dimensions of their lives.

Conclusions: Training and support guidelines are needed to enhance the capacity of professionals to care for clients who have encountered religious abuse receive, thereby alleviating their suffering. Further research is required into the content and applications of such training and support guidelines.

Ethical issues and approval: Ethical aspects are particularly important as this study can be considered sensitive research with vulnerable participants. A statement of ethical approval for the study has been issued by the Board for Research Ethics at Åbo Akademi University (1/2025) and research permissions have been obtained from both partner organizations.

3.6 Mental healthcare professionals' experiences of collaboration with police officers during acute compulsory psychiatric care of persons with severe mental illness

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All authors: Ewa K. Andersson, Mats Holmberg, Hanna Tuvesson, Henrik Andersson, Ola Kronkvist & Hillewi Carnesten

Background: Severe mental illness can impair a person's ability to recognize the need for treatment, making compulsory psychiatric care essential for safety and recovery, although it may also contribute to existing suffering. Under the Compulsory Psychiatric Care Act, police officers are responsible for ensuring safe patient transport, a role that is not only legal but also inherently involves caring dimensions. This responsibility relies on collaboration with receiving mental healthcare professionals, understood as active, goal-oriented multi-professional interaction. Effective collaboration is crucial for delivering safe, compassionate, and high-quality compulsory psychiatric care. However, research and guidance on such collaboration remain limited, highlighting the need to examine healthcare professionals' experiences of working with police during acute compulsory interventions. The aim of this study is to investigate mental healthcare professionals' experiences of collaboration with police officers during acute compulsory psychiatric care.

Methods: This study employed an inductive, exploratory qualitative design. Purposeful sampling was used to recruit a heterogeneous group of mental healthcare professionals (n=18) with more than three years of experience in acute psychiatric care and prior collaboration with police officers during compulsory psychiatric interventions. Data were collected through interviews: twelve were conducted individually, and three were performed in pairs. The material is currently being analyzed using qualitative content analysis.

Results: The data analysis is ongoing, and preliminary results describing healthcare professionals' experiences of collaboration with police officers during acute compulsory psychiatric care of persons with severe mental illness will be presented.

Ethical issues and approval: The study was conducted in accordance with the Declaration of Helsinki and received advisory guidance from the Swedish Ethical Review Authority.

3.7 Promoting Mental Health through Multiprofessional Collaboration in Student Health Services

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Background: International studies indicate that mental well-being among college and university students has deteriorated, particularly after the first year of study. National surveys from Finland confirm that mental health symptoms are more prevalent among higher education students than in the general population. Many students report experiencing insufficient support.

Aim: The study aim was to gain an understanding of multiprofessional collaboration within the higher education context and how such collaboration could be developed between higher education teachers and student health services.

Methods: A qualitative and exploratory design was employed. Interviews were conducted with 15 higher education teachers to explore their perceptions of collaboration with nurses and psychologists within student health services, as well as their views on how multiprofessional collaboration could be further developed.

Preliminary Results: The findings highlight and discuss the role of student health services and identify key aspects of how multiprofessional collaboration between higher education lecturers and student health services could be developed to promote student well-being. There is a need for shared multiprofessional responsibility for young people’s well-being at all levels of society. By investing in young people’s well-being, it is possible to influence outcomes such as increasing sickness absence and disability pensions due to mental ill health. To support mental health, well-functioning multiprofessional collaboration is required, which is a crucial component in promoting mental health and preventing mental ill health.

Conclusions: Multiprofessional collaboration is essential for promoting mental health among higher education students. Strategies that integrate preventive interventions and the development of social and emotional skills strengthen resilience, reduce risk behaviours, and improve academic outcomes.

Ethical Issues: Ethical approval for the study was obtained.

3.8 ”How do care staff support older people with long-term mental illness in their daily life and housing?”

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Background: This project is a part of an EU project "Innovatedignity" focusing on sustainable and dignified care for older people. An early study in the project shown that individuals receiving such support describe feelings of loneliness, powerlessness, sadness, and meaninglessness, combined with fears of neglect and being stigmatized as mentally ill. Previous research have shown that care staff experience significant challenges when supporting older people with mental illness (SMI) in their homes. They often need to adapt to daily variations in the individual's condition and assess situations carefully, while lacking adequate tools to meet complex needs.

Aim: The aim was to describe how carers support older people with severe mental illness experience in their daily lives in ordinary housing or care homes.

Methods: The project has a qualitative descriptive design and includes a study conducted through interviews with open-ended questions. The data for the study consists of the care staff's perspectives. The analysis was based on a reflective lifeworld research approach (RLR).

Results: Supporting older people with severe mental illness requires a multifaceted approach. It involves listening attentively and adapting to individual needs, while addressing everyday challenges in a respectful manner. Building a trusting care relationship is essential, as is helping individuals maintain contact with family and friends. Establishing routines and meaningful activities can promote stability and well-being. Furthermore, caring for older people with SMI contributes to job satisfaction but additional education is needed.

Conclusions: To effectively support older people with severe mental illness, targeted educational initiatives are required. Such efforts are also essential for reducing stigma both in society and within care teams.

Ethical issues and approval: This study was approved by the Swedish Ethical Review Authority (Dnr 2021-04375).

3.9 Between engagement and unintended harms: Navigating older adults' experiences of social prescribing in Sweden

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Background: Loneliness is increasingly recognized as a pressing public health issue, with social prescribing gaining increased attention as a potential response. By connecting patients to non-medical community resources, social prescribing has been suggested to have potential to improve health and reduce healthcare costs. Yet, evidence of its impact remains fragmented. To better understand its potential to alleviate loneliness, this study explores older adults' experiences of engaging in a social prescribing program addressing loneliness.

Method: The Social Prescribing in Sweden (SPiS) project aimed to co-develop and evaluate a process model to support primary care in addressing loneliness among older adults. The model focused on facilitating engagement in meaningful social activities through tailored prescriptions. This study is based on semi-structured interviews with 14 older adults involved in the project. The data were analyzed using qualitative content analysis.

Preliminary results: The results show that participants' experiences of the social prescribing program varied depending on their circumstances at the time of the social prescriptions, as well as how well the prescribed activities aligned with their interests and needs. While some older adults found the program positive and important, the findings also highlight potential unintended harms, such as reinforced feelings of loneliness. Nevertheless, even when initial prescriptions were not perceived as suitable, they often led to discovering other, more fitting activities—ultimately resulting in a positive experience.

Conclusions: The study underscores the importance of tailoring social prescriptions to older adults' individual needs and interests. It also highlights the complexity of social relationships and activities, emphasizing the need to be attentive to potential unintended harms with psychosocial interventions.

Ethical approval: The Swedish Ethical Review Authority (Dnr 2020-00659)

3.10 Job descriptions as drivers for changes in practice patterns: a cross-sectional survey of Nurse Practitioners in Norway

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All authors: Else Turid Pedersen, Mette Tøien, Lisbeth Fagerström & Linn Hege Førsund

Background: Nurse Practitioners (NPs) play a critical role in improving healthcare delivery and patient outcomes through advanced clinical expertise. While many countries provide NPs with clear job descriptions and significant autonomy, the lack of standardized role definitions in Norway poses challenges. This study investigates the integration of NPs into the Norwegian healthcare system, focusing on how limited regulatory clarity and the absence of standardized job descriptions influence practice patterns. Using a quantitative, cross-sectional design, data were collected over four months (October 2023–February 2024) on demographics, education, work conditions, and changes in practice patterns. Data were analyzed using Stata® 18.0, with categorical variables presented as frequencies and proportions, and continuous variables as means with ranges. Logistic regression was conducted to explore associations between changes in practice patterns and factors such as workplace, graduation time, and job descriptions.

