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Abstract book 2025

The 25th International Nursing Ethics Conference - The Value of Nursing Ethics Research and Scholarship 28-29 August 2025

Edited by Johanna Wiisak and Riitta Suhonen

Abstract book 2025

University of Turku, Finland 2025

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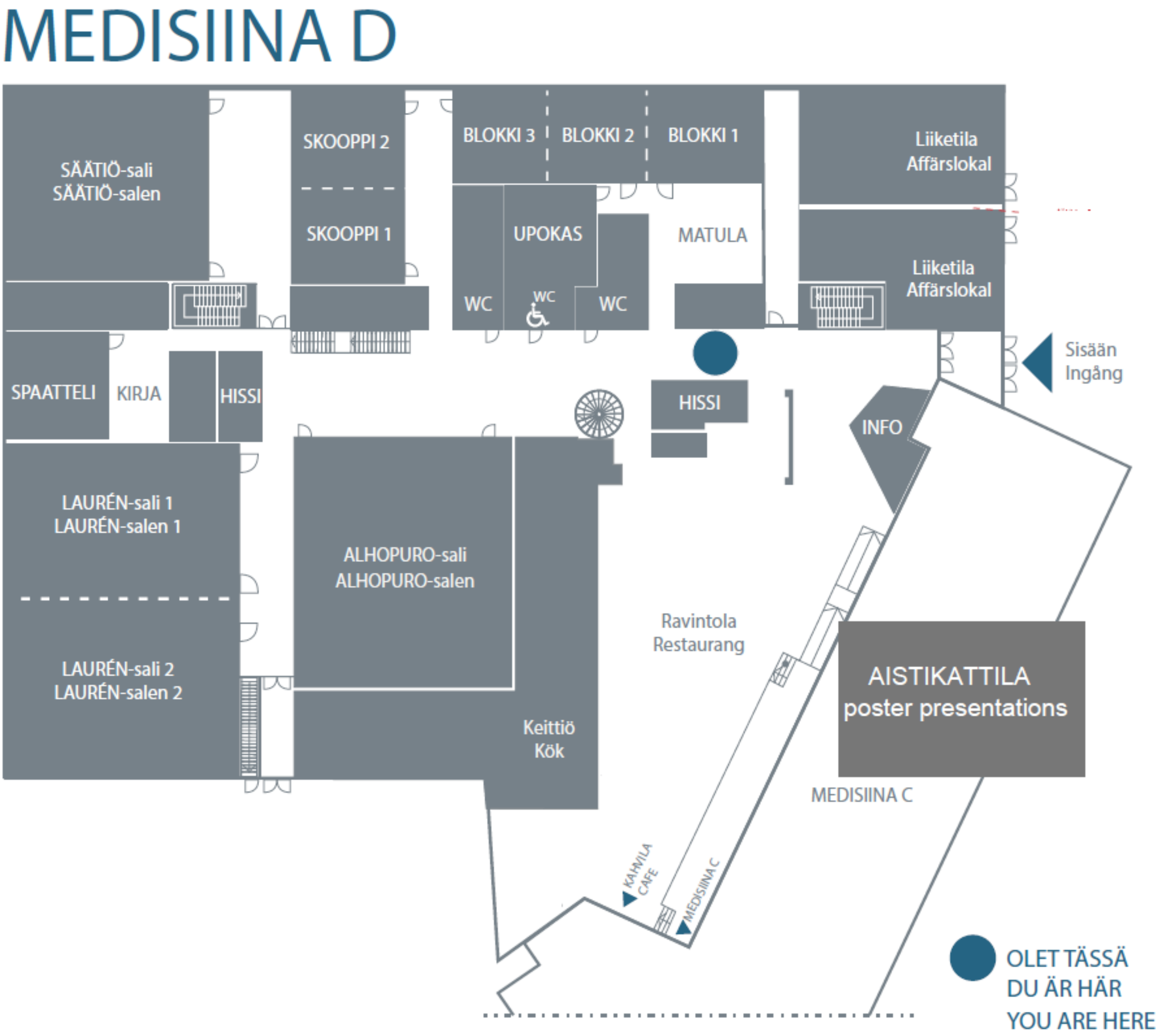
Map of Medisiina D, halls and rooms



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Disclaimer: The abstracts presented in this book remain in their original form as they were submitted for consideration to be included in the 25th International Nursing Ethics Conference - The Value of Nursing Ethics Research and Scholarship. All content is entirely the work of the submitting author(s), also the responsibility for possible misspellings or misrepresentation.

Welcome to the 25th International Nursing Ethics Conference

‘A warm welcome to our 25th International Nursing Ethics conference. We are so very pleased to have you join us to engage in important conversations regarding local and global aspects of ethics in relation to care research, practice and leadership. We look forward to your contributions to the exploration of opportunities for human flourishing in care and to collaborative approaches to resolving current and future care challenges.’

Professor Ann Gallagher
Editor-in-Chief Nursing Ethics

‘We warmly welcome you all to the 25th International Nursing Ethics Conference in Turku, Finland. It is a great honor for us in the Department of Nursing Science at the University of Turku to welcome you all to our annual conference. The 2025 Nursing Ethics Conference engages participants to reflect on the value of nursing ethics research, scholarship and multidisciplinary collaborative research on ethically safe care, services and societies from an international, multidisciplinary and interdisciplinary perspective.

The conference is being held during turbulent times. Practitioners, researchers, educators, managers and students in the field of health and social care worldwide were invited to attend and participate in this conference to foster dialogue on local and global responses to ethical challenges. Ethics and nursing ethics let us raise our minds to think and to talk about care ethics and nursing ethics now in the scientific conference, with the topic “The Value of Nursing Ethics Research and Scholarship”.

The 2025 conference will reflect philosophical, empirical and methodological developments in ethics as applied to care and services at all levels to develop sustainable care, care systems and global health.

One of the conference highlights is the Human Rights and Nursing Awards that will be awarded for two important nurses and will be presented at the conference on 28th August 2025. The aim of the Awards is to give nurses visibility and to celebrate those whose work fosters international respect for human rights and dignity of people everywhere

We wish to thank all who submitted abstracts and traveled to Turku for this conference. The scientific committee was able to create a full programme for two days including four keynotes, two plenary sessions with three speakers in each, seventeen parallel sessions with three to four presentations in each, and two poster sessions.

The 2025 conference is organised by the Department of Nursing Science, University of Turku in collaboration with the international Editorial Board of the journal Nursing Ethics. We wish to thank both the scientific and organizing committees for their hard work achieving such an excellent programme.’

Turku August 2025

Professor Riitta Suhonen
Chair of the scientific committee and organizing committee, and Nursing Ethics editorial board member

Programme

The 25th International Nursing Ethics Conference

The value of nursing ethics research and scholarship

University of Turku, Turku Finland on 28th and 29th August 2025

Day 1 – Thursday 28th August 2025

08:00	Registration	
09:00	Welcome - Conference chair/University of Turku **Riitta Suhonen** - University of Turku representative **Eriika Savontaus**, Vice dean - Editor-in-Chief Nursing Ethics **Ann Gallagher** Introduction to conference / House keeping **Minna Stolt**	Alhopuro Auditorium
09:30	**Opening 2 keynotes**– Introducing the Conference Theme Chair: **Ann Gallagher**, NEJ Editorial board Professor **Teppo Kröger**: Care poverty: seeking an approach to long-term care that calls for action"? Associate professor **Michael Dunn**: The value of empirical ethics in nursing research	Alhopuro Auditorium
11:00	Tea and Coffee	Tiedonkolu
11:30	**Parallel Sessions (1a) Themes (Chair)** 1a1 **Rights and responsibilities (Mari Kangasniemi)** 1a2 **Nursing education/ training (Johanna Wiisak)** 1a3 **Older people nursing (Bernadette Dierckx de Casterlé)** 1a4 **Dignity and vulnerability (Ebin Arries-Kleyenstüber)** 1a5 **Poster session themes 1, 2, 3 (Marja Hult)**	 Alhopuro Lauren 2 Blokki 1+2 Upokas Aistikattila
13:15	Lunch	Flavoria
14:00	**Parallel Sessions (1b) Themes (Chair)** 1b1 **Main topics of professional ethics (Karoliina Nikula)** 1b2 **Use of AI and ethics (Paul Snelling)** 1b3 **Ethics concepts and theory (Ann Gallagher)** 1b4 **Clinical ethics through lifespan (Minna Stolt)** 1b5 **Ethical issues in nursing & care (Saija Inkeroinen)**	 Alhopuro Lauren 2 Blokki 1+2 Upokas Aistikattila
15.30	Tea and Coffee	Tiedonkolu
16.00	**Plenary Panel** "From local to global ethics" Chair: **Robert Jago**, NEJ Editorial Board Docent **Susanne Uusitalo**: "Ethical considerations on AI as the key to health care challenges" PhD **Helena Siipi**: Are climate nudges ethically different from health nudges? Professor **Seppo Virtanen**:Trends in cybersecurity	Alhopuro Auditorium
17:30	**Human Rights and Nursing Awards** Chair: **Jane Leng**, *UK*	Alhopuro Auditorium
19.00	**Conference Dinner**	Suomalainen Pohja

Day 2 – Friday 29th August 2025

08:30	**Meet the Editors/Writing for Publication** – *Q & A* *Editor-in-Chief Prof* **Ann Gallagher**, *Nursing Ethics* *Editor-in-Chief Prof* **Fiona Timmins**	Alhopuro Auditorium
	Opening of the day 2 Mari Kangasniemi	
09:30	**Plenary Panel 2** "Perspectives on prioritization" Chair: **Paul Snelling**, NEJ Editorial board Professor **P Anne Scott**: Rationing of nursing care - Ethical issues Adjunct professor **Ilona Autti-Rämö**: "Ethics in prioritization regarding healthcare services" Professor **Helena Leino-Kilpi**: Patients' rights- what we know based on empirical research	Alhopuro Auditorium
11:00	Tea and Coffee	Tiedonkolu
11:30	**Parallel Sessions (2a) – Themes (Chair)** 2a1 **Ethics and workforce issues (Jane Leng)** 2a2 **Ethics and education (Reetta Mustonen)** 2a3 **Vulnerability (Chris Gastmans)** 2a4 **Evaluation and measurement of ethical topics (Elizabeth Peter)** 2a5 **Poster session, themes 4, 5 (Marja Hult)**	Alhopuro Lauren 2 Blokki 1+2 Upokas Aistikattila
13:15	Lunch	Flavoria
14:00	**Parallel Sessions (2b) – Themes (Chair)** 2b1 **Professional ethics (Ebin Arries-Kleyenstüber)** 2b2 **Ethics in challenging situations (Michael Dunn)** 2b3 **Ethics in different nursing contexts (Minna Stolt)** 2b4 **Research methodology in ethical topics (Elina Pajakoski)**	Alhopuro Lauren 2 Blokki 1+2 Upokas
15:30	Tea and Coffee	Flavoria
16.00	**Closing 2 Keynotes & Commentary** Chair: **Riitta Suhonen**, NEJ Editorial Board Professor **Bernadette Dierckx de Casterlé**: Tired for life- findings from a qualitative research Professor **Elizabeth Peter**: Can Nursing Ethics Help Foster Leadership in an Evolving World?	Alhopuro Auditorium
17.30	**Conference Close** Professor **Ann Gallagher**, UK and Professor **Riitta Suhonen**, UTU **Ebin Arries-Kleyenstüber**, welcome to the next conference in Canada	Alhopuro Auditorium