Result: The study included 95 participants, of whom 74% had obtained specialist approval. Findings revealed that 66% reported changes in practice patterns following NP education, yet only 26% had formal job descriptions. Logistic regression indicated a strong association between having job descriptions and changes in practice patterns (OR 9.5, $p = 0.005$). NPs graduating after 2020 were less likely to report changes compared to those graduating earlier (OR 0.18, $p = 0.016$). These findings underscore the importance of tailored job descriptions in facilitating changes in practice patterns and optimizing the integration of NPs into the healthcare system. Developing national regulatory frameworks for standardized job descriptions could enhance healthcare delivery and better utilize NP competencies.

Ethical issues and approval: The study was conducted in accordance with the Declaration of Helsinki and received approval from the Norwegian Agency for Shared Services in Education and Research (SIKT).

3.11 Improved care process for frail elderly persons

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Background: Frail elderly people with infection often present unclear symptoms with a risk of delayed diagnosis, serious illness and death. Changes in body temperature is important when assessing deteriorating health. Current assessment of body temperature is based on measurements from the mid-19th century, defining 37 °C as normal and 38 °C or more as fever. Since then, research has shown a large variation between groups of individuals and that normal body temperature is lower than traditionally stated. Measured values should therefore be interpreted in relation to the individual's normal range. Current interpretation of results involves a risk of misinterpretation at each measurement because a value that deviates for the individual can be camouflaged by a normal value at group level. Since physiological variations and chronic disease affect body temperature, the measured value should be interpreted in relation to the individual's normal range.

Purpose: To promote early on detect suspected infection by interpreting changes in body temperature based on individual normal ranges.

Method: Cohort study with one intervention and one control group, with comparative, prospective design. Inclusion criteria are elderly people, aged 65 and older, in special housing in southern Sweden. In the intervention we interpret changes in body temperature based on individual normal ranges and in the control we use traditional threshold. The sample is estimated at 40 people per group. Exclusion criteria are terminal care.

Result: Pilot study expected to start in January, with preliminary results in April.

Potential implication

Improved clinical care process by:

- Clear basis for clinical decisions
- Possibility to individually adapt care and treatment
- Correctly directed resources at an early stage
- The right care at the right time
- Cost-effectiveness for individuals and caregivers

Ethical issues and approval: The application has been submitted to the ethcis review board for ethcial approval.

3.13 Integrity as a Foundation for Leading with Effectiveness

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Background: Healthcare organisations require leaders who combine effectiveness with ethical responsibility, while also being able to manage human relationships and organisational processes. Despite the central role of integrity in ethical leadership, research in this area remains limited.

Aim: To explore the role of integrity in strengthening effective and ethical leadership.

Method: One study was based on a modified integrative literature review (2011–2020). The second study consisted of a qualitative exploratory design using focus group interviews with nine healthcare leaders in a hospital setting. The analysis was conducted using qualitative content analysis.

Results: Integrity emerges as a core value that links ethics and effectiveness. Healthcare leaders lead relationships and processes through care and interactive teamwork, employing a range of leadership styles. Integrity is perceived as an integral part of ethical leadership, shaped by personal values and experiences, and enabling effective leadership within a knowledge-based context. An integrated leadership model, in which leadership and management are interwoven through integrity, strengthens leadership.

Ethical considerations: Research permission has been granted by a Wellbeing Services County in West Finland and all participants provided informed consent prior to participation.

Conclusion: Integrity enables healthcare leaders to integrate ethical values with effectiveness and simultaneously serves as an ethical compass for delivering high-quality care. The findings are also relevant beyond the healthcare sector.

3.14 Environmentally Sustainable Leadership in Healthcare: Perspectives of Leaders and Experts

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Background: Leadership is essential for the achievement of environmental goals in health care system. Environmentally sustainable leadership is part of the wider sustainable leadership framework that refers to sustainable values, leading from a living processes paradigm and acknowledging and valuing the ecological and cultural diversity of natural systems. Environmental sustainability has become an increasingly urgent issue in healthcare, yet knowledge on environmentally sustainable leadership remains limited. The aim of the study is to describe healthcare leaders´ and experts´ perceptions of environmentally sustainable leadership.

Methods: The data were collected through semi-structure interviews with 14 healthcare leaders and experts in Finland in 2024. The data were analyzed using inductive content analysis.

Results: According to preliminary results, four main categories identified: (1) process and methods of environmentally sustainable leadership, which participants described the process's complexity and the need for systematic, long-term, financially competent, and multiprofessional leadership, (2) organizational structures and governance framework, which described the impacts of consistent structures and organizational support on leadership, (3) organizational culture and leadership agency, which described the role of leaders and factors influencing it and (4) position and visibility of environmentally sustainable leadership which described the invisibility and secondary status of environmentally sustainable leadership and effects of collaboration.

Conclusions: This result underscores the importance of developing environmentally sustainable leadership in healthcare and more information is needed for the implementation of environmentally sustainable leadership practices.

Ethical issues and approval: All ethical principles were followed. Informed consent was obtained from all participants, participation was voluntary, and confidentiality and anonymity were ensured.

3.15 Implementing Advance Care Planning in Nursing Homes – An Intervention Study

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Background: Surveys have found that older people often rely heavily on emergency services at the end of their lives. It has also been found that nursing home staff knowledge of palliative care and advance care planning is lacking. The Ministry of Social Affairs and Health recommends systematic training to address this gap. The current study aims to assess staff knowledge and training needs, implement a semi-structured advance care planning tool, train staff, and test the tool in an intervention study.

Methods: Three sub-studies will be conducted: 1) a quantitative survey mapping current competence and training needs; 2) introduction and testing of an advance care planning tool in selected care units, followed by a comparative analysis of pre- and post-intervention data; and 3) qualitative interviews with staff, clients, and relatives to explore experiences.

Expected Results and Implications: Structured advance care planning supports person-centered palliative care, reduces unnecessary suffering, and eases decision-making for relatives. For nursing home staff, improved competence is expected to enhance job satisfaction and professional pride, and to contribute to dignified end-of-life care.

Ethical Considerations: Participation in the intervention study will be voluntary. Discussing end-of-life issues requires sensitivity, empathy, and training and may cause distress. However, passive or active avoidance may cause distress as well. Advance care planning supports and upholds clients' rights to informed decisions, even when cognitive decline limits participation. If the client can no longer actively participate, relatives should be supported in making well-informed decisions. Clients' rights are respected by strengthening staff knowledge of advance care planning and palliative care, and by providing practical tools for the planning process. The study has been approved by the Wellbeing services county where the intervention study will take place.

3.16 Clinical Competence Gaps in Finnish Nursing Homes: Insights from the Ms. Olsen Test

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Background: Providing safe and high-quality care for older people in nursing homes requires nursing staff to have sufficient clinical competence for early detection of health changes and appropriate decision-making. Reports in Finland have highlighted gaps in competence and limited use of evidence-based guidelines. This study explored the clinical competence and decision-making skills of registered nurses and practical nurses in nursing homes and examined related background factors.

Methods: A cross-sectional study was conducted in 50 nursing homes in western Finland. A total of 337 participants completed the Ms. Olsen test, which measures decision-making through symptom-based scenarios. Data were collected via online and paper questionnaires and analysed using descriptive statistics and correlation tests. Cut-off scores for competence were set at 12 for registered nurses and 9 for practical nurses.

Results: Only 24% of registered nurses and 30% of practical nurses achieved the competence cut-off, despite most rating their own competence as good or very good. Use of national care guidelines was low, with only 7% using them daily. Language was significantly associated with competence, with Swedish-speaking staff scoring higher. The lowest competence was observed in areas related to fatigue, cognitive changes and oral care.

Conclusions: This first Finnish application of the Ms. Olsen test revealed substantial gaps in clinical competence among nursing staff in long-term care. Results indicate a need for targeted continuous education and systematic use of evidence-based guidelines to improve patient safety and care quality.

Ethical approval: The study was approved by the Research Integrity Board at Åbo Akademi University and conducted in accordance with national and international ethical principles. Participation was voluntary and anonymous.

3.17 Developing a biopsychosocial consultation framework to guide paramedic assessment during non-emergency presentations.

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Background: With increasing frequency paramedics are caring for people suffering non-emergency issues including chronic illness exacerbations, complications of ageing, mental health crisis, and impacts of the social determinants of health. Foundational paramedic curriculum remains focused on managing emergencies, including a biomedical approach to patient assessment. Literature suggests this adversely impacts paramedic decision-making for lower-acuity presentations. As ambulance services and paramedicine evolve to meet community needs, there appears no standardised evidence-informed framework that guides a holistic assessment of these patients.

Aims: To develop a framework that guides paramedics to conduct a structured biopsychosocial assessment with patients who present with non-emergency needs.

Methods: Academic and clinical subject matter experts with backgrounds in paramedicine, community paramedicine, nursing, mental health, medicine, vulnerable populations, and frailty, constructed a conceptual framework through iterative discussion. This was framed upon established primary-care consultation models, underpinned by a person-centred care philosophy, aligned to Australian professional paramedic and Health Service standards, and informed by research exploring patient and paramedic experience of non-emergency presentations.

Results: A conceptual 9-phase person-centred consultation framework for non-emergency presentations was created: developing trust through active listening, establishing an agenda, identifying patient vulnerabilities, performing necessary assessments, evaluating biopsychosocial needs through critical thinking and clinical reasoning, co-designing a management plan, safety netting, closure, and a reflective self-check of the paramedics' own needs.

Conclusion: This project presents a conceptual framework to support paramedics assess non-emergency patients' holistic needs. Ongoing research is occurring to refine and evaluate the framework.

Ethical approval was not required for this study as it did not involve human participants.

4 PARALLEL SESSIONS 3A–3E

4.1 Care Actions That Matter: A Classical Grounded Theory of Identity Validation in Dementia Care

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Background: Although person-centered dementia care is recognized as a compassionate approach to implementing caring methods when addressing behavioral and psychological symptoms of dementia, we still do not understand how assistant nurses, who are closest to the patient, use everyday interactions to address care challenges while endeavoring non-pharmacological care.

Aim: To identify the main concern of assistant nurses´ care interactions when encountering people with behavioral and psychological symptoms of dementia in nursing homes, and develop a classic grounded theory.

Methods: An exploratory design using the classic grounded theory method and participant observation was employed. Ten assistant nurses were observed during 70 hours of their shifts in two nursing homes.

Results: The Theory of Validating Identity was developed as a middle-range theory grounded on striving to maintain orientation, which became the core category. The Theory of Validating Identity elucidates care interactions between assistant nurses and care users, focusing on care users' identities. The integration of two dimensions—body-mind-soul and time-space—and their categories and properties, illustrates two care contexts that support identity affirmation while offering reassurance during times of confusion.

Conclusion: The life story and other identified interactions within the framework of The Theory of Validating Identity demonstrate the smooth care maneuvers performed by assistant nurses that help implement appropriate care strategies for individuals affected by behavioral and psychological symptoms of dementia. This approach enhances nurses' caregiving skills, reduces the use of sedative medications, and promotes person-centered dementia care, thereby supporting the well-being of both care users and nurses.

The Swedish Ethical Review Authority approved this study. Registration number: 2023-03560-01

4.2 A Meta-Ethnographic Study of Crucial Aspects of Daily Life Among Older Women with Dementia Living at Home

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Introduction: Worldwide, the number of individuals living with dementia continues to rise. In recent decades, developments in healthcare have made it increasingly common for people to remain at home, with care relying more on family members, community networks, and locally organized services rather than institutionalisation. This shift places growing demands on home-based care and increases the need to understand what matters most to home-dwelling persons living with dementia. There is a need for research that advances knowledge about women's health and the significance of a gender perspective in conditions such as dementia, particularly given that women are diagnosed more frequently than men and typically live longer, underscoring the importance of gaining deeper insight into women's own experiences of living with the condition.

Methods: The meta-ethnographic method developed by Noblit and Hare was applied to analyse and synthesise the findings of nine empirical qualitative studies.

Results: Six crucial aspects of daily life among women with dementia living at home were identified: Accepting life with dementia; Maintaining identity and self-perception; Coping with and adapting to a new life; Retaining roles within the family and society; Receiving support from family and friends, and; Recognising the emotional importance of home.

Conclusion: This meta-ethnography highlights crucial aspects that support meaning, identity, and connection in the everyday lives of home-dwelling women with dementia. Drawing on Rom Harré's Theory of Selfhood, the findings indicate that living with dementia involves more than managing the disease; it requires preserving and developing the self in relation to others and within the security of home. These insights can guide healthcare professionals and caregivers in supporting a dignified and sustainable home life for women living with dementia.

Ethical issues and approval: As this meta-ethnographic study synthesised findings from previously published research, formal ethical approval was not required. The findings of the included studies, as well as the voices of their participants, were represented with respect and integrity throughout the synthesis.

4.3 Person-centered respite care for older adults with dementia and their family challenges - A mixed designed study illuminating informal caring experiences

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Background: Aging in place is preferred by older adults and supported by research, yet it creates significant challenges for informal caregivers. Community-based services, such as home interventions and respite care with alternating housing, aim to provide relief, but their effectiveness varies. To enable informed, health-promoting decisions, deeper knowledge of person-centered respite care for people with dementia and their families is urgently needed.

Methods: A qualitative, critical incident technique was used for interviews of informal caregivers (n=10), quality of life scores were analyzed with descriptive statistics.

Results: the main areas of dilemma revealed: Responsibility for Care, Function of Respite Care, and Emotional Impact. The caregiving situation is characterized by a high level of responsibility assumed by family members, with limited and inconsistent external support. This leads to significant physical and emotional strain, compounded by the need for constant vigilance in the home environment. While respite care with alternating housing offers temporary relief, its limitations in quality and communication hinder its effectiveness. Emotionally, caregivers adopt distancing strategies to cope with the progression of illness, yet continue to experience fear, anxiety, and loneliness. Adaptive mechanisms such as humor and distraction are employed to manage daily challenges, highlighting the complex and multifaceted nature of informal dementia care. Quality of life scored with validated instruments showed a great diversity between the participants in relation to their own health.

Conclusion: Informal care places heavy responsibility on family members, causing significant physical and psychological strain and limited support. Persistent emotional challenges and varied quality of life highlight the need for tailored support and further research on coping strategies.

Ethics: approved by authorities and considered through the study process.

4.4 Understanding Family Caregiver Trajectories in Community-Based Dementia Support Centers in Chile

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Background: Caring for a person with dementia is often shaped by emotional strain and limited access to support. Health trajectories offer a person-centered lens to understand caregivers' experiences over time. This study explored the trajectories of family caregivers of attending dementia community-based centers in Chile, which provide multiprofessional support to the caregiver–person with dementia dyad under the National Dementia Plan.

Methods: A qualitative study was conducted using semi-structured interviews with family caregivers who attended five centers during 2023–2024. Transcripts were analyzed thematically, guided by the four-interval revised Model of Pathways to Treatment (appraisal, help-seeking, diagnostic, pre-treatment).

Results: 21 caregivers (19 women), primarily spouses and daughters, aged 49–85 (mean 60). In the appraisal interval, caregivers described the person's symptoms as distressing, shame-inducing, and disorienting, often associated with a loss of control prior to diagnosis. Help-seeking was activated by primary care and community actors. First contact was perceived as structured and trustworthy, providing immediate relief. During the diagnostic and pre-treatment intervals, center-based interventions were experienced as guided aid, offering accompaniment, and practical tools. The trajectory provided relief until discharge, marked by uncertainty at the end of the pathway. Emerging continuity was noted through peer-support groups and caregiver associations.

Conclusions: Caregivers experience significant emotional and informational needs prior to the dementia diagnosis, that can be addressed through guided support and education. Discharge should be recognized as a key interval in the caregiving trajectory, requiring linkage to broader community and health resources.