28.8.2025 Day 1, parallel session series 1a 11.30-13.15

Parallel sessions 1a

1a1	**Rights and responsibilities: Room Alhopuro**	**Presenter**	**Chair: Mari Kangasniemi**
		Riitta Danielsson-Ojala	Use of Restrictive Safety Devices and Actions Limiting Self-Determination at Tyks Neurocenter – Implementation of Guidelines
		Hanna-Kaisa Pellikka	Baby’s rights as a guide to parents’ and professionals’ shared responsibility for decision making in paediatric care
		Kirsty Marshall	Rapid review understanding the ethical complexity of delegated duties in community nursing and social care
		Saija Inkeroinen	The right to know about one’s health and care among patients with cancer: A translation process of an instrument
1a2	**Nursing education/ training: Room Lauren2**	**Presenter**	**Chair: Johanna Wiisak**
		Stefania Chiappinotto	Challenges in evaluating the ethical conduct of students: do we need an ethical code for them?
		Lara Delbene	Ethical and clinical leadership in undergraduate nursing students: Validation of a self-assessment tool in the Italian context
		Caroline Variath	Replacing “Tragic Cases” with Everyday Ethical Challenges: A Necessary Shift in Undergraduate Nursing Ethics Education
1a3	**Older people nursing: Room Blokki 1+2**	**Presenter**	**Chair: Bernadette Dierckx de Casterlé**
		Fanny Ahokas	A scoping review on care leaders’ experiences of moral distress in older adult care
		Heidi Blomqvist	A qualitative study on ethical sensitivity and perceptiveness in home care according to the patients’ experiences. What truly matters in home care?
		Maija Satamo	Ensuring Ethical Approach and Inclusive Participation through Home Visits: Experiences from the Vitality 90+ Study Health Examination
		Maia-Liisa Suigusaar	Healthcare and Social Workers' Experiences with Ethical Challenges in DementiaCare – A Qualitative Study
1a4	**Dignity and vulnerability: Room Upokas**	**Presenter**	**Chair: Ebin Arries-Kleyenstüber**
		Jessica Hemberg	Alleviating suffering and preserving dignity of patients in need of palliative homecare: nurses experiences
		Qiaohong Ke	Ethical Issues Related to Reluctance to Attend Interviews by Very Young Women with Breast Cancer in China
		Annamaria Bagnasco	Nursing Care and Respect for the Dignity of the Person: The ‘Nurse4Dignity’ Protocol Study

1a5 Poster session/	**Room: Aistikattila**		
Theme 1	**Nursing education and training**	**Presenter**	**Chair: Marja Hult**
1-1		Fricy Francis	Time Management Skills, Academic Procrastination, Test Anxiety and Academic Performance Among Nursing Students In Oman: A Descriptive Correlational Study
1-2		Nur Guven Ozdemir	The examination of moral sensitivity development in freshmen and senior nursing students
1-3		Bing-Bing Qi	Barriers and Solutions to Speaking up in Clinical Settings among Senior Nursing Students
1-4		Daniela Cattani	Transition Models from Academic Training to the Professional Healthcare Context
Discussion **10 min**			
Theme 2	**Technologies and research**	**Presenter**	**Chair: Marja Hult**
2-1		Jenna Poraharju	Digital skills also require ethical skills in cancer care
2-2		Christine Gödecke	AI as a topic for the development of ethical competence
2-3		Anu Jokinen	Citizen perspective to ethics in eHealth – analysis of encountered ethical issues
2-4		Eini Koskimies	Recruitment of Informants for Intervention Studies – The Case of an Informational Privacy Intervention for Paramedics
Discussion **10 min**			
Theme 3	**Nursing leadership**	**Presenter**	**Chair: Marja Hult**
3-1		Anniina Seere	Prerequisites for Ethical Leadership – An Integrative Literature Review
3-2		Anna-Liisa Arjama	Ethical issues related to older adults' care: Interview study for nurse managers in long-term care settings
Discussion **10 min**			

28.8.2025 Day 1, parallel session series 1b 14.00-15.30

Parallel sessions 1b

1b1	**Main topics of professional ethics: Room Alhopuro**	**Presenter**	**Chair: Karoliina Nikula**
		Valeria Venditti	Nurses as Knots: A Theoretical Exploration of a New Materialist Approach to Ethical Competency in Nursing
		Chris Gastmans	Perspectives of Nurses and Patient Representatives on the Morally Competent Nurse: An International Focus Group Study
		Ulla Nielsby	Moral Distress and Clinical Judgment among Newly Graduated Nurses – A Meta-Ethnographic Literature Review.
		Rita Urbanavičė	Is Cultural Competence the Key to Ethical Nursing?
1b2	**Use of AI and ethics: Room Lauren2**	**Presenter**	**Chair: Paul Snelling**
		Tina Hiltunen	Artificial intelligence-based ethical support – Possibilities and risks?
		Paula Järvisalo	Ethical incidents in healthcare - artificial intelligence-assisted qualitative analysis
		Stefania Chiappinotto	Digital Ethics Among the Nursing Students in Clinical Education: A Qualitative Study
1b3	**Ethics concepts and theory (and leadership): Room Blokki 1+2**	**Presenter**	**Chair: Ann Gallagher**
		Michaael Igoumenidis	Ethics and morality: conceptual clarifications
		Henna Tapani	Ethical Leader – Concept Analysis
		Elina Pajakoski	Further development of the concept of moral courage in nursing
1b4	**Clinical ethics through lifespan: Room Upokas**	**Presenter**	**Chair: Minna Stolt**
		Cecilia Linnanen	Understanding healthcare professionals’ experiences of person-centred cancer care: A Qualitative Study
		Sabaa Masarwe	Balancing Family-Centered Care and Ethical Challenges: Nurses' Experiences in Managing Family Engagement in Internal Medicine Wards
		Jinlin Ye	The Perceptions of Nurses on Child Engagement in Triadic Communication in Pediatric Oncology: A Qualitative Study
		Camilla Långstedt	Ethics in physical health screening of schizophrenia spectrum disorder patients
1b5	**Ethical issues in nursing & care: Room Aistikattila**	**Presenter**	**Chair: Saija Inkeroinen**
		Gerli Mõts	Contextual aspects of ethical issues in nursing
		Anndra Parviainen	Ethical issues related to blood biomarkers, early diagnosis and new disease-modifying drugs of neurodegenerative dementia diseases: A scoping review
		Busisiwe Sibiya	Unable to dodge the bullet’: A qualitative study of ethical dilemmas and moral distress of critical care nurses during the Covid-19 pandemic in a South African province
		Caroline Variath	Media Discourse on Canada's Assisted Dying Laws: Rights-Based Perspectives on Eligibility Beyond Terminal Illness

Day 2, parallel session series 2a 11.30-13.15

Parallel sessions 2a

2a1	**Ethics and workforce issues: Room Alhopuro**	**Presenter**	**Chair: Jane Leng**
		Patricia Camillo	Age Discrimination in the Hiring of Nursing Faculty: An Unaddressed Ethical Issue Impacting Faculty and Students
		Pauliina Oja-Lipasti	Internationally educated nurses’ experiences of recruitment to Finland from an ethical perspective: qualitative study
		Mari Mynttinen	What does “ethical sustainability” mean related to clinical placements for international healthcare students? Qualitative interviews among supervisors
		Karoliina Nikula	Ethical Issues in the Export of Nursing Education
2a2	**Ethics and education: Room Lauren 2**	**Presenter**	**Chair: Reetta Mustonen**
		Sunna Rannikko	Patient’s privacy in videoconferencing education including authentic patient cases
		Fatima Carsola	The lighthouse keepers: Experiences of graduate school professors
		Bing-Bing Qi	Moral Distress in Undergraduate Nursing Students: A Lived Experience Perspective
		Bing-Bing Qi	Effectiveness of a Moral Distress Mitigation Program in Undergraduate Nursing Practicum
2a3	**Vulnerability: Room Blokki 1+2**	**Presenter**	**Chair: Chris Gastmans**
		Stefania Chiappinotto	Vulnerability in the context of public health. The experience from the Protecting You and Other project
		Bríd McCarthy	An ethical dance - navigating interview conversations with family caregivers at end of life
		Younas Masih	Intersectional Stigma among Culturally and Linguistically Diverse (CALD) Immigrants: An Integrative Review
2a4	**Evaluation and measurement of ethical topics: Room Upokas**	**Presenter**	**Chair: Elizabeth Peter**
		Olivia Numminen	Nurses’ Moral Courage Scale – A systematic review
		Norah Johnson (Maya Zumstein-Shaha)	Evaluating Nurse Conscientious Objection: Application of a Novel Framework
		Johanna Wiisak	Situational judgement tests in healthcare research – The potential in the field of ethics
		Caroline Variath	Rethinking judgment in Nursing: A pathway or Barrier to Compassionate, Ethical Care?
2a5 Poster session	**Room Aistikattila**	**Presenter**	
Theme 4	**Patients’ perspectives**		**Chair: Marja Hult**
4-1		Julia Kaissalo	Ethical aspects of family-centered patient education: A literature review
4-2		Hanna Kangasniemi	Breaking the barriers: Ethical considerations in promoting participation for people with intellectual disabilities

4-3		Jessica Hoehne	Evaluation of Health Literacy on Family Engagement in the Adult Intensive Care Unit (ICU) Setting
4-4		Silja Eskolin	Power of Adults with Noncommunicable Diseases in the Patient-Professional Relationship
4-5		Katherine Pitcher	Naming and Explaining the Diagnosis: Defining Diagnostic Disclosure in the Acute Care Setting Through Concept Analysis
4-6		Taina Kivimäki	Older individuals' experiences of autonomy at home
Discussion **10 min**			
Theme 5	**Nursing and work**	**Presenter**	**Chair: Marja Hult**
5-1		Anna Slettmyr	Altruism – a historical relic or still a part of the modern nursing profession? A concept clarification
5-2		Carlotta Signoroni	Nurse's Experiences and Coping Strategies in Intensive Care in Facing Death: a qualitative phenomenological study
5-3		Sheeba John Sunderraj	Prevalence and predictors of parental stress among SQU employed parents during pandemic period
5-4		Heta Siranko/ Marja Hult	Working as a registered nurse during menopause – a challenge to ethical leadership?
5-5		Charleen Singh	Evaluating the Impact of a Web-Based Sexual Violence Prevention Training Program for College Students in Nepal: A Pre-Test and Post-Test Analysis of Knowledge and Awareness
5-6		Marja Hult	Employment quality from decent to precarious work in nursing and care work
Discission **10 min**			

Day 2, parallel session series 2b 14.00-15.30

Parallel sessions 2b

2b1	**Professional ethics: Room Alhopuro**	**Presenter**	**Chair: Ebin Arries-Kleyenstüber**
		Johanna Wiisak	Well-being and ethics as contributors for nurses’ career choices to older people’s services: A path analysis
		Maria Björkmark	Navigating Lack of Trust and Religious Abuse: Ethical Challenges for a Caring Relationship
		Venla Karikumpu	Polarization in nursing – Interview study with nursing leaders and nurses
2b2	**Ethics in challenging situations: Room Lauren 2**	**Presenter**	**Chair: Michael Dunn**
		Caroline Variath	Ethical Challenges and Considerations of Medical Assistance in Dying Under Canada’s Expanded Legislation
		Arja Suikkala	Facing a Request for Assisted Death: A Qualitative Study of Finnish Nurses’ Views
		Grace Elemy	Moral Distress in the Wards: A grounded theory qualitative study among Israeli hospital nurses
		Ivaní Castro Carlotti	The nursing process from the perspective of the virtue bioethics paradigm: Experience report at the armed forces hospital (HFAR) – Porto Unit, Portugal
2b3	**Ethics in different nursing contexts: Room Blokki 1+2**	**Presenter**	**Chair: Minna Stolt**
		Julia Björklund	The prevention of unethical conduct in a psychiatric in-patient context from nurse leaders' perspectives. A qualitative study
		Mari Kangasniemi	Patient’s duties in forensic nursing: interview study for nurses
		Noora Narsakka	Physical activity and mobility as rights in nursing homes: Findings from Finland
		Laura Ortju	Involvement of the child in the research process: Whose consent is it?
2b4	**Research methodology in ethical topics: Room Upokas**	**Presenter**	**Chair: Elina Pajakoski**
		Patricia Camillo	Moral Distress in Nursing Academia: Evidence from an Autoethnography
		Kirsty Marshall	The Use of Institutional Ethnography to Produce Ethical Nursing Research in the Field of Integrated Care
		Kirsty Marshall	An exploration of the development of Neighbourhood teams in the UK - An institutional ethnography
		Oili Papinaho	A document analysis as a research method to demonstrate deficient professional conduct in nursing

Keynotes

TEPPO KRÖGER – CARE POVERTY: SEEKING AN APPROACH TO LONG-TERM CARE THAT CALLS FOR ACTION

Teppo Kröger is Professor of Social and Public Policy at the University of Jyväskylä, Finland, and Director of the Centre of Excellence in Research on Ageing and Care (CoE AgeCare). He has been involved in many international research projects and networks on care research, covering care for older people, childcare and support for disabled people. His studies have focused, for example, on the integration of formal and informal care, the conditions of care work and the reconciliation of caring and paid employment. He has developed new conceptual perspectives, including the concepts of welfare municipality, weak universalism, dedomestication, demographic panic, care capital and care poverty. Teppo Kröger is the recipient of the 2024 Nordic Prize in Gerontology (the Sohlberg Prize). He is a frequent speaker at national and international conferences and seminars, and a sought-after expert by policy-makers and the media.