Ethics: Informed consent was obtained. Ethical approval was granted by Universidad San Sebastián Scientific Ethics Committee (15-11-2022; ANID FONIS SA21I0108).

4.5 Existential and embodied presence—The meaning of peer support caring as experienced by breastfeeding peer support mothers in Sweden

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Background: Many mothers face breastfeeding challenges that professional healthcare lacks the capacity to address, which evoke and reinforce vulnerability and exposedness. In Sweden, mothers then turn to the non-profit Swedish Breastfeeding Support Organisation for peer support.

Aim: The aim is to deepen the understanding of the meaning of peer support caring, as experienced by breastfeeding peer support mothers.

Approach and method: Using a Reflective Lifeworld Research approach 12 lifeworld interviews with peer support mothers in the Swedish Breastfeeding Support Organisation was conducted and analysed.

Results: The essential meaning of peer support caring can be described as an existential and embodied presence. This is further illuminated through the constituents; embodied knowing awakens caring, embracing the breastfeeding story, transcending time and space, being an anchored companion, and finding an authentic way of being.

Conclusion: This study concludes that breastfeeding experiences act as a breach that awakens existential anxiety, such as feelings of homelessness and uncanniness. These experiences evoke a desire for what Heidegger referred to as Care [Sorge] - a fundamental mode of being that involves a reciprocal, flexible, and engaged approach to the world, stemming from existential vulnerability and exposedness. In the context of peer support caring, this form of Care is interpreted as existential caring- a transferable and embodied practice that fosters existential health, meaningfulness, a ‘homelike’ and authentic being-in-the-world. The findings suggest that peer support caring, as an existential and embodied presence, has the potential to enrich other peer support organisations and professional care. By integrating principles of existential caring - authenticity, reciprocity, and attentiveness to existential vulnerability and exposedness - professional care can move beyond instrumental routines and reconnect with the existential dimensions of caring.

4.6 The lived experiences of people with long-term musculoskeletal pain participating in Functionally oriented Music Therapy (FMT)

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Background: Our research project aims to study the effects and experiences of participating in Functionally Oriented Music Therapy (FMT) on people living with long-term musculoskeletal pain conditions. This study explores the participants' experience on how music and movement activities used in FMT contribute to their well-being. FMT utilizes a neuromuscular sensorimotor approach, addressing core human functions such as body control and movement patterns. However, the method is not yet evidence-based in the treatment of long-term musculoskeletal pain, which is why both quantitative and qualitative scientific evaluation is needed.

Methods: Data collection: In-depth qualitative interviews with participants with long-term musculoskeletal pain receiving FMT as a treatment. Data analysis: Data was analyzed using qualitative content analysis.

Results: The content analysis of the interviews resulted into three main themes: Interpersonal Interaction and Communication: Highlights the crucial role of a strong relationship between therapist and participant. It emphasizes the importance of understanding, and a supportive environment. Motivation and Commitment: Focusing on the participant's internal motivation and commitment to the process. It's addressing the power of overcoming challenges. Emotional and Bodily Well-being: Exploring the impact of therapy on emotional and physical well-being. It's about finding inner peace, relaxation, and pain relief.

Conclusions and clinical implications: In this step of the project, qualitative data shows that FMT could be a potential therapeutic treatment for long-term musculoskeletal pain. FMT is described as a relaxing stress relief that facilitates well-being. However, more research is needed to fully evaluate the effects of the treatment.

Ethical approval: This study was approved by The Swedish Ethical Review Authority under approval number 023–03095–01.

4.7 Patient Experiences on Existential Suffering and Well-Being During Advanced Cancer

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Background: Living with advanced cancer often entails existential suffering that impacts well-being. Physical symptoms and existential concerns frequently intersect, underscoring the need for approaches that address both dimensions. Healthcare professionals face complex challenges, and understanding patients' lived experiences is essential for creating a caring environment and delivering person-centred care.

Aim: To gain in-depth knowledge about how existential suffering is experienced by patients living with metastasised lung, breast and prostate cancer, and their accounts of alleviated suffering.

Methods: A qualitative and exploratory design was employed. Data were collected through individual interviews with 16 patients living with cancer in Finland. A phenomenological-hermeneutical approach was applied to analyse the data.

Preliminary results: Participants described a fluctuating process between suffering and well-being. Aspects that alleviated existential suffering included well-being through good mood, zest for life, meaningful relationships, a sense of moving forward, and maintaining identity and independence. The needs for care varied: some required personalised, situation-specific care, while others found security in a standardised care plan. Continuous care relationships and skilful clinicians were highly valued for promoting trust, while hope and faith emerged as vital resources for sustaining a sense of meaning and resilience.

Conclusions: Caring practices that foster trust, continuous care relationships, independence, and acknowledge existential concerns are essential for promoting well-being in patients living with advanced cancer. These findings highlight the importance of holistic and person-centred cancer care.

Ethical considerations: Ethical approval for the study was obtained from the university's ethics board and the Wellbeing County Services. All participants provided informed consent prior to participation.

4.8 How can existential perspectives contribute to a health promotive health care context?

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Stress-related ill health is increasing in Sweden and in spite of extensive research there are many questions remaining to be answered, how to understand and meet this public health problem. Also, in a larger perspective, against the global development with climate crisis, wars and financial problems, people worldwide experience increasing stress and anxiety. The stress-related ill health has many layers and in a secularised culture like Sweden, the health care context is probably an arena that to an increasing degree is going to face the existential dimension of health challenges that people are experiencing due to challenging times.

The WHO underlines the importance of including the existential perspective in building supporting environments for health and wellbeing. This is now gaining attention in Sweden, and the Public Health Agency is adressing the so called existential health; how to understand and apply it within Public health.

In rehabilitation for stressrelated ill health, a holistic approach is often emphasized. But what is a holistic approach? The answer to that is based on the view of the human being and the understanding of human life. Besides the physical, psychological and social needs, the existential perspective needs to be included and highlighted.

Burn out has been described as being in between life and death, in a shadow world, trapped in a dead end. The experience is characterised by powerlessness and meaninglessness. In that situation, existential questions about meaning and existence become urgent for the patient, which also evokes challenges for the care giver. Adressing the existential perspective in the health care context is an ethical concern and can be an important resource for a health promotive care. We need to understand how health care can approach, include and use the existential perspective for creating a health promotive care context, and by that contribute with resources both for the patient and the care giver.

4.9 Advanced Practice Nursing in Primary Health Care – Preliminary Results

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Background: The development of advanced nursing roles, e.g. nurse practitioners, NPs, is a strategy to increase access to health services and meet challenges, such as shortage of human resources and increased need for care. However, there are barriers for advanced practice nursing. Leaders need to develop and change ways of working. As physicians oversee the medical work, collaboration with physicians is important for advanced practice nursing. There are few studies that investigate physicians' perception of collaboration with the NP.

Methods: The study design was qualitative. 8 semi-structured interviews with physicians working in primary health care in a region in Finland were conducted between June 2023 and February 2024. Qualitative content analysis was used for analysis.

Results: The results are preliminary. By redistribution of work, and NPs caring for patients within a defined area of responsibility, while physicians cared for more demanding cases, the workload could be alleviated. However, the waiting time for patients was at risk of increasing if correct distribution of patients failed, pointing out the importance of defined ways of working. The physician's role should be tutoring, supervising and consultative in relation to the NP. NPs also formed support for the physicians, creating the possibility to discuss patient cases and exchange ideas. Establishing NPs as part of the care team requires low hierarchy and courage to develop ways of working. There was a risk that the NP's competence could be underestimated.

Conclusion: Collaboration promote the NP as a part of the care team, increasing flexibility in care. NPs provide physicians with more time to care for demanding cases, while the NPs care for patients within their area of expertise. The NP's independence is supported by collaboration where physicians provide support for the NP.