Picture by Petteri Kivimäki

MICHAEL DUNN – THE VALUE OF EMPIRICAL ETHICS IN NURSING RESEARCH

Michael Dunn is an Associate Professor and the Co-Director of Education at the Centre for Biomedical Ethics (CBmE) in the Yong Loo Lin School of Medicine. He works across bioethics, health law, socio-legal studies and health/social care services research.

Michael's current research interests focus mainly on ethical aspects of community-based, integrated and long-term care practice, policy and law – in Singapore, the UK and internationally. For the past 20 years, he has also been critically analysing the ethical and legal dimensions of decision-making within adult caregiving relationships.

In his research, Michael pursues an interdisciplinary approach that integrates philosophical, legal and qualitative social scientific analysis. Adopting this approach has motivated scholarly contributions that have shaped the developing methodological field of empirical bioethics, and that have scrutinised the nature and purpose of bioethical inquiry more generally. He has written more than 100 peer reviewed journal articles and book chapters, authored or edited 6 books, and obtained over S$6m in competitive research grants.

BERNADETTE DIERCKX DE CASTERLÉ – TIRED FOR LIFE- FINDINGS FROM A QUALITATIVE RESEARCH

Bernadette Dierckx de Casterlé (RN, PhD) is full Professor of Nursing at the Department of Public Health and Primary Care (Academic Centre for Nursing and Midwifery), KU Leuven.

Empirical research in ethics is the common thread of her academic career. Working closely with ethicists and clinicians from various care fields, she has developed an innovative research program in care ethics, focusing on vulnerable populations. This program stands out for its strong alignment of clinical, ethical and empirical perspectives as well as its integration of quantitative, qualitative and theoretical-philosophical research methods.

One of her research tracks focuses on ‘lived experience’ research, providing deeper insights in quality of care and quality of life from the perspective of patients and other relevant stakeholders. Most studies center on vulnerable populations, such as older adults, persons with dementia, the chronically ill, and palliative patients). Methodologically, these studies highlight the value of qualitative research in integrating the patient perspective into research, care and policy.

Much of her research relates to the care for older persons, with a particular emphasis on its ethical aspects. Her projects explore topics such as the use of restraints in care, dementia care, the use of robots in elderly care or tiredness of life in older adults.

With years of experiences in qualitative empirical research, she has developed extended expertise in the qualitative research. Most of her peer-reviewed publications focus on qualitative research, qualitative meta-synthesis or methodological aspects of the qualitative research paradigm.

One of her key achievements in qualitative research is the development of the QUAGOL (Qualitative Analysis Guide Of Leuven), an empirical and theory-based method for analyzing large volumes of qualitative data. QUAGOL offers researchers a systematic approach to generating strong qualitative evidence from complex data and is increasingly used internationally across various settings, designs, and disciplines (Dierckx de Casterlé et al., International Journal of Nursing studies, 2012, doi: 10.1016/j.ijnurstu.2011.09.012). More recently, her research group published new recommendations for addressing the challenges of analyzing complex narrative qualitative data, particularly in less optimal research contexts (Dierckx de Casterlé et al., 2020, doi: 10.1177/1049732320966981).

Recent peer reviewed publications (related to Care ethics and Qualitative Research)

- Vandervelde S., Dierckx de Casterlé, B., Vlaeyen, E., Flamaing, J., Valy, S., Belaen, G., Milisen K (2025). Context makes a difference: a qualitative study exploring how to implement a multifactorial falls prevention intervention in the community. BMC Pubic Health, 25(1). doi:1186/s12889-025-21561-6
- Cavolo, A., Vears, D.F., Naulaers, G., **Dierckx de Casterlé, B.,** Gillam, L. & Gastmans, C. (2024). Doctor-Parent Disagreement for Preterm Infants Born in the Grey Zone: Do Ethical Frameworks Help? *Journal of Bioethical Inquiry*, 12p. doi: 1007/s11673-024-10354-y
- Zhong, Y., Cavolo, A., Labarque, V., **Dierckx de Casterlé, B.** & Gastmans, C; (2024). Chinese and Belgian pediatricians' perspectives toward pediatric palliative care: an online survey. *BMC Palliative Care, 23:106.* doi: *1186/s12904-024-01436-0*
- Morley, G., **Dierckx de Casterlé, B.,** Kynoch, K., Ramis, M. - A., Suhonen, R., Ventura, C., & Arries-Kleyenstuber, E. (2023). Ethical challenges faced by nurses during the COVID-19 pandemic: a scoping review protocol.. *JBI Evidence Synthesis*. doi:11124/JBIES-22-00247
- Grootven, B., Irusta, L. A., Christiaens, W., Mistiaen, P., De Meester, C., Cornelis, Cornelis, Justien ; **Dierckx de Casterlé,** Van **Bernadette** ; Van Durme, Thérèse, van Achterberg, T. (2023). Experiences with the implementation of remote monitoring in patients with COVID-19: A qualitative study with patients and healthcare professionals. *Journal of Nursing Scholarship*, *55*(1), 67-78. doi:1111/jnu.12814

ELIZABETH PETER – CAN NURSING ETHICS HELP FOSTER LEADERSHIP IN AN EVOLVING WORLD?

Elizabeth Peter, PhD, RN, FAAN, is a Professor at the Bloomberg Faculty of Nursing and a member of the Joint Centre for Bioethics at the University of Toronto, Canada. She is an associate editor of Nursing Ethics, the previous Chair of the Bioethics Expert Panel for the American Academy of Nursing, and the Chair of Public Health Ontario's Ethics Review Board. Her interdisciplinary academic background in nursing, philosophy, and bioethics has framed her scholarship over the past 30 years. Theoretically, she locates her work in feminist health care ethics which aligns her scholarly pursuits both substantively and methodologically.

Plenary Panels

SUSANNE UUSITALO – ETHICAL CONSIDERATIONS ON AI AS THE KEY TO HEALTH CARE CHALLENGES

Susanne Uusitalo Docent in applied philosophy and applied ethics, PhD, MA, is currently Senior Researcher in Ethics of Artificial Intelligence in Hybrid Intelligence research programme at the University of Oulu, Finland and a university teacher of research ethics (for doctoral researchers) at the University of Turku, Finland. Uusitalo's background in practical philosophy provides her with a solid and rich theoretical knowledge in ethics. She has carried out research in various fields of applied ethics, e.g., neuroethics, ethics of health technology assessments and ethical aspects of computational psychiatry. She has been the Head of the Unit Finland in the global International Chair in Bioethics network since 2018.

She has been a member in the National Medical Research Ethics Committee that evaluates medical devices in clinical trials since 2018 and a member of the ethical committee that reviews health care related non invasive research at the University of Turku since 2019. She is also a Research Integrity Advisor trained by the National Ethics Advisory Board of Research Integrity, currently at the University of Oulu but previously at the University of Turku. At the other end, she facilitates ethical aspects in health technology assessments in the Council for Choice in Public Health Care in Finland, which issues legally binding recommendations for the publicly funded health care in Finland. She is also a member of the National Advisory Board on Social Welfare and Health Care Ethics ETENE (Finland) and acts as Independent Ethical Advisor or a member of the external ethical board for several ERC-funded programmes and projects.

On a more international policy level, the Steering Committee of Human Rights in the fields of Biomedicine and Health (CDBIO), Council of Europe commissioned a report on ethical aspects of medical innovations, especially with unmet clinical needs from her and Ilona Autti-Rämö in 2022. In January 2024 she was selected by the Finnish Ministry of Education and Culture as one of the expert representatives of Finland to join as a commentator and observer in the preparation of UNESCO's recommendations for neurotechnology.

HELENA SIIPI – ARE CLIMATE NUDGES ETHICALLY DIFFERENT FROM HEALTH NUDGES?

Helena Siipi works as a University Lecturer at the University of Turku, Finland. She is also a researcher and work package leader at the multidisciplinary Climate Nudge STN project. Her background is in philosophy. She earned her doctoral degree at 2005. She has since then done research in philosophical applied ethics and environmental philosophy. She is also interested in research ethics.

SEPPO VIRTANEN – TRENDS IN CYBERSECURITY

Dr. Seppo Virtanen is Professor and Chair of Cyber Security Engineering, and Vice Head of Department of Computing at the University of Turku, Finland. He received his MSc in applied physics (electronics and information technology) in 1998 and his PhD [DSc(Tech)] in Communication Systems in 2004 from the University of Turku. He is a Senior Member of the IEEE. He has supervised or examined 12 PhD theses and more than 160 Master's theses. His current research interests are on the application of AI on cyber security, technologies for network security solutions and cyber security in digital transformation.

ANNE SCOTT – RATIONING OF NURSING CARE - ETHICAL ISSUES

Anne Scott is Professor Emerita University of Galway. Commencing January 2025 Anne is Chair of the Independent Pandemic Evaluation Panel, tasked with evaluating the response of the Irish government and related services to the COVID-19 pandemic. She is an RGN and holds a BA in Philosophy and Psychology from Trinity College, Dublin, an MSc from the University of Edinburgh and a PhD in Philosophy from the University of Glasgow. Anne has worked as a clinician and academic in Ireland, Scotland, Kenya and England. Over her career she has held a variety of leadership roles in universities in Irish and UK university sectors.

Anne's research interests include the philosophy and ethics of health care, judgement and decision-making in clinical practice, and health services research – focusing on the health work force. She was the Irish lead on the EU funded RN4Cast Nursing Workforce Research Programme and the RANCARE Cost Action project. She has contributed to the development of the Framework for Safe Nurse Staffing and Skill-mix in the Irish Health Service Executive – Medical, Surgical and A&E.

ILONA AUTTI-RÄMÖ – ETHICS IN PRIORITIZATION REGARDING HEALTHCARE SERVICES

Adjunct professor Ilona Autti-Rämö is a pediatric neurologist with subspeciality in rehabilitation. She worked at the University Hospital of Helsinki until early 2000 when evidence-based decision making took a major role in her academic life. From the late 1990's she has had extensive training in health technology assessment. She has worked as on editor for evidence based clinical guidelines (Duodecim), and as a senior medical officer at the Finnish Office for Health Technology assessment (FinOHTA). At FInOHTA her major tasks were evaluation of various screening programmes and developing the methods to evaluate research on rehabilitation methods. She was then appointed as research professor at the social Insurance Institute (SII) and during the following 7 years she was in charge of developing multiprofessional and multidimensional research on rehabilitation. Her next position was the chief medical officer for the Social Insurance Institute. She was then appointed as the general secretary for the Council of Choices at Health Care (COHERE) at the Ministry for Social Affairs and Health. She retired spring 2022 but is still working as medical expert the COHERE conducting ethical analyses together with Susanne Uusitalo.

Her interest in identifying and clarifying ethical perspectives in health decision making has led her to work with experts in ethics within Europe (EutnetHTA) and globally (InaHTA) since early 2000. In late 2010 she was the vice chair for the national board on research ethics (TUKIJA). She has been a member of the national advisory board on ethical issues (ETENE) years 2019-2023 and still continues as an active vice member. During the last years she has actively included ethical perspectives in the recommendations given by the COHERE. Her goal is to clarify the meaning of values and consequences in decision making at all levels in health care. She has recently published a book on ethics in decision making within health care (Etiikka terveydenhuollon päätöksenteossa).

HELENA LEINO-KILPI – PATIENTS’ RIGHTS- WHAT WE KNOW BASED ON EMPIRICAL RESEARCH

Helena Leino-Kilpi is a professor (emerita), University of Turku, Faculty of Medicine, and Researcher in Turku University Hospital, Finland.

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.

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, mostly with international collaborators. In European Academy of Nursing Science, she has taught research ethics/integrity for many years. She is a Member of Academia Europea, board member of the Baltic Sea Region Doctoral Network, and active in Nordic collaboration.

Leino-Kilpi has several academic duties. She has been 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), Fellow of European Academy of Nursing Science, American Academy of Nursing, and the Royal College of Nursing (UK).

Dr. Leino-Kilpi received her nursing degree in the Turku Health Care Institute, Master in Educational Sciences in the University of Turku, Licentiate in University of Tampere and PhD in the Faculty of Medicine, University of Turku (nursing science), Finland. She made a post-doctoral period in New York University (USA) and University of Edinburgh, UK.

Abstracts – Oral Presentations

THE LIGHTHOUSE KEEPERS: EXPERIENCES OF GRADUATE SCHOOL PROFESSORS

Author(s): Dr. **Marilou Agustin**[1]; Dr. **Pilar Buenaventura**[1] Union Christian College, Philippines; Dr. **Marites Cadam-us**[1]; Dr. **Fatima Carsola**[1]
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Introduction: Graduate school professors face unique challenges that significantly impact their growth and development as educators. These challenges are multifaceted, including managing a heavy workload, fulfilling administrative duties, and balancing the demands of research, teaching, and service. The nature of their roles requires them to navigate complex responsibilities while also contributing to the academic development of students. **This study seeks to** explore these challenges in greater depth, focusing on how professors cope with the demands of their profession and the strategies they employ to maintain balance and well-being.

Methods: This research employed a qualitative design, specifically Husserlian Phenomenology, to explore the lived experiences of graduate school professors. Purposive sampling was used to select a sample of fourteen participants, all of whom were actively engaged in teaching and research at graduate-level institutions. Ethical approval for the study was granted by the Ethics Review Board (ERB). Data were collected through in-depth interviews, allowing participants to share their perspectives on the challenges they face and the coping mechanisms they use. The analysis followed a phenomenological approach, focusing on identifying key themes and patterns in the data.

Results: The study identified several key themes related to the challenges faced by professors. These themes were:1. Beacon of Guidance: Professors are seen as guiding figures for students, offering clarity and direction in navigating the uncertainties of academia. They help students understand complex concepts and provide mentorship during their academic journeys. 2. Waves of Change: Professors experience constant shifts in educational trends, research developments, and technological advancements, requiring them to be adaptable and resilient in order to stay current. 3. Navigating Storms: Professors face periods of intense stress and pressure, particularly during times of high workload, research deadlines, and administrative demands. They employ various coping strategies, such as time management and stress reduction techniques, to navigate these challenges. 4. Anchored Commitment: Despite these challenges, professors remain deeply committed to their roles and responsibilities, driven by a strong sense of purpose and dedication to both their research and their students' su"

A SCOPING REVIEW ON CARE LEADERS' EXPERIENCES OF MORAL DISTRESS IN OLDER ADULT CARE

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Background: Moral distress occurs daily in the context of older adult care. There is limited research on moral distress experienced by care leaders', who are between patient care nurses and higher levels of administration.

Aim: The aim of this scoping review was to evaluate recent literature on moral distress in older adult care with the goal of revealing how care leaders' experiences of moral distress in older adult care have been conceptualized in earlier studies.

Methods: A literature search was conducted in accordance with Preferred Reporting Items for Systematic Reviews and Meta-Analyses Extension for Scoping Reviews guidelines.

Results: We saw that consensus on how moral distress is defined is lacking. Care leaders in older adult care experience substantial moral distress, which could be linked to the duality of their leadership role. Moral distress can be caused by a complex interplay of individual and structural factors and the challenging complex moral issues inherent to older adult care. Moral distress could impact care leaders' emotional health, job performance, overall job satisfaction and result in higher turnover rates, absenteeism, decreased quality of patient care, and increased organizational costs.

Conclusions: Addressing moral distress on the individual, team, and organizational levels is crucial for enhancing care leaders' well-being and improving the overall quality of care for older adults. Identification of strategies whereby care leaders can be supported, exploration of the long-term effects on healthcare professionals in general, and the organizational outcomes associated with moral distress should be included in future research.

NURSING CARE AND RESPECT FOR THE DIGNITY OF THE PERSON: THE ‘NURSE4DIGNITY’ PROTOCOL STUDY

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Background: Dignity is a fundamental ethical principle in nursing care, emphasized by global professional codes such as those from the International Council of Nurses (ICN). Despite its recognized importance, implementing dignity in clinical practice faces challenges, including divergent interpretations, resource limitations, and inadequate institutional support. Ethical workplace climate plays a crucial role in ensuring dignified care, influencing healthcare professionals' behaviours and attitudes. The absence of ethical support can lead to moral adversity, potentially resulting in moral distress and burnout among nurses. Given the ethical complexity of nursing, a deeper understanding of dignity in patient care is needed.

Aim: The study aims to explore how fundamental ethical aspects influence the delivery of nursing care that ensures and respects patient dignity.

Methods: This multicentric cross-sectional study employs a sequential mixed-methods design. The quantitative phase involves online surveys targeting nurses, nursing students, and patients, utilizing validated instruments such as the Dignity in Care Scale for Nurses, the Modified Moral Distress Scale, the Hospital Ethical Climate Survey, the Moral Resilience Scale, and the Patient Dignity Inventory. The qualitative phase consists of focus groups with nurses and nursing students, alongside semi-structured interviews with patients and caregivers, analysed using thematic analysis.

Expected Results: is expected to provide insights into nurses' and patients' perceptions of dignity, the role of ethical training in fostering respectful care, and the impact of workplace ethical climate on nursing practice. Additionally, it will highlight the prevalence of moral distress and resilience strategies among healthcare professionals.

Conclusions: By exploring the ethical dimensions of nursing care, this study will contribute to improving clinical practices, ethical training, and organizational policies. The findings may support the integration of dignity-focused interventions in nursing education and hospital protocols, ultimately enhancing patient-centred care.

CHALLENGES IN EVALUATING THE ETHICAL CONDUCT OF STUDENTS: DO WE NEED AN ETHICAL CODE FOR THEM?

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Background: With the increased challenges experienced in recent years, ethics in nursing education have increased its relevance. However, a little debate is ongoing regarding how to address these challenges both with education purposes and as a point of reference for institutions when violations should be assessed. Only few countries have established tailored codes of ethics for nursing students given that a few countries and institutions have established so far.

Aim: The aim was to debate the need to address emerging ethical issues with tailored codes of ethics for nursing students according to literature available; to investigate ethical codes in place across universities; and to analyze vivid cases occurred in four academic institutions across Europe.

Methods: A multiple method study approach was used. Three steps constituted this study approach: (a) review; (b) case analysis; and (c) discussion. First, all the documents of the five included universities related to ethical/discipline issues on nursing students were analyzed within the framework of aspirational versus mandatory ethics, specifically looking for the parts dedicated to the ethical conduct and to sanctions for specific behaviors. Then, to select the suitable cases for this study, each country was screened by researchers. Following this, the screened cases were assessed and selected by all researchers with a consensus. After that, cases which were obtained in a formal and informal way and related to nursing students to assess whether these cases may have been potentially addressed in advance with the codes of the institutions.

Results: The documents analyzed in the universities involved have underlined on the one hand how up to now the attention towards the ethical behavior of students is high, without however dedicating a specific ethical code to them. On the other hand, the cases that have emerged in which the behavior of students has been considered ethically unacceptable have highlighted the difficulty of addressing students' self-regulation, since there are no shared criteria at least at a national level.

Conclusions: Ethics and the associated choices and behaviors are an emerging theme today, especially thanks to the introduction of new technologies, which offer many opportunities, but also challenges from an ethical point of view. It is important to provide students with an ethical code in order to give them criteria for which they could be evaluated, as well as ethical values to follow.

DIGITAL ETHICS AMONG THE NURSING STUDENTS IN CLINICAL EDUCATION: A QUALITATIVE STUDY

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Background: Digital ethics refers to guiding ethical principles and rules of behavior in the digital world. Digital ethics for nursing students includes the responsibility to protect patient privacy and share accurate and reliable health information. Preventing ethical violations in the digital environment is vital to ensure patient safety and professional reliability.
Aim: The aim of this study was to identify nursing students' perceptions of the ethical implications, challenges, while using digital tools during their clinical education.
Methods: Transnational qualitative study design was performed on 2024-2025 by involving three countries, namely Italy, Poland and Türkiye. A purposeful sample of students have been involved reaching a total of 55 participants up to data saturation. Data was collected through semi-structured face-to-face interviews with students and were analyzed by following the thematic analysis. The Institutional Review Board ethics committee approval was obtained. Moreover, the 'Consolidated Criteria for Reporting Qualitative Research' was used to report this study.
Findings: Most of the participants were female and the mean age was less than 25 years. Digital ethics have been experienced by students as a multi-faced phenomenon, with several violations, as enacted by themselves, after having witnessed other mature students and nurses. Since they are part of the care team, most of them think they have rights. Sharing photos, data, clinical records and audios, as recorded with the mobile phone, was mostly reported. Underlying reasons for such violations were the need to fit with the university expectation to prepare work assignment of clinical data, examinations and other tasks.
Conclusions: Digital violations are experienced by nursing students suggesting that more education is needed to increase awareness. Moreover, awareness among nurses is also required given that they play a model role. Additionally, adjustments to clinical procedures and regulations on digital ethics in informed consent may be useful to prevent digital ethical violations and protect students.

THE PREVENTION OF UNETHICAL CONDUCT IN A PSYCHIATRIC IN-PATIENT CONTEXT FROM NURSE LEADERS' PERSPECTIVES. A QUALITATIVE STUDY

Author(s): Julia, Björklund[1], MHSc, RN; **Jessica, Hemberg**[1], PhD, RN, PHN
[1] Åbo Akademi University, Finland

Background: Psychiatric in-patient care provides a unique care-setting due to the characteristics of mental illness and due to the nature of involuntary care and involuntary care interventions. This setting puts patients receiving care in a particularly vulnerable position. Ethical awareness and ethical sensitivity is necessary for nurses and an organizational ethical climate is important to strive for. In order to create an ethical climate a continuous process is required where the leader has a particularly significant and important role. Ethical codes and nursing values guide nursing care in theory but regarding the practical implementation of these codes there seems to be a gap in research and knowledge, particularly regarding the role of ethical codes and nursing values in preventing unethical conduct.

Aim: The study aim was to gain further understanding of how to cultivate an ethical climate in an in-patient psychiatric care and to gain an understanding of how unethical conduct in psychiatric care can be prevented according to nurse leaders' perspectives.

Methods: A qualitative exploratory design with in-depth semi structured interviews was applied. In total eight nurse leaders from two different organizations participated. Data was analysed with qualitative content analysis.

Results: Three main categories and seven subcategories were found. The three main categories were: The responsibility of staff members, The responsibility of the leader and The responsibility of the organization.

Conclusions: In order to prevent unethical conduct in a psychiatric in-patient context the responsibility needs to be shared between the staff, the leader and the organization. The leader plays an important role and has a key position in prevention of unethical conduct. Nursing values should be rooted in the organization on all levels and also expressed in different encounters in order to prevent unethical conduct. When nursing values are expressed on all levels, caring will take place reflecting positively on the ethical climate.

NAVIGATING LACK OF TRUST AND RELIGIOUS ABUSE: ETHICAL CHALLENGES FOR A CARING RELATIONSHIP

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Background: Encountering clients who have experienced religious abuse may mean facing a lack of trust. Clients' lack of trust in the care professional leads to difficulties supporting the client. Knowledge of ethical challenges within the unique context of religious abuse is essential in shaping tomorrow's professionals.

Aim: The aim of this study was to explore the challenges care professionals encounter when working with clients who have experienced religious abuse and who lack trust due to their religious beliefs.

Methods: In this study, we interviewed ten care professionals about religious abuse and what support a client in this context needs.

Results: The preliminary results of our study suggest that care professionals experience it challenging to encounter clients who show a lack of trust due to their religious beliefs. Supporting a client who is experiencing any form of abuse may be difficult. However, it can be even more challenging when the client's religious convictions or affiliation affect the caring relationship. The client's lack of trust can be a result of suspicion towards someone who does not belong to the same religious community or does not possess the same world view. These aspects bring an "added dimension" to the caring relationship that can be difficult to address. The informants expressed that they feel powerless in supporting a client who expresses a lack of trust in both the care professional as well as the entire care system.

Conclusions: Further research is needed to gain a deeper understanding of lack of trust towards care professionals, especially in relation to lack of trust from a religious/spiritual perspective. To be able to discuss and address this lack of trust, care professionals need more knowledge in religious/spiritual matters and how they may affect the caring relationship.