Ethical considerations: Participation was informed, voluntary, anonymous and confidential. A research permit was provided.

4.10 An exploration of nurse prescribers' competence domain 'direct clinical care'

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Background: Nurse prescribing is the authority for nurses to prescribe medication which contributes to a more holistic care. Nurse prescribers have worked in outpatient clinics in Finland since 2012, but few studies have focused on their practice patterns. This study aims to explore nurse prescribers clinical tasks in the competence domain 'direct clinical care' according to the Caring Advanced Practice Nursing Model. The theoretical conceptual model describes the characteristics of advanced practice nursing from a caritative perspective and has holism, ethos, caring and health as the core.

Methods: The study took a cross-sectional national survey design. The data was collected in 2021 during the covid-19 pandemic from 72 nurse prescribers via an e-form. The e-form was distributed by a trade union by e-mail and complemented with snowball sampling. The data was analysed with descriptive statistics.

Results: Preliminary results show that Finnish nurse prescribers reported that they spend most of their time in the competence domain 'direct clinical care'. The clinical tasks that were most frequently conducted by the nurse prescribers in our study were to order and interpret laboratory tests, take a systematic history, inform about medicines and side effects, review the patient´s medication and telephone counselling.

Conclusions, brief summary and potential implications: Systematic history contributes to the holistic view of the patient. Activities related to medication are characteristics of caring on an advanced level. The study contributes to the knowledge gap about the Finnish nurse prescribers practice pattern.

Ethical issues and approval: Ethical permission was granted for the study, and the study was also approved by the trade union.

4.12 Giving and Receiving—The Key to Meaningfulness at Work Supporting Home Care Workers' Occupational Self-Efficacy and Well-Being

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Background: Home care workers (HCWs) have for years reported increasing workload, threatening their work ability, and many consider changing profession. Perceived meaningfulness at work relates to better work ability and less intention to change profession. Within caritative caring theory, meaningfulness can be understood as an expression of caritas—the ethical and existential motive giving purpose to caring and affirming dignity of both patient and caregiver. Occupational self-efficacy, defined as belief in one's capability to perform work responsibilities, is closely related to meaningfulness at work, work ability, and intention to stay in profession. However, research on how HCWs perceive meaningfulness at work as strengthening self-efficacy is limited. This study aimed to explore how meaningfulness at work supports occupational self-efficacy and well-being among HCWs.

Methods: This study had a qualitative design. Semi-structured interviews were conducted with Finnish HCWs (n=8), most with >30 days sickness absence the past year. Data material was analyzed using reflexive thematic analysis.

Results: Meaningfulness at work was perceived as significant for stronger occupational self-efficacy and health. Two main aspects emerged—giving and receiving. Giving meant responding to clients' unique needs, supporting their ability to cope with daily life. Receiving included client relationship, feeling needed, and appreciation. Recognition from supervisors, colleagues and clients' relatives was crucial. Ill-health and sustained organizational pressure lowered both meaningfulness and self-efficacy. Interactions with clients were seen to compensate for these.

Conclusions: Meaningfulness at work appears to function as a protective for occupational self-efficacy and well-being among HCWs, even during organizational uncertainty. Leadership that acknowledges caring values, provides recognition, and protects relational aspects may sustain a resilient and healthy workforce in home care.

4.14 Healthcare leaders' perspectives on digital homecare services and its implications for social sustainability: A Delphi study

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Background: Digital services implemented in the welfare system supports the needs of growing demands within homecare services. While presenting positive social impacts, such as increased accessibility of services, quality of care and personnel wellbeing, there is limited research on digital services in relation to sustainability within homecare. Therefore, the aim of the study was to achieve consensus on how digital homecare services promote social sustainability.

Methods: This study used the Delphi-method by Linstone & Turoff, consisting of an expert panel with twentyfour participants. The participants were healthcare leaders and political decision-makers. The data collection had two rounds, with qualitative and quantitative approaches. The analysis had a deductive approach, studying material through the WHO framework on climate-resilient health care systems.

Results: The preliminary findings show that participants had varied perceptions on the social sustainability of digital homecare services. Consensus was achieved with some of the statements, regarding accessibility, risks of exclusion of some patient groups, and the importance of healthcare personnel competence and involvement in digital development. Some statements did not reach consensus, showing variation in opinions regarding social sustainability in digital homecare.

Conclusions: Working towards a more climate-resilient health care system, it is important to assess the role of digital services in the transformation. This study highlights the leaders and political decision-makers' consensus on how digital homecare services promote social sustainability. More research is needed to support strategies that ensure social sustainability when delivering care digitally. This study provides guidance for healthcare leaders and policymakers aiming to ensure that digital homecare contributes to socially sustainable and equitable care.

Ethical issues and approval: The study was approved by the wellbeing services county.

4.15 From Classroom to Community: A Qualitative Curriculum Analyses Study of First Aid Education in Nordic Primary Schools

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Background: Sudden cardiac arrest requires immediate action to improve the likelihood of survival. To improve survival rates worldwide, several international organizations established the KIDS SAVE LIVES (KSL) project. KSL recommends that all primary school children receive at last two hours of CPR training yearly. Early education initiatives entail calling for help and building confidence to act in emergencies. Most previous studies within this knowledge field focus on children aged 12 and above, demonstrating a knowledge gap in relation to research on primary school children (age around 7–12 years) and their readiness and related education initiatives.

The aim of the study was to review the national primary school curricula in five Nordic countries to identify how first aid is taught and determine whether the content is designed to support life-saving skills.

Methods Data were collected through official documents including curricula and competence frameworks for compulsory education. School subjects containing first aid related content such as in environmental studies, social studies, biology, and physical education were categorized, and their curricula were examined. A qualitative document analysis linked to policy documents analysis applied.

Results: The preliminary review of Nordic primary school curricula shows that first aid and safety are covered but with inconsistent detail. This highlights the need for a more unified approach. Implementing the KSL initiative would provide a clear, evidence-based framework to standardize both content and teaching, ensuring all pupils receive high-quality, consistent instruction.

Conclusion: Adopting the KSL initiative could standardise both content and teaching methods, ensuring that all pupils receive consistent, high-quality first aid education and are better prepared to respond in emergency situations.

4.16 What Drives Clinical Competence? The Role of Standards, Language, and Age in Care for Older Adults

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Background: Clinical competence is essential for safe and high-quality care in long-term care facilities for older adults. Previous studies in Finland have revealed gaps in competence and limited use of national nursing standards. This study aimed to identify explanatory variables associated with clinical competence among registered nurses and practical nurses working in these settings.

Methods: A cross-sectional study was conducted in 50 long-term care facilities in western Finland. A total of 337 participants completed the Ms. Olsen test, an objective knowledge-based instrument assessing decision-making in symptom-based scenarios. Data were collected via online and paper questionnaires and analysed using multiple linear regression to explore associations between clinical competence and background factors.

Results: The mean score for clinical competence was below the required cut-off for both groups. Only 24% of registered nurses and 30% of practical nurses achieved the competence threshold. Regression analysis showed that increasing age, Swedish as a working language, higher education level, working in institutional care, and frequent use of Finnish nursing practice standards were significant explanatory variables. Self-evaluated competence and continuing education were not associated with actual competence.

Conclusions: This study highlights critical factors influencing clinical competence in care for older adults. Using national nursing standards and promoting evidence-based practice are key to improving competence. Findings underscore the need for targeted education strategies and systematic competence assessment to ensure patient safety and quality care in bilingual and multicultural settings.

Ethical approval: The study was approved by the Research Ethics Board at Åbo Akademi University and conducted in accordance with ethical principles and data protection regulations. Participation was voluntary and anonymous.

5 POSTERS

5.1 Building trust in conversations when life is challenged

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Background: From a theoretical caring science perspective, conversation may constitute an essential mean to alleviate patients' suffering. Confidential conversations between patients and registered nurses in palliative care often arise spontaneously and extend beyond everyday exchanges. In challenging situations of serious illness and uncertainty, they allow patients to share fears, hopes, and reflections on death, offering relief and support. This study aimed to explore aspects of interpersonal relationships in palliative caring focusing on confidential conversations between patients and registered nurses.

Methods: A qualitative focused ethnography within specialist palliative care. Data were collected through unstructured participant observations, field notes, and interviews with patients and registered nurses. Reflective thematic analysis was applied.

Results: Trust in conversations was fragile but central, built, maintained, lost, and restored through ongoing interaction. Interruptions or missed signals could disrupt dialogue, but repair often restored connection. Small talk, silence, and the nurse's emotional presence were crucial in creating and sustaining trust. Conversations were also shaped by the work environment, relationship history, family presence, and patient condition. Patients 48rganizing continuity and consistent presence, while nurses highlighted the fragility of trust given patients' limited lifetime and risk of lost opportunities for connection.

Conclusions: The findings highlight the role of sensitive, dynamic trust in confidential conversations while caring in challenging and complex situations, to require continuity, presence, and adaptability from nurses. Healthcare environments should prioritise privacy, relational continuity, and communication training to support these interactions.

Ethical considerations: The study was approved by the Swedish Ethical Review Authority. Informed consent was obtained from all participants.

5.2 Health-related challenges and care needs as experienced by home-dwelling individuals with concurrent somatic and mental health conditions

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Background: As the population ages, a growing number of individuals with concurrent somatic and mental health conditions continue to live at home. There is a need for enhanced knowledge of the health-related challenges they experience in everyday life, and which health and care services are perceived as important.

Methods: Seventeen home-dwelling individuals with concurrent somatic and mental health-related conditions, recruited from three Norwegian regions, participated in the study. In-depth interviews were conducted with nine participants individually, while eight participated in dyadic interviews together with a close relative. Data were analyzed using Thorne`s interpretive description.

Results: The findings indicate that care needs span structural, practical, and emotional dimensions. Several participants reported limited knowledge of available healthcare services and expressed uncertainty about whom to contact for health and social care. Many also described feelings of loneliness and social isolation, as well as reduced ability to engage in meaningful activities due to declining physical health.

Conclusions: Healthcare professionals need competence in providing compassionate, comprehensive and coordinated care for individuals with somatic and mental health conditions, including the development of care plans that address each person's individual challenges.

Ethical issues and approval: The project was approved by Regional Committee for Medical and Health Research Ethics (890536) and Norwegian Agency for Shared Services in Education and Research (395002).

5.3 Mapping Research on Complex and Integrated Care Needs in Children and Adolescents with Mental Health Challenges: A Scoping Review

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Background: Children and adolescents with mental health challenges often experience overlapping physical, social, and learning-related difficulties contributing to complex care needs. Despite growing political attention to integrated care, research remains fragmented in its understanding and approaches. This scoping review synthesizes research on the complex and integrated care needs of children and adolescents with mental health challenges.

Method: Following Arksey and O'Malley's framework and reported in accordance with PRISMA-ScR, systematic searches were conducted in MEDLINE, Embase, CINAHL, Cochrane Library, Web of Science, and Scopus. Two reviewers independently screened titles and abstracts, and full texts were screened in pairs. Predefined inclusion and exclusion criteria were applied. Of 9,523 records identified, 28 studies (2012–2024) were included. Findings were 50rganizing50 thematically.

Results: Three interconnected themes emerged: developmental complexity; relational stability and family involvement; and cross-sector coordination and integration. Complexity included overlapping mental health difficulties, trauma exposure, functional impairment, and developmental transitions. Educational difficulties were closely linked to mental health and daily functioning, while somatic health received limited attention. Stable professional relationships and family involvement were central to engagement and continuity. Fragmented services across health, education, and social sectors increased complexity.

Conclusions: The synthesis indicates that sustained relational continuity, active family engagement, and coherent cross-sector collaboration is central to addressing complex and integrated care needs.

Ethics: Ethical approval was not required. The protocol was registered in the Open Science Framework (DOI: https://doi.org/10.17605/OSF.IO/EY7JH).

5.4 Action model for unforeseen inadequacy in nurse staffing and qualification – descriptive study of nurse's and nurse manager's experiences

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Background: Adequate staffing in nursing is fundamental to provide safe and good nursing care. Unforeseen Situations of Staffing and Qualifications action Model (USSQM) was developed to guide nurses and nurse managers in assessment of workload in situation of inadequate staffing, nurse' qualifications and high care intensity, and to ease decision-making in reorganization and prioritization. This study aimed to explore the experiences of nurses and nurse managers in the use of the USSQM.

Methods: A descriptive qualitative study was employed. Nineteen nurses and nurse managers from one department of the University hospital in Finland, were selected for semi-structured focus group interviews by purposive sampling. Data were collected from January to October 2025, the interview guide focused on participant's experiences of the use of USSQM. Data were analysed using inductive content analysis.

Results: Nurses and nurse managers described that USSQM was implemented as a part of their daily work, mostly by assessing the workload status and managing the flow of incoming patients in high workload status. Especially nurse managers experienced that USSQM has supported them in decision-making, but in big picture, participants suggested that there is a gap between understanding the fundamental purpose of the USSQM and the strong professional ethics, causing difficulty to follow USSQM's reorganization and prioritization guidelines.

Conclusions: Nurses and nurse managers described the USSQM as a practical and usable action model for daily practice. However, several aspects of the USSQM require further consideration and refinement in future development. Additionally, adequate information and support from organizational leadership should be ensured during the implementation process to facilitate the comprehensive use of the USSQM.

Ethical approval: The study has been reviewed and approved by the Ethics Committee for Human Sciences Health Care Division at the University of Turku, Finland.

5.5 Exploring the lived experiences of LGBTQ+ individuals' first encounter with Primary Health Care services

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Background: The first contact with Primary Health Care (PHC) services sets the relational and emotional tone for future interactions, influencing trust-building and long-term engagement. For LGBTQ+ individuals, this is further shaped by: i) the perceived trustworthiness and caring intent of the health professional; ii) provider biases informed by cultural, ideological, and religious contexts; and iii) heteronormative structures embedded in procedures, bureaucratic routines, and tools such as referral systems, guidelines, pronoun policies, and spatial arrangements that privilege non-LGBTQ+ identities.

Purpose: To understand the lived experiences of LGBTQ+ individuals' first encounter with health providers within the PHC setting in the Greek context.

Methods: An interpretive phenomenological method explored the lived experiences of LGBTQ+ individuals' initial encounters with health professionals. Six in-depth purposively sampled interviews were conducted, transcribed and analysed using thematic analysis.

Results: Eight themes emerged, namely: 1) Emotional dimensions of the first encounter, 2) Health professionals' attitudes/reactions, 3) LGBTQ+ identity as a defining factor, 4) Context and preconditions, 5) Strategies in managing the first encounter, 6) The educational and expectational gap, 7) The contradictory relationship of the health system, 8) The first encounter as a turning point.

Conclusion: LGBTQ+ individuals' first encounter with PHC services is a profound emotional experience, influenced more by their LGBTQ+ identity than by their health concern. Their interactions with health providers shape these emotions through linguistic, contextual, and unspoken cues on both sides. Furthermore, when effectively guided by health professionals, this encounter can channel the activated defence and coping mechanisms towards maturation and self-development, or, if ignored, can result in 52rganizing52nal52 and isolation.

Ethical approval was granted (Ref. No.: 30206/2025).

5.6 The Ward Round – Roles, Content and Learning

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Background: Ward rounds have historical roots in medical education and have evolved into interprofessional meetings where multiple professions collaborate to provide holistic care, including patients and relatives. This highlights diverse knowledge dimensions and improves outcomes for patients, teams, and organizations. Studies show that interprofessional rounds support everyday learning with, from, and about each other, requiring awareness of roles, functions, and responsibilities. Despite the round's central role, research shows a lack of shared understanding of its purpose, content, and structure, leading to variation.