A QUALITATIVE STUDY ON ETHICAL SENSITIVITY AND PERCEPTIVENESS IN HOME CARE ACCORDING TO THE PATIENTS' EXPERIENCES. WHAT TRULY MATTERS IN HOME CARE?

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Background: As the elderly population continues to increase and the demand for home care grows, it is important to explore what patients value during home care visits. Research underscores the importance of ethical sensitivity, perceptiveness, and compassion in home care settings. However, there is a research gap in understanding how these factors impact perceived care quality, this study explores patients' perspectives on receiving ethically sensitive and perceptive care at home.

Aim: This study aimed to explore patients' experiences of being cared for with ethical sensitivity and perceptiveness in home care.

Methods: A qualitative explorative design was used. Data were obtained through individual in-depth semi-structured interviews with 11 older adults. Data were analysed by a phenomenology-hermeneutic method.

Results: Two main themes with seven subthemes were found. (1) The foundation for building trust and fostering meaningful relationships is ethical sensitivity and perceptiveness. The first theme highlights the importance of caregivers' ability to recognize and respond to both explicit and implicit needs, adapt the care delivery, acknowledge the significance of small acts of kindness, and engage in shared understanding with patients. (2) Lack of ethical sensitivity and perceptiveness leads to impersonal and superficial care. Describes how care can become routine-based, less personalized, and marked by the caregivers' lack of engagement, leading to insufficient knowledge about the patient and missed care.

Conclusions: The overall interpretation can be conceptualized as perceptiveness is fundamental for care to be meaningful. When caregivers demonstrate perceptiveness and ethical sensitivity, they foster deeper relationships that enhance care quality. Patients in home care value caregivers who listen, adapt, and show genuine engagement. However, time constraints, poor communication, and a task-oriented approach to care can hinder caregivers' ability to be perceptive, leading to impersonal interactions. While professional care can be considered adequate even in the absence of ethical sensitivity, perceptiveness, and compassion, these elements significantly enrich the value and overall quality of care. The importance of adaptability in care interactions is rarely discussed in the scientific literature. Future research should explore both the individual and organizational aspects that enable or hinder ethically sensitive and perceptive care in home care.

AGE DISCRIMINATION IN THE HIRING OF NURSING FACULTY: AN UNADDRESSED ETHICAL ISSUE IMPACTING FACULTY AND STUDENTS

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Background: A critical shortage of nursing faculty has been a recognized issue for decades in the US as well as globally. Every AACN report since 2000 states: “Faculty age continues to climb, narrowing the number of productive years educators teach.” To date, there is no research to support this assertion. Treating all older persons as a homogenous group is an ageist stance that is not consistent with nursing values. A culture of ageism not only restricts access to the academy of experienced faculty but also impacts the education of nurses who carry this ageist stance into the clinical arena. There is a need to critically address this ethical issue.

Aim: The aim of this study is to 1. analyze the literature and critically appraise the potential impact of age discrimination on students as well as current and prospective faculty and 2. Evaluate evidence regarding the productivity potential of older persons.

Methods: An initial review of the literature was conducted using PubMed, CINAHL, EBSCO, and Proquest. No articles were found related to the focus. A wider search ensued related to the impact of employment-related age discrimination on individuals and institutions. Job postings were also analyzed for disguised prejudices. Using this literature, along with a verified case study, themes were extracted, and patterns were identified. Interpretation of the findings was done within the framework of feminist theory.

Results/Findings: The themes that emerged included gendered ageism, negative health consequences for individuals, trauma, less experienced job applicants, a higher attrition rate, lack of mentoring, less expertise for student learning, and ageism in the clinical setting. Productivity was not found to be associated with age, contrary to the AACN assertion. However, the increased cost that comes with experience was identified as a contributing factor in discriminatory practices.

Conclusions: Critical analysis and supporting research are needed to evaluate strategies employed in trying to address the faculty shortage. It’s time to stop imposing trauma and capitalize instead on the opportunities that an older demographic can bring into the academy. Role-modeling the core ethical values of equity and inclusion is critical to the nursing profession and the development of students. An agenda to reform the current culture of ageism is needed.

MORAL DISTRESS IN NURSING ACADEMIA: EVIDENCE FROM AN AUTOETHNOGRAPHY

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Background: A cultural assumption is that working hard will lead to success. In this endeavor, ethical dilemmas and conflicts can surface, leading to moral distress. Three criteria define moral distress in this study: experience, psychological distress, and a direct causal relationship between the two (Morley et al. 2019). Although a dominant topic in the clinical arena, this is barely addressed in academia. The outcome, in either case, can lead to physical and/or emotional harm.

Aim / Objective: Although I worked very hard during my 45-year nursing career, I was left feeling unsuccessful in my work. The question that fueled this research was: what happened? Why was I left feeling that I failed?

Method: An autoethnography is the method used in this study. It focuses on my 45-year career. A critical transformative approach guided the collection and analysis of data drawn from self-observation and self-reflection. Acknowledging the obvious bias, additional documents within the public sphere were used to triangulate the data. The protection of those involved in three specific scenarios was addressed by altering descriptors that might be identifiable. A reflexive thematic analysis was employed, identifying distinct patterns. Synthesis of these patterns resulted in themes that were then further analyzed for scope and associated storylines. Validity was enhanced by a second reader. An ethic of personal care was also employed using various comfort measures.

Findings/Results: Three pivotal scenarios were identified: passing a failed student, advancing tenure for an unqualified applicant, and confronting racism. The cultural conflict between individual and organizational values created symptomatic moral distress that could only find relief in action. This was identified during the analysis. These actions resulted in consequences that blocked my career advancement and resulted in physical, emotional, and financial harm.

Conclusions: With moral distress identified, I was able to reconceptualize the meaning of these events in my career not as reflective of personal failures but rather as symptomatic of external organizational constraints. The self was transformed from an identity of failure to one of understanding and compassion, which took on a wider meaning, to include proactive measures within academic settings to better address moral distress. Bringing this meaning to others helps move from a reflexive stance to one that is actionable with a preventive focus.

THE NURSING PROCESS FROM THE PERSPECTIVE OF THE VIRTUE BIOETHICS PARADIGM: EXPERIENCE REPORT AT THE ARMED FORCES HOSPITAL (HFAR) – PORTO UNIT, PORTUGAL

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Objective: To identify the interfaces related to Virtue Bioethics (VB) and the Nursing Process (NP) through the description of an experience in a Surgical Inpatient Unit (SIU) of a Public Hospital Institution in the city of Porto, Portugal.

Experience Report: A descriptive study with a qualitative approach, in the form of an experience report, conducted in a Public Hospital under the Ministry of Defense in Porto, Portugal, in December 2024. The methodological approach consisted of a structured observation method, which identified the necessary elements for the application of the five stages of the NP in the SIU, using the VB paradigm as the guiding theory. To structure the study didactically, the theoretical framework that best suited the research proposal was initially defined. Subsequently, an analysis of the records was carried out to highlight the main focal points suggesting the applicability of the chosen theory to the NP in use. Finally, a critical-reflective exercise was conducted using VB as a robust theoretical-conceptual foundation aligned with nursing actions in the clinical field.

Conclusion: The interface between VB and the NP provides an expanded and humanized perspective on care, emphasizing the role of ethical principles in enabling nurses to promote ethical and effective care. Regarding the applicability of this paradigm to the NP, the following aspects stand out: (i) Humanization of care; (ii) Alignment with the stages of the NP; (iii) Promotion of professional excellence; (iv) Contribution to the social recognition of the nurse's professional role; and (v) Continuous ethical reflection. In the specific case under study, it was observed that nurses strive to develop and apply virtue ethics in the systematization and operationalization of the NP in the SIU, even though such theoretical concepts of the bioethical paradigm are not conventionally perceived. This pursuit of excellence in the NP unfolds in a dialectical and coherent manner, supported by principles upheld by nurses. Thus, applying VB to the NP not only enhances the quality of care but also contributes to the construction of a more dignified, respectful, and socially valued nursing practice by integrating science and ethics, technique and humanization. Keywords: Nursing Care; Ethics and Bioethics in Health; Humanization.

VULNERABILITY IN THE CONTEXT OF PUBLIC HEALTH. THE EXPERIENCE FROM THE PROTECTING YOU AND OTHER PROJECT

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Background: The Protecting You and Other (PRO Y&O) Erasmus+ project has the main aim of involving the neglected population and vulnerable people and of creating materials to educate them on preventing behaviors for respiratory infectious diseases. However, during the project, the consortium members faced the challenge of clearly indicating which group of people can be considered as vulnerable and therefore to whom to target the education.
Aim: The specific questions were: what does it mean to be vulnerable individual? Is there an objective way to define vulnerability? What kind of approach should we use in this case?
Methods: Developing the framework for educational program and working on program and its materials, some objective indicators to define vulnerability were agreed, in particular Gordon's (2020) contextual categorization. However, some ethical considerations appeared whether the approach accepted is good, especially when the objective criteria are not coherent with the subjective view of vulnerability.
Results In order to address vulnerable individuals with health promotion and education, and properly support and empower them in the process of changing health behaviors, clear concept of vulnerability is needed. However, to define who is a vulnerable person and what are the indicators of vulnerability appeared to be challenging. Some individuals who are fulfilling criteria of vulnerability are not perceive themselves as vulnerable, and those who are not "listed" among vulnerable groups, describe themselves as vulnerable. This leads to the ethical question of who to address in the education program and not to exclude when studying their needs and tailoring education materials. In fact, to include in the project different vulnerable means to give them “a voice” and share their needs; however, there is no shared definition of vulnerability that allows to address in a univocal way the resources and needs of all groups.
Conclusions: Vulnerability can depend on the context in which we provide care. In the PRO Y&O project it was necessary to include only some groups of vulnerable individuals in order to personalize and tailor education. That raised ethical problem that such decision leads to neglecting people who are already neglected. Future research should find new approach to vulnerability as an important as important aspect in public health choices.

USE OF RESTRICTIVE SAFETY DEVICES AND ACTIONS LIMITING SELF-DETERMINATION AT TYKS NEUROCENTER – IMPLEMENTATION OF GUIDELINES

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Background and Purpose: In Finland there is no legislation regarding restrictive measures for patients in somatic healthcare, nor are there consistent national guidelines. The restrictive measures outlined in the Mental Health Act apply only to patients who have been involuntarily committed to treatment. In somatic care, the use of safety devices is decided on an individual basis by the physician. This decision is documented in the patient records as part of the treatment plan. The patient's movement should only be restricted to ensure their own safety and only for as long as necessary. In Turku University Hospital, the Chief Physician has issued guidelines on the use of restrictive safety devices. At Tyks Neurocenter, additional instructions have been added regarding the principles and responsibilities related to actions that limit patients' self-determination, both from the perspectives of the physician and the nurse. The purpose of the development work was to examine, based on patient record entries, how these instructions are implemented in the documentation on the inpatient wards of Neurocenter.

Implementation: Two master's students from the Department of Nursing Science at the University of Turku conducted a document analysis, systematically reviewing patient records (n=156) from three inpatient wards (neurology, neurosurgery, and stroke unit) where a physician had documented an order to limit the patient’s self-determination.

Methods: Information was sought from patient information system's treatment table regarding the restrictive measures used, documentation of patient observation every 4 hours, informing the patient and family about the restrictive measures, and monitoring the patient's condition. Systematic data on this documentation was collected. The physicians' orders were reviewed for documentation of restrictive measures, their recording style (e.g., pre-set favorite entries), and whether the orders were renewed daily as required by the guidelines.

Outcome: Documentation related to restrictive measures, according to the guidelines, was implemented variably by both physicians and nurses. Gaps were observed, particularly in the physicians' orders and the frequency and clarity of monitoring the patient's condition.

Conclusions: Despite detailed instructions, the implementation of patient rights is inadequate based on documentation. More effective training is needed to understand the importance of this issue and to improve documentation practices.

ETHICAL AND CLINICAL LEADERSHIP IN UNDERGRADUATE NURSING STUDENTS: VALIDATION OF A SELF-ASSESSMENT TOOL IN THE ITALIAN CONTEXT

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Background: Effective ethical and clinical leadership is crucial in nursing practice, impacting patient outcomes, team coordination, and ethical decision-making. However, nursing students often lack adequate leadership training. The "Self-Assessment Leadership Instrument" (SALI) evaluates four key leadership dimensions: (a) Strategic approach, (b) Emotional intelligence, (c) Influences and impact, and (d) Teamwork.

Aim: This study aims to validate the Italian version of the IT-SALI tool in undergraduate nursing students as part of a longitudinal observational study.

Methods: A cross-sectional validation analysis was conducted with data from first-year nursing students at the University of Genoa. The adaptation process included a bilingual translation, content validity and test-retest assessment. The IT-SALI was administered at the beginning of the first academic year (T0). Validity of the SALI was tested through construct validity (confirmatory factor analysis – CFA) and internal consistency (Mc Donald's Omega).

Results: A total of 226 responses were analyzed (median age: 22.7 years; female 76.1%). The mean scores (range 1-5, higher values indicating higher leadership attitudes) for each dimension were as follows: (a) Strategic approach 3.841, (b) Emotional Intelligence 4.290, (c) Influences and Impact 3.566, and (d) Teamwork 3.943. Confirmatory factor analysis showed supportive fit indices for the four dimensions of the scale (CFI: 0.962; TLI: 0.960; SRMR: 0.090). The RMSEA was 0.065, with a 90% confidence interval ranging from 0.060 to 0.070. All dimensions demonstrated adequate internal consistency (Omega total 0.94).

Conclusions: The IT-SALI questionnaire shows adequate psychometric properties, making it a reliable tool for assessing leadership competencies in nursing students. As this study will follow students over three years, future evaluations will allow for a deeper understanding of leadership development and its impact on academic performance. You and Other (PRO Y&O) Erasmus+ project has the main aim of involving the neglected population and vulnerable people and of creating materials.

MORAL DISTRESS IN THE WARDS: A GROUNDED THEORY QUALITATIVE STUDY AMONG ISRAELI HOSPITAL NURSES

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Background: The concept of moral distress (MD) is complex and involves intricate emotional, ethical, and psychological dimensions. Many related moral concepts are associated with MD. As these concepts have been predominantly measured using various quantitative scales, they often lack detailed clarification and understanding and do not convey the personal experiences and the subtleties of moral conflict. This grounded theory study aimed at contributing to the theoretical development of the phenomenon of MD and to provide a richer and more comprehensive understanding of it.

Aims: To (1) describe and understand the personal and professional perceptions and experiences of hospital nurses in Israel regarding MD; and (2) to examine how these perceptions are related to the unique moral aspects of the nursing profession.

Methods: A qualitative descriptive study with a constructivist grounded theory design was used. We conducted individual semi-structured and in-depth interviews with 23 nurses working in three departments (11 surgical nurses, 7 intensive care, and 5 emergency medicine) at 14 different hospitals in Israel.

Results: Two major themes were generated. Under the first, the particular characteristics of the nursing profession as sources for MD, nurses described many ethical and moral aspects related to the organization, patients and the nursing profession itself as sources for MD. This theme was further divided into five main categories. The second theme was the clinical paradoxical characteristics with ethical implications, nurses reported how external constraints upon the exercise of their work can lead them to experience strong feelings and emotions that may affect their clinical practice; and to experience moral and clinical uncertainty.

Conclusion: Nurses express negative emotions such as frustration and anger as they follow some of the work protocol or the doctor's instructions, that do not align with their ethical judgement and values. Yet, some nurses choose not to remain silent in these situations and, instead act according to what they think is morally right by bypassing the distressful situation and opting for indirect alternative strategies. Regardless, not being heard or involved in the patients' medical decision making lead some of the nurses to step back and chose to regard their work as technical and mechanistic. The results indicate that MD is a serious ethical issue among Israeli nurses, that needs to be examined and addressed.

PERSPECTIVES OF NURSES AND PATIENT REPRESENTATIVES ON THE MORALLY COMPETENT NURSE: AN INTERNATIONAL FOCUS GROUP STUDY

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Background: Across the world, healthcare systems have become increasingly complex, making it more difficult for nurses to act ethically when faced with moral dilemmas. The COVID-19 pandemic in particular revealed ethical challenges, highlighting the need for nurses to attain high levels of moral competence. Nurses who attain moral competency provide superior patient care because they have integrated clinical competence with sensitivity to moral values. Understanding what comprises moral competence in nursing is crucial to stimulate and support consistent ethical behaviour. However, most studies to date on moral competence in nursing have been conducted at a national level and only from a particular stakeholders' perspective, thereby limiting their utility.

Objective: To explore and document the characteristics of the morally competent nurse from the perspectives of nurses and patient representatives practicing in Europe. Design: A descriptive qualitative study was conducted.

Methods: Semi-structured focus group discussions were conducted to collect data. Data were analysed with a descriptive thematic method. Participants: A purposive sample of 38 nurses and 35 patient representatives was recruited. They were geographically spread across six European countries.

Results: The overarching characteristic of a morally competent nurse that emerged from our thematic analyses of group discussions is that they are person-centred. This person-centred quality is expressed on intrapersonal and interpersonal levels. The theme 'main components of moral competence in nurses' can be divided into three subthemes: knowledge, skills, and attitudes.

Conclusions: This study provided a deeper understanding of moral competency in nurses, from both the perspective of nurses and patient representatives in Europe. Morally competent nurses are person-centred and possess the requisite knowledge, skills, and attitudes that foster positive relationships with patients and their families, as well as with their nursing colleagues. Pedagogically, the results should be useful for teaching how moral competence can be supported in practice and how nurses can be better prepared to deal with ethically sensitive care practices in constantly evolving healthcare systems

ARTIFICIAL INTELLIGENCE-BASED ETHICAL SUPPORT – POSSIBILITIES AND RISKS?

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Background: When nurses experience ethical conflicts, ethics support services are not equally accessible, and those available remain underutilized, creating a need for new ways to offer support. With advances in generative artificial intelligence (AI) making it more accessible, there is a need to reflect on its use in clinical nursing ethics.

Aim: The aim is to reflect on the possibilities and risks of using AI-based applications as ethical support.

Methods: Argument-based reasoning was applied to reflect on current literature on AI use in nursing and ethical support.

Results: Ethical support is defined as support offered at unit or organization level with the aim to support management of ethical conflict or development of ethical practices. Traditionally, ethical support involves human interaction and may result in recommendation for action. The use of AI-based applications as ethical support presents both possibilities and risks. Possibilities presented by use of AI is its ability to learn and address complex challenges to support decision-making. AI-based applications could support nurses through textual interaction, when the ethical conflict has been recognized. It may offer a more easily accessible and available support service. However, there are differences in the support offered by humans and machines, posing some risks. Risks associated with AI use is associated with privacy and confidentiality of sensitive patient information. There may also be a lack of trust in AI-based support due to difficulty in assessing its reliability and the risk of biased data. The capacity of AI to meet the needs of nurses experiencing ethical conflicts also need to be assessed. While AI can mimic human-like interaction, it is emotion-free. The role of AI-based ethical support could be an addition to current ethics support services and instead of giving recommendations for action, support nurses' self-management of ethical conflict. AI could support in identification of ethical conflict, offer general information on ethical decision-making and guidance on how to seek further ethical support. Guidelines, education, and ensuring AI upholds ethical standards are necessary to maximize benefits and mitigate risks. **Conclusions:** AI-based applications could ultimately make ethical support more accessible for nurses and strengthen their ability to self-manage ethical conflicts. However, risks associated with AI use need to be assessed.

A DOCUMENT ANALYSIS AS A RESEARCH METHOD TO DEMONSTRATE DEFICIENT PROFESSIONAL CONDUCT IN NURSING

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Background: From the methodological point of view, nurses' deficient professional conduct is challenging due to its stigma and detection difficulties. Existing research on methods in this context is limited. However, document analysis has proven to be effective in studying difficult-to-reach phenomena.
Aim: To explore document analysis suitability as research method to demonstrate deficient professional conduct in nursing.
Methods: Methodological reflection based on document analysis method including seven phases.
Results: Using method of document analysis, nurses' deficient professional conduct was examined by defining the study's purpose, data, design, and selection strategy for supervision documents at administrative and authority levels. A data extraction matrix was developed and pilot-tested, followed by data collection, analysis, and evaluation of credibility and ethical considerations regarding sensitive and secured information. However, reliance on legal and regulatory documents may introduce study bias.
Conclusions: Deficient professional conduct in nursing can be explored by document analysis of various health care supervision documents. Future research could examine how documents related to this topic could be examined internationally in a consistent manner, which would enable a comparative analysis.

ETHICS AND MORALITY: CONCEPTUAL CLARIFICATIONS

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Background: The concepts of “ethics” and “morality” are often used interchangeably, causing semantic problems. This became evident in the Promoting a Morally Competent Nurse (PROMOCON project which is an Erasmus+ funded educational initiative, aimed at developing the profile of a morally competent nurse and enhancing moral competence by innovative teaching methods.

Aim: The purpose of this presentation is to clarify the concepts of “ethics” and “morality” and to suggest a common semantic approach for understanding and using these concepts.

Methods: Literature search using various sources, such as dictionaries, philosophical papers and textbooks. Discussion with ethics experts whose native language is other than English will offer additional insights.

Results: Beginning from these two concepts’ origins, a detailed explanation of their differences is provided. Examples of proper and improper use are discussed.

Conclusions: “Ethics” and “Morality” are two distinct terms which should be used in their specific corresponding contexts for reasons of conceptual clarity and for a better understanding of the basic concepts of ethics.

THE RIGHT TO KNOW ABOUT ONE’S HEALTH AND CARE AMONG PATIENTS WITH CANCER: A TRANSLATION PROCESS OF AN INSTRUMENT

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Background: Patients’ rights are human rights, yet language barriers can prevent participation in the patient-right research. To promote access to research participation for linguistically diverse patients, and therefore equity in participation, translations and multilingual research instruments are warranted.
Aim: To translate instrument measuring the right to know one’s health and care among patients with cancer in Finland to promote equity in research participation.
Methods: The right to information sub-scale measures patients’ perceptions of the realization of their right to know with 15 structured Likert-scale items (1-4, completely disagree-completely agree) and two open-ended items. With the permission of the instrument’s copyright owner, the translation process adapted Sousa’s and Rojjanasrirat’s (2011) guideline. First, professional translators with experience of healthcare terminology forward and blinded back-translated the instrument from Finnish to the second official language of Finland, Swedish, and globally widely spoken language, English. Second, a multidisciplinary committee, including the researchers, translators, developers of the instrument, patients with cancer, and a cancer nursing expert, evaluated the translations. Third, the clarity of instructions and items was assessed with a dichotomous scale (clear-unclear) by researchers in nursing science who spoke Swedish (Swedish) and were from abroad but lived in Finland (English).
Results: In the translations, the concept of right to “know” was compromised: in Finnish language, there are limited distinctions between “know,” “knowledge,” and “information.” While the aim of the study is to measure the right to know, the original instrument seems to imply information, and the latter was applied to translations too. The inter-rater agreement on the clarity and any further revisions based on it will be presented at the conference. Finally, the translated instrument will be piloted with patients with cancer.
Conclusions: Ethical concepts need careful evaluation in translation process. When succeed, the translation of the instruments allows linguistically diverse patients to participate in the research and potentially secures diversity in the findings. This can lead into more relevant and inclusive findings for practice and future research. In addition, the translation can promote the future research of patients’ right to know by making the instrument available for international research.

ETHICAL INCIDENTS IN HEALTHCARE - ARTIFICIAL INTELLIGENCE-ASSISTED QUALITATIVE ANALYSIS

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Background: Patient safety incident reporting systems aim to foster a non-blaming culture and support organizational learning. By incorporating an ethical dimension, these systems can address ethical incidents, enhance healthcare professionals' ethical competence and conduct, and promote high-quality patient care.

Aim: To describe the types of reported ethical incidents, outline the actions and measures implemented to prevent recurrence, and present an integrated model for managing ethical incidents that supports healthcare professionals' decision-making and fosters ethical patient care.

Methods: This retrospective register study analyzed free-text entries from patient safety incident reports (n = 3615) categorized as ethical incidents (n = 579) at a Finnish university hospital from 2018 to 2021. The analysis was conducted with the assistance of an artificial intelligence closed data analysis program and inductive content analysis.

Ethical considerations: Ethical requirements were met. According to the Finnish ethical guidelines, an ethical review was not necessary for this register study. The research permit was provided by the participating organization.