Aim: To describe the ward round based on the experiences of nurses, assistant nurses, and physicians.

Methods: The study is based on qualitative interviews with physicians, nurses, and assistant nurses. The material was analyzed using meaning-oriented thematic analysis grounded in reflective lifeworld research.

Results: Preliminary findings reveal four themes, with learning present in all:

- The Patient's Voice – how the patient's perspective is highlighted or lost
- Collaboration – the significance of and conditions for interprofessional cooperation.
- Mission – professionals' understanding of their responsibilities and roles.
- Organization – how organizational frameworks influence.

Conclusion: Clarifying the content and roles of the ward round enhances understanding of interprofessional learning in daily practice. The round is a potential learning arena requiring structure, shared understanding, and organizational support

Ethical issues and approval: The study follows ethical principles regarding informed consent, voluntary participation, confidentiality, and purposeful use of data. Approved by the Swedish Ethical Review Authority (Ref. No. 2022-03541-0).

5.7 Exploring Brain Health in Very Old Adults

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Background: Cognitive function, mental health and well-being are core components of brain health in older adults. WHO estimates over 55 million people have dementia worldwide, and approximately 5% of adults experience depression, but the prevalence varies by age and sex. Despite population ageing, research on the very old (>85 years) remains understudied.

Method: The Gerontological Regional Database (GERDA) study, investigates the prevalence of dementia and mental well-being, including depressive disorders in very old adults. Via home visits to individuals aged 85-, 90- and 95+ in Northern Sweden, Western Finland and Åland, we have conducted four cohorts, with approximately 2,200 individuals. The fifth wave began in June 2025.

Results: From 2000 to 2017, the incidence of dementia and cognitive impairment declined in the younger segments of the very old, yet overall prevalence remained stable or even increased. Conversely, depressive disorders increased in all age groups over time, most markedly among those 95 years and older.

Conclusion: The concurrent trend of declining incidence yet increasing overall burden of brain ill-health underscores the growing complexity of care needs. These findings highlight an urgent need for tailored strategies to support cognitive and mental well-being, foster inclusive research practices, and strengthen community and health-care systems amid demographic and societal uncertainty.

Ethical issues and approval: GERDA includes very old adults with frailty and cognitive impairment—groups often excluded from research. These demands were adapted, ongoing consent and sensitive data collection aligned with participants' abilities. We conclude that the right to inclusion and representation outweighs potential risks. Ethical approval by the Swedish Ethical Review Authority, the Board for Research Ethics at Åbo Akademi University (FEN) and the Research Board at Åland University of Applied Science the Ethics Committee of Ålands hälso- och sjukvård.

5.8 Responsibility in social robot counselling – Young male adults´ views

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Background: Welfare technological solutions like socially assistive robots may meet the current needs of healthcare such as the shortage of personnel. Due to earlier studies showing promise regarding the use of socially assistive robots in community pharmacy counselling, this study set out to investigate the views of young adult males concerning responsibility issues in this specific context.

Methods: Ten qualitative semi-structured interviews of male individuals aged 18-30 were conducted between fall 2024 and spring 2025. Participants were shown a video recording of a potential pharmacy customer interacting with a socially assistive robot in a simulated pharmacy. Interviews were audio-recorded, transcribed and finally analyzed by thematic analysis.

Results: Three main themes and ten subthemes were found in the analysis process. The main themes are 1) the responsibility of young adult males; 2) the responsibility of others, and 3) the robot's responsibility. Each main theme has 3-4 subthemes, respectively, that further describe the views of young adult males with respect to responsibility in social robot counselling. Taken together, the resulting thematic map forms a deeper understanding of these views and hence responds to the study objective.

Conclusions: In social robot counselling, young adult males seem to experience responsibility to be on themselves. However, when buying medicines on behalf of others, responsibility is, on occasion, passed on. Even though the socially assistive robot is seen as trustworthy to perform simpler tasks, human pharmacists are still considered as needed and also valued for their expertise.

Ethical issues and approval: In this study, the ethical guidelines by The Finnish National Board on Research Integrity (TENK) have been followed. Participants had provided their informed consent prior to the interviews. Considering the current study design, an ethical review statement is not needed here according to TENK.

5.9 Experiences of Support in Home Isolation During the COVID-19 Pandemic

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Background: During the COVID-19 pandemic, many individuals were supported in home isolation, often without physical contact with health-care professionals. This created new challenges for how care and support could be 56rganizin and experienced under conditions of uncertainty. Various forms of distance support were introduced, including telephone-based contact and digital advisory services. The aim of this study was to explore clients' and health-care professionals' experiences of support during pandemic-related home isolation.

Methods: This qualitative study is part of the Nordic research project Innovations for Pandemia Isolation (PANDA). Semi-structured interviews were conducted with clients (n = 27) who received support during home isolation and health-care professionals (n = 11) who provided such support in Finland and Sweden. The data were analysed using qualitative thematic and content analysis.

Results: The findings indicate that experiences of support in home isolation were closely related to continuity, availability and clarity of responsibility. Support was experienced more positively when contact was consistent and responsive, while fragmented support and unclear 56rganizing56nal structures contributed to increased vulnerability and burden for individuals in isolation. Distance support influenced how responsibility and support were perceived by both clients and professionals.

Conclusions: Home isolation during the pandemic represents a complex support context where responsibility may risk shifting from organisations to individuals. The study provides insights into experiences of support at a distance and highlights considerations relevant for 56rganizing care and support in future crises.

5.10 Experiences of Police Apprehension in Compulsory Psychiatric Care: A Qualitative Interview Study

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Background: Police officers increasingly assist in compulsory psychiatric care yet often lack sufficient mental health training. This role involves navigating complex tensions between law enforcement duties and principles of health ethics, confidentiality, and patient autonomy. Responsibilities that are both common and challenging. Moreover, such interventions may be perceived by affected individuals as frightening or stigmatizing, particularly during acute illness. Caring is grounded in ethical and interpersonal engagement, irrespective of professional background, suggesting that police officers can contribute to caring encounters. However, this requires insights based on the experiences of those apprehended in these situations. The aim was therefor to describe persons experience of being apprehended by police officers, with implications for compulsory psychiatric care.

Methods: Eleven individuals apprehended by police during severe mental illness episodes were individually interviewed, using an open-ended interview guide. Data were analyzed using reflexive thematic analysis following Braun and Clarke.

Results: Three themes emerged: (1) Transitioning into subservience in the midst of turbulence, (2) Not being recognized as ill, and (3) Feeling alienated while longing for validation. Participants reported feelings of criminalization, emotional resignation, and exclusion. Empathy and calm gestures by officers fostered safety and dignity, while dismissive or demeaning treatment deepened trauma and mistrust.

Conclusions: Police apprehensions during psychiatric crises often intensified vulnerability and alienation. Findings underscore the need for compassionate approaches that affirm dignity and promote safety, especially in acute distress. Thus, police officers may benefit from enhanced knowledge and training in caring as part of their professional role.

Ethical approval: Approved by the Swedish Ethical Review Authority (No. 2023-07149-01).

5.11 Ethical and effective nursing leadership from employees' perspectives

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Background: Leadership involves influencing others, and leaders' example is crucial for fostering an ethical organizational culture. Previous research shows that ethical leadership benefits patients, employees, and leaders in healthcare organizations. The study aim was to explore what ethical and effective leadership means to employees in clinical nursing and how leaders can motivate them to work ethically and efficiently.

Methods: A qualitative design was used, with semi-structured interviews of ten healthcare nurses analyzed through content analysis.

Results and main findings: The results show that employees seek a leadership based on equality, where a genuine relationship between the leader and the employees exists in everyday work. Leadership should be based on integrity, professional competence and treatment, while also incorporating empathy and emotional intelligence. Motivation emerges when employees have a strong sense of doing what is right for the patients, and feel that the leader is interested in them, the organisations goals are clear, and the work community supports the individuals in it.