Results: Artificial intelligence identified four main categories and 69 subcategories, and further analysis refined the results into two main categories and seven subcategories. Ethical incidents are primarily associated with professional conduct and patient care management. Actions and preventive measures emphasize continuous improvement, enhancing professional competence, fostering professional communication and conduct, and improving data management. Moreover, the patient safety incident reporting system has contributed to enhanced patient care.

Conclusions: This study emphasizes the role of reporting systems in fostering an ethical culture in healthcare. Addressing ethical incidents helps improve care standards, particularly for vulnerable patients, and supports professionals. Competent management ensures system effectiveness, promotes accountability, reduces professional burden, and enhances the willingness to report, ensuring sustainable improvements in care quality.

ETHICAL ASPECTS OF FAMILY- CENTERED PATIENT EDUCATION: A LITERATURE REVIEW

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Background: A family-centered approach in healthcare is a key aspect in promoting trust between professionals and families and supporting the family's adjustment and life to the child's health problem and care. Trust is aimed at being built through family-centered education, but its key components and influencing factors are still unclear.

Aim: To describe aspects of family-centered education for summarising evidence of children and families related to their right to know about childcare.

Methods: The data for this literature review was collected from PubMed, CINAHL, and Cochrane Library in September 2024 using the search terms "family centered care" and "patient education." The data was screened based on predefined criteria: the article had to be scientific, in English, focus on communicating information and patient education in childcare, and be published between 2000 and 2024. The data was analysed using inductive content analysis.

Results: Out of 539 studies, 7 were selected for analysis. The sample consisted of children in one (n=1) study, parents in one (n=1) and both in four (n=4) studies. In the analysis, respect, individuality and partnership were identified as ethical aspects. These included meeting children and families respectfully, individualised content and sharing of information and partnership with parents. The aspects provide the basis for the realization of the rights of children and families related to their right to know about childcare.

Conclusions: Ethically sustainable patient education supports well-being and helps children and families to manage health challenges and participate in care. Future studies could focus more on gathering feedback from children, although age-related vulnerability makes this challenging.

POLARIZATION IN NURSING – INTERVIEW STUDY WITH NURSING LEADERS AND NURSES

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Background: Polarization, which refers to the division of a group or society into two distinct and opposing sides, has increased in nursing, partially due to the COVID-19 pandemic. This polarization might affect the well-being of staff and challenge nursing management. There is a need to recognize and manage these opposing groups and sides sustainably in nursing practice.

Aim: To describe nurse leaders' and nurses' experiences and definitions of polarization in nursing practice.

Methods: Qualitative, thematic interview studies were conducted in 2023 and analyzed using inductive content analysis. Nurse leaders (n=17) were interviewed using the focus group method, while nurses (n=26) were interviewed individually.

Results: The results are preliminary and will be completed by the conference. Based on the findings, nursing leaders and nurses perceived nursing as polarized in terms of temporality and age. The temporality perspective, according to the descriptions of leaders and nurses, included macro, meso, and micro levels. The macro level consisted of differing positions concerning multiculturalism, geographical location, and societal factors. The meso level described polarization within the work community and its well-being, while the micro level focused on individual well-being. Leaders' and nurses' views concerning the age perspective also included meso and micro levels. Regarding age, the meso level consisted of organizational issues and culture, and the role of employment, while the micro level included functional ability characteristics and demographic factors.

Conclusions: Polarization in nursing is both composed of and affected by societal, organizational, and individual factors. Leaders defined polarization from an organizational perspective, including role diversities and working community issues, whereas nurses' experiences of polarization included more individual factors, such as gender, rewards, and ethnicity. Taking these distinct and opposing sides into account provides opportunities to recognize, handle, and prevent polarization in nursing workplaces. By understanding the different dimensions of polarization, nurse leaders can implement targeted strategies to foster inclusivity and collaboration, which not only enhances the well-being of the nursing staff but also improves overall patient care and organizational efficiency.

ETHICAL ISSUES RELATED TO RELUCTANCE TO ATTEND INTERVIEWS BY VERY YOUNG WOMEN WITH BREAST CANCER IN CHINA

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Background: Breast cancer is the most common cancer among women worldwide. Although treatment has dramatically improved survival rates, postoperative alterations in femineity and the emotional burden often result in various unmet care needs among women with breast cancer. There is considerable research on this topic globally, but women's needs remain unmet in areas such as sexuality and spirituality. Resultantly, there is a need to comprehensively explore the unmet care needs of women with breast cancer. However, a surprising finding emerged during a mixed-method exploration of unmet care needs of women who have undergone breast cancer surgery in China, insofar as very young women (under 30) were reluctant to come forward for semi-structured interviews.
Aims: This article presents a discussion paper on ethical challenges related to the reluctance to participate in research interviews by very young women with breast cancer.
Design: A discussion paper.
Findings: The reasons for this reluctance were not clear. It seemed more to be a case of family protection and distress coping with the cancer diagnosis. This could be related to the particular culture in China, where 'cancer' is viewed as a taboo word. Breast cancer is often perceived as an illness that predominantly affects older women. Very young women might feel misunderstood or alienated by this stereotype and might fear being judged for their "non-typical" diagnosis. Moreover, the emotional weight of discussing a cancer experience, treatment, and potential recurrence might be overwhelming, especially for very young women. Revisiting these negative emotions might cause re-traumatization, potentially exacerbating their psychological distress. We wondered then in this context, whether the young women's families acted as protective gatekeepers to shield their family members from further distress. Furthermore, very young women might be wary of sharing personal health experiences for the fear of their information being misused or exposed in ways they don't fully understand.
Conclusion: While breast cancer is less common among very young women, understanding their needs is essentially important. Our experience of reluctance among very young women to share their stories is of concern given the need for them to have a voice. More understanding is needed about the barriers to accessing this group and how particular cultural contexts might serve to disadvantage women in this regard.

UNDERSTANDING HEALTHCARE PROFESSIONALS' EXPERIENCES OF PERSON-CENTRED CANCER CARE: A QUALITATIVE STUDY

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Background: Well-functioning person-centred cancer care considers people's comprehensive and unique needs, representing a more holistic way of thinking and acting in healthcare situations. Cancer care that is respectful and empathetic involves building a long-term caring relationship between patients and their caregivers.

Aim: To gain a deeper understanding of healthcare professionals' experiences of providing person-centred care among patients suffering from cancer.

Methods: A qualitative and explorative design was used. The data material consisted of four focus group interviews with 15 nurses and physicians from a cancer clinic in Finland. A qualitative content analysis was used to analyse the data material.

Results: The study shows that the participants have a high internal motivation and knowledge to work in the best interests of their patients. However, too little time and too strict management control leave little or no room for achieving good person-centred care, which can lead to increased strain on healthcare professionals in the form of a sense of burden, powerlessness, moral distress, and vulnerability. This can also lead to increased suffering among patients.

Conclusions: There is an imbalance between external circumstances and the internal experiences and abilities of healthcare professionals to implement good person-centred cancer care. The healthcare organisation needs to be more integrated through collaboration, increased flexibility between different departments and providing healthcare professionals with support, to alleviate patient suffering. By gaining a deeper understanding of the problems, leaders together with healthcare professionals can find solutions and promote person-centred cancer care.

PATIENT'S DUTIES IN FORENSIC NURSING: INTERVIEW STUDY FOR NURSES

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Background: In recent decades, increased interest has focused on patient duties as a part of their autonomy. Forensic psychiatric nursing is a particular context for patient duties because of the involuntary nature of care and the legal status of patients. However, little is known about forensic patients' duties in forensic nursing.

Aim: To describe patients' duties in forensic nursing from the nurses' point of view, with an aim to provide new knowledge to support forensic patients' autonomy in the nursing care process.

Methods: Qualitative descriptive study design with semi-structured individual interviews for 24 forensic nurses in Finland in 2022. Data were analyzed using inductive content analysis.

Findings: Nurses viewed patients' duties as an integral but less discussed part of forensic nursing. The involuntary nature of care and the potential criminal act by patients created a specific characteristic of patients' duties in forensic care. Patients' duties were seen as a part of care process and nurses facilitated patients' duties by offering support, creating opportunities for practice and learning, and promoting motivation and understanding in their care.

Conclusions: Patients' duties are rooted in fundamental health care values and express the inviolable autonomy of patients. In the future, more knowledge is needed about the practical integration of the patients' duties in forensic nursing to enable people-centered care and the implementation of nursing values.

ETHICS IN PHYSICAL HEALTH SCREENING OF SCHIZOPHRENIA SPECTRUM DISORDER PATIENTS

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Background: Patients with schizophrenia spectrum disorder have physical comorbidities and decreased lifetime expectancy. Due to the vulnerability resulting from disease-related symptoms, cognitive deficits and adverse effects of antipsychotics, it is ethically important to assess patients' ability to understand issues related to health screening and perform health screenings for them. However, screening rates are globally low. By striving to protect the patient's rights to receive evidence-based, holistic care, nurses may ensure that the physical health screening takes place equally, taking into account individual needs and challenges, without prejudice or stigma.

Aim: The aim of this study was to explore implementation fidelity of the Finnish Health Improvement Profile (HIP-F) physical health screening for patients with SSD and related factors.

Methods: An explanatory, sequential two-phase mixed-methods design was used. Implementation fidelity was assessed by using quantitative methods; and related factors were mapped with qualitative methods. Fidelity data was collected with questionnaires and factors with focus groups for nurses (n=15). Questionnaires were analyzed with statistical methods and interview data with inductive content analysis.

Results: The physical health screening with HIP-F was implemented only for 20 patients of all possible eligible 2300 patients on study clinics during the study. Nurses found HIP-F too complex and time consuming. Instructions, nurses fragmented work tasks, lack of equipment and appropriate management was felt to challenge the implementation of screening, as well as nurses' confidence, skills and preparedness. Patient related factors, such as refusal, willingness to participate and cognitive capacity influenced screening, as did nurses' enthusiasm and engagement in screening. Talking beforehand with patients about the screening and collaborative screening were found to be beneficial for successful screening.

Conclusions: Our study results demonstrate that nurses' adherence to conduct physical health screening for patients with SSD was alarmingly low and several moderating factors were associated with adherence to the protocol. To ethically promote patients' well-being, address potential problems in time and prevent the development of serious physical diseases, the utility and feasibility of the screening tool would need to be reevaluated after addressing some of the issues identified as moderating influences.

AN EXPLORATION OF THE DEVELOPMENT OF NEIGHBOURHOOD TEAMS IN THE UK - AN INSTITUTIONAL ETHNOGRAPHY

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The UK like many parts of the world has an aging population and has significant health inequality. These changes have led policy initiatives focused on transforming traditional community health and social care structures into integrated care teams. These changes have remained central to UK health care policy over successive governments. Previous research highlights that people are at the heart of these transformations, yet integration remains a complex process requiring structural, practical, and cultural change. Despite this emphasis, there has been a lack of frontline research capturing the real-time experiences of practitioners responsible for enacting integration from its inception.

This study sort to address this gap by presenting an in-depth exploration of the lived experiences of two teams one from health and one from social work—as they navigated the early stages of integration. Employing an adapted institutional ethnographic approach, this professional doctorial research followed the teams over nine months as they formed an integrated neighbourhood team. The use of this methodology ensured that the findings authentically reflected the practitioners' perspectives while considering the broader systemic factors shaping their experiences.

Key findings highlight several ethical considerations critical to successful integration. These include the necessity of a locally driven narrative for integration, the role of hope and hopefulness in uniting teams, the importance of grassroots, ‘bottom-up’ action, and the imperative of joint leadership. The process of integration is non-linear, with teams experiencing cycles of convergence and separation. Based on these findings, a framework has been developed to support organisations in fostering ethical, person-centred integrated teams.

By focusing on the ethical dimensions of integration, this study contributes to the discourse on nursing ethics and person-centred care, offering insights into how ethical leadership and collaborative practice can enhance integrated care.

THE USE OF INSTITUTIONAL ETHNOGRAPHY TO PRODUCE ETHICAL NURSING RESEARCH IN THE FIELD OF INTEGRATED CARE

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In exploring the experiences of a population, it is crucial to select and design a methodological approach that ensures the voice of participants remains central to the findings while also reflecting ethical considerations. This presentation discusses the use of Institutional Ethnography (IE) as a novel approach to developing ethically sound nursing research. Reflecting the experiences of using IE in a professional doctorate study that explored nurses and social workers experience of integrated care. A key theme emerging from both the literature and personal research experience is the profound influence people have on the success or failure of integrated care implementation and the need to reflect their voices in research studies.