Conclusions, summary and potential implications: Ethical and effective leadership is rooted in human values, with integrity essential in nursing care. This foundation supports nurse leaders in their roles.

Ethical issues and approval: Ethical approval and research permission were granted by the organisations, and the participants gave their informed consent to participate.

5.12 Validating Competencies to Prevent Deskilling in Internationally Educated Nurses

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Background: Internationally recruited nurses often encounter under-recognition of their previous competencies and are placed in lower-tier roles, which can lead to deskilling and increased vulnerability. Increasing numbers of internationally educated nurses are applying to Universities of Applied Sciences in Finland. There is a need for TopUp Nursing programs that validate prior competence, offer tailored study plans, to meet the educational needs of internationally trained nurses.

Methods: A Top-Up program was designed at Arcada UAS in response to the growing population of internationally educated nurses in Finland, offering a distinct pathway separate from the regular bachelor's program. Curriculum development was guided by national regulatory requirements and the typical characteristics of non-EU nursing curricula. Emphasis was placed on Finnish healthcare practices, clinical placements, language learning, and strong academic and social support services.

Results: A large and steadily increasing number of students have enrolled since the program's launch 2019. The TopUp pathway allows internationally educated nurses to complete a Bachelor of Health Care in a shortened time frame through a hybrid structure combining lectures, workshops, online studies, simulations, and hands-on clinical practice. Graduates demonstrate excellent employability, with employment outcomes consistently approaching full placement.

Conclusion: Strengthening educational pathways for internationally trained nurses supports a diverse and sustainable workforce. Feedback underscores the need for career guidance, integration support, and focused language training. While transparent and ethical program development remains essential, validating prior qualifications is still demanding, highlighting the need for harmonized processes and Nordic collaboration. Continued progress depends on recognizing competencies, supporting career growth, and enabling further academic development.

Ethical Issues and Approval: It is based on anonymized program-level data and voluntary student feedback collected as part of routine educational development; no formal ethical committee approval was required; institutional approval was obtained from Arcada University of Applied Sciences.

5.13 People‘s experiences of loneliness and alleviating it

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Background: Experienced loneliness is closely linked to poorer health outcomes and diminished well-being. Gaining insight into how loneliness is experienced and how it may be reduced is crucial for supporting affected individuals and for understanding the broader societal consequences of loneliness. This study examined people’s lived experiences of loneliness and their views on strategies to alleviate it.

Methods: The study employed a qualitative, inductive content analysis based on data from the collection Yksinäinen – yhdessä ja erikseen (2020–2021), published by Tietoarkisto and collected by the Finnish Literature Society. The dataset consisted of 46 written narratives in which participants described their experiences, feelings, and reflections related to loneliness. The data were collected in collaboration with MIELI Mental Health Finland and HelsinkiMissio.

Results: Analysis revealed two overarching themes: (1) experiences of loneliness and (2) experiences of alleviating loneliness. The first theme included six subthemes: definitions of loneliness; loneliness as a social phenomenon; predisposing factors; experiences across life stages; negative impacts on health and well-being; and positive aspects of solitude. The second theme included two subthemes: alleviating loneliness at the individual and societal levels.

Conclusions: Loneliness is characterized by negative emotional experiences and insufficient social connections, particularly during certain phases of life. Life crises and individual characteristics increase susceptibility to loneliness, which in turn negatively influences quality of life and overall well-being. Addressing loneliness requires strengthening personal coping resources and social support, alongside societal efforts to foster inclusion and a sense of community.

Ethical considerations: The study was conducted in accordance with the ethical guidelines of the Finnish National Board on Research Integrity.

5.14 Caritative Caring in a Vulnerability Context: Integrating Caring Science and Design Thinking in Nursing Education (Planning Stage Case Study)

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Background: Person-centred care (PCC) is a result of societal developments towards 61pecialization61on. However, increasing 61pecialization means that patients feel they are not seen as individuals.

Case presentation: Students prepare by choosing a picture and writing a short story about an elderly person they know, which enables a personal perspective.

Results: The study is ongoing, no final results are available yet. Previous research shows that educational methods using personal stories and images have changed students' perceptions.

Design thinking (empathy, definition, ideation, building and prototyping, testing) helps students explore the person's life history, priorities and care needs, guided by the concepts of dignity, love and wholeness.

Empathy is understood as a life-world-oriented, responsive presence. Defining is about creating meaning. Generating ideas can be compared to creative nursing and professional judgement, combining knowledge, experience, ethics and imagination. 'Building and prototyping' means giving care its initial form and shaping it in action, language or educational expressions. Testing corresponds in healthcare science terms to dialogue, feedback and joint reflection.

The research contributes knowledge by highlighting individuality as a central, but often overlooked, dimension in healthcare education and practice. Engagement through storytelling and human-centred design is expected to promote insight into the experience of vulnerability/dignity. Expected outcomes include appreciation of individual strengths and values among students, confidence in collaborative care planning, and awareness of emotional, ethical, and existential aspects of PCC.

Conclusions: This planned study aims to create an understanding of how design thinking, combined with caring nursing, can serve as an educational tool in nursing education and support students in developing empathetic, person-centred approaches to caring for the people they encounter in healthcare.

5.15 A Descriptive Qualitative Study of Nursing-Associated Impediments in Children's Pain Management in Ghana, A case study of Selected Hospitals in Ghana

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Available evidence indicates Inadequate staffing levels, insufficient knowledge, unprofessional conduct, stressing work task, unavailability of analgesic, and decline in prioritization of interventions for pain management as nursing-associated hindrances to optimal paediatric pain management. It is worth noting that such investigations were conducted in advanced countries with diversity of healthcare dynamics parallel to existing ones in developing countries.

This paper aimed at identifying and understanding the impediments linked to nursing in the management of paediatric pain in the Ghanaian setting. The study employed a descriptive qualitative study in five facilities in the Ashanti region, a population of 28 purposively sampled nurses employed in the paediatric units of five hospitals were studied for three months using interviews to elicit their challenges optimal management children's pain. A transcription of the recorded interviews was done verbatim and deductively analysed based on a conceptual interest in pain assessment and management-linked hindrances. Data management and analyses was guided by NVivo 12 plus software guided. Participants mean age was 30 years and dominated by females (n = 24). Participants were required to have worked as a nurse for minimum of and with two years being in the paediatric care settings. The study depicted constraints in pain assessment and evaluation at pain management interventions with children who have nonfunctional speech, inadequate education, misconceptions on paediatric pain experiences, absence of assessment tools, and staffing levels and nurses' inability to prescribe analgesics. The findings of the study make it imperative for nurses to be trained, empowered, and motivated with the requisite material resources to effectively manage children's pain. Ethical approval (reference number: CHRPE/AP/57).

5.16 Patients' and relatives' perspectives on experiences of dignity and person-centred care in healthcare and home care settings

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Background: Caring for patients in home care and hospital settings require professionalism and the ability to meet individual needs with a dignified, person-centred, and ethically grounded care. The study aim was to explore experiences of dignity and person-centred care from the perspectives of patients and their family members in home and hospital settings.

Methods: Twelve people participated: nine home care patients and three family members. The study used an exploratory qualitative design with semi-structured interviews analysed through content analysis.

Results: The findings show that dignity and person-centred care rely on authentic, present, and aware caregiver – patient interactions, where tone, body language, and responsiveness shape patients' sense of value and trust. However, organisational barriers – such as time pressure, limited resources, and lack of continuity – can hinder ethical and attentive care.

Conclusions: The results show that patients' sense of dignity is vital to experiencing good care, and family members' experiences are closely tied to patients' dignity and person-centred care, highlighting the need for an ethical, professional approach that upholds healthcare's core values.

Ethical issues and approval: Ethical approval was provided by an ethical committee and the participant gave their informed consent to participate.