Methodological Approach: The study's focus centered on how people experience integration, particularly the transition from traditional team structures to integrated care systems at a local level. Additionally, the research considered external factors—policy, economics, and organisational structures—that shape the integration process and influence teams' experiences. These elements required a methodological approach that incorporated both personal experiences and the broader structural forces at play. Focusing on Marginalisation A core ethical concern in this research was the disconnect between managerial rhetoric and the unheard voices of team members. Standpoint epistemology, integral to IE, asserts that socio-political structures shape knowledge production. IE highlights that knowledge creation systems often serve as mechanisms of control, failing to represent the voices of those with less power. Given that team members may be overlooked in integration processes, IE was selected to centre their perspectives and focus on their lived experiences.

Ethical Considerations in Institutional Ethnography holds a distinct ontological and epistemological position. The institutional ethnographer seeks to understand the external influencing factors (relations of ruling) within an institution from the standpoint of the individuals within it. Several key characteristics differentiate IE from other ethnographic approaches, making it particularly suitable for nursing studies. These characteristics shaped observations, fieldnotes, and engagement with participants, ensuring an ethical and participatory research approach.

RAPID REVIEW UNDERSTANDING THE ETHICAL COMPLEXITY OF DELEGATED DUTIES IN COMMUNITY NURSING AND SOCIAL CARE

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As demographics and healthcare epistemology evolve worldwide, health and social care systems are undergoing structural transformations to better meet population needs. In the United Kingdom, the development of Integrated Care Systems (ICS) has facilitated the redesign of services, including duty reallocation between health care (community nursing) and social care (care support workers). One such initiative is a Greater Manchester Integrated Care System (GM ICS) pilot, that has redefined the roles of NHS adult community nurses and adult social care workers, enabling social care workers to undertake health duties traditionally performed by registered nurses, such as insulin administration and wound care. Often referred to as delegated healthcare, these changes raise ethical considerations for nurses, social care workers, and employers. This rapid literature review was conducted as part of a National Institute of Health Research (NIHR) Research programme on new ways of working for adult social care workers. The review explores existing knowledge and informs the research. The review highlighted Several ethical complexities that emerge from the delegation of health duties to social care. Key findings highlight both benefits and challenges, including the potential for improved care access and efficiency, while also raising concerns about trust, professional relationships, and accountability. Trust dynamics—between service users and providers as well as within interdisciplinary teams are critical for ethical implementation. Additionally, variations in delegation processes and contexts significantly impact success of initiatives, emphasising the need for structured implementation that safeguards patient safety, professional responsibility, and service quality. Further ethical concerns include the redistribution of power within health and social care hierarchies, professional identity shifts, and the implications for patient autonomy and choice. This review contributes to ongoing discussions on ethically sustainable workforce models in health and social care. By critically examining these ethical dimensions, the review has informed current research on responsible and equitable workforce redesign.

INTERSECTIONAL STIGMA AMONG CULTURALLY AND LINGUISTICALLY DIVERSE (CALD) IMMIGRANTS: AN INTEGRATIVE REVIEW

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Background: Stigma is multilayered and affects individuals differently due to identity and social dimensions. No reviews have synthesized literature about intersectional stigma, its nature and dimensions, and the coping strategies used by CALD immigrants to alleviate the effect of intersectional stigma in their lives.

Aim: The purpose of this review was to understand the meaning, nature, dimensions, and coping strategies of intersectional stigma among CALD immigrants.

Methods: An integrative review was conducted. Literature was searched within Web of Science, PubMed, APA Psych Info, and Scopus databases and 27 articles published from January 2014 until December 2024 were critically appraised and reviewed. Data extraction and synthesis was completed using literature summary tables, a deductive approach, and constant comparative analysis.

Results: CALD immigrants face intersectional stigma on a regular basis mainly based on ethnicity, race, gender identity, sexual orientation, and illness-disability. Immigrants used avoidance, self, and social support coping strategies to mitigate intersectional stigma.

Conclusions: CALD immigrants encounter intersectional stigma either in society, their homes and communities. They are stigmatized by both majority non-immigrant and immigrant communities. Religion, disabilities, different sexual attraction, disease, color, and gender identity makes stigma worse with poor mental health outcomes such as loneliness, depression, and suicidal thoughts.

AN ETHICAL DANCE - NAVIGATING INTERVIEW CONVERSATIONS WITH FAMILY CAREGIVERS AT END OF LIFE

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Background: When a person chooses to remain at home at end of life, a family caregiver is often needed to ensure care needs are met and ultimately a good death is supported. Being a family caregiver at this difficult time of unknown duration can evoke different responses. Such responses or reactions are known as transitions. From the time a terminal diagnosis is given to when death occurs, family caregivers experience at least one and oftentimes multiple transitions. Limited research has been undertaken that explores family caregivers' experiences of this phenomenon. To address the gap, a hermeneutic study, that explored the lived experiences of ten family caregivers as they transitioned during end of life care, in the community setting, was undertaken.

Aims/Objectives: To provide insights and observations into conducting 10 individual interviews with family caregivers who were transitioning during end-of-life care.

Methods: A discussion paper that draws upon the researcher's experiences of conducting individual interviews with ten family caregivers to elucidate their transitioning experiences as they provided end-of-life care.

Findings: Family caregivers were enthusiastic to participate in the study. During interviews, however, sensitivity of the researcher was needed to create a safe and respectful environment as participants shared their experiences. Being attuned to participants' emotions assisted the researcher in knowing when and how to respond appropriately. Gentle probing helped capture valuable insights into experiences that family caregivers wanted to share. Finally, allowing silences created space for participants to speak, encouraging deeper reflection.

Conclusion: Conducting interviews with vulnerable participants can be challenging for researchers, especially when navigating sensitive topics such as death. Protecting participants from additional distress is of paramount importance at this time. However, with good communication skills and sensitivity, researchers can become more adept and confident in unearthing valuable data that might overwise remain undiscovered. This can help develop ways in which to help other family caregivers in similar situations in the future.

CONTEXTUAL ASPECTS OF ETHICAL ISSUES IN NURSING

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Background: Ethical issues in nursing are influenced by socio-cultural aspects that create the specific context in which nurses practice and make decisions about patient care. Crises like COVID-19 pandemic influence the care context and thereby, exacerbate existing and create new ethical issues. Despite growing interest towards ethical issues in nursing, less attention has been paid so far to these aspects that have important role in developing ethical issues. Understanding these aspects enhances nurses to make ethically sound decisions in complex healthcare contexts, prevent moral distress, improve nurses´ working environment and enhance the quality and safety of care.

Aim: To describe contextual aspects of ethical issues in nursing before and during the COVID-19 pandemic.

Methods: A multi-method study design was used. This consisted of semi-structured interviews conducted with 21 nurses in 2019 and two cross-sectional surveys among 446 nurses working in Estonia during the COVID-19 pandemic in 2020 and 2021. Descriptive statistics, Fisher´s exact test and 95% CI were used for data analyses.

Results: Before the pandemic, nurses in Estonia faced ethical issues related to providing good patient care, nurses´ professional roles, and their work within healthcare organisations. During the pandemic, various ethical issues emerged in nursing in correlation with the progression and severity of the pandemic, especially for those, who worked with COVID-19 patients. Both before and during the pandemic violation of patient rights, unclear professional roles and autonomy, unsupportive professional relationships, excessive workloads, socio-cultural influences, and lack of crisis preparedness are important contextual aspects that shape ethical issues for nurses in Estonia.

Conclusions: A shared effort of healthcare parties is needed for better role definition and clearer autonomy of nurses, workload regulation, stronger professional relationships, and enhanced ethical preparedness to ensure a safe and more supportive care context that benefits both patients and nurses in Estonia. Nurses' preparedness for crises, including crises ethics is essential for ensuring ethical, effective and sustainable responses to future crises. Ethical preparedness involves training nurses to navigate difficult situations, such as resource allocation, patient prioritisation, and balancing duty of care with personal safety.

WHAT DOES “ETHICAL SUSTAINABILITY” MEAN RELATED TO CLINICAL PLACEMENTS FOR INTERNATIONAL HEALTHCARE STUDENTS? QUALITATIVE INTERVIEWS AMONG SUPERVISORS

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Background: There is currently a lack of understanding regarding the concept of "ethical sustainability" concerning clinical placements for international students in healthcare. Enhancing knowledge in this area can improve our understanding of the complex nature of ethical sustainability, ultimately leading to better placement experiences for students, supervisors, and teachers. International students have faced challenges such as prejudice, discrimination, and bullying, which can complicate their adjustment to clinical environments. Therefore, it is crucial to cultivate a meaningful dialogue on ethical sustainability among all stakeholders.

Aim: This study aimed to describe healthcare supervisors’ perceptions and experiences of ethical sustainability in the clinical placements of international students. The findings can be used to develop ethical guidelines to ensure that placement environments are ethically sustainable.

Methods: This qualitative study utilized individual interviews with supervisors (n=13) in healthcare. The data were analyzed using the thematic analysis method with NVivo analysis software.

Results: Supervisors felt that international students exhibited humanistic qualities in their work, demonstrating warmth and care for clients. Ensuring students’ learning through equitable and encouraging guidance, structured orientation, mentoring, and goal setting were found to be associated with ethical sustainability. Collaboration among supervisors, students, and teachers required dedicated time and space to enhance mutual understanding. This effort significantly improved students’ awareness of the importance of adhering to schedules and prioritizing patient safety. Supervisors emphasised the need for additional training to improve language skills, as this would facilitate adherence to common guidelines and the implementation of ethically sustainable placements in healthcare.

Conclusions: Ethically sustainable clinical placements can enhance the quality of the placement experience in healthcare. These placements empower students to deliver empathetic, humane, and patient-centred care, ultimately shaping them into well-rounded professionals. Workplaces could benefit from developing guidelines that promote ethically sustainable placements, which would also aid in the integration of international students into society. Furthermore, fostering discussions on ethical sustainability within multicultural clinical placements in healthcare is valuable.

PHYSICAL ACTIVITY AND MOBILITY AS RIGHTS IN NURSING HOMES: FINDINGS FROM FINLAND

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Background: Moving is a fundamental expression of autonomy. Movement, also called physical activity, and mobility are essential for health and well-being, and are intertwined with daily actions. In nursing homes, they relate to activities of daily living, moving within the environment, and recreation. However, residents often experience functional decline, requiring initiation, guidance, or physical support to be active and mobile. Therefore, nursing plays a crucial role in fulfilling older adults' basic needs for activity and mobility, maintaining their right to move.

Aim: To examine older adults' right to physical activity and mobility in nursing homes based on two research projects in Finland.

Methods: Two research projects on promoting physical activity were conducted. 1) In 2022, a study with ten older adults and twelve nurses in four nursing homes used photo-elicitation to generate insights on activity promotion. 2) In 2023–2024, a participatory action research project with eighteen staff, seventeen older adults, and six family members aimed to increase older adults' physical activity in a nursing home unit. Qualitative methods were used to co-produce change and generate insights. In both projects, reflexive thematic analysis was used to analyze data. Findings were synthesized to assess older adults' right to physical activity and mobility.

Findings: Findings are presented using two conceptualizations: A) Restricted freedom of movement and B) Passivity as a norm. A) Nursing home care was organized in closed units, limiting residents' freedom of movement and justified by safety. Solutions for safe, independent access beyond locked doors were lacking, and restraints were used to varying extents. B) Passivity was the norm. Organized activities were few, leaving residents with little to do. Those capable of walking could move within their unit, supported by good accessibility, but the physical environment was not utilized to stimulate activity. Nurses' role in promoting activity was considered important, yet limited by institutional care culture and resource constraints.

Conclusions: Older adults' rights to physical activity and mobility are not maintained, leading to passive lives in restricted environments. To provide ethical care, supporting older adults in meeting their basic needs for physical activity and mobility, care culture and resource allocation should be critically assessed.

AL DISTRESS AND CLINICAL JUDGMENT AMONG NEWLY GRADUATED NURSES – A META-ETHNOGRAPHIC LITERATURE REVIEW

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Background: The transition from nursing education to professional practice is a critical period for newly graduated nurses, marked by significant moral challenges that can lead to moral distress and impact the development and application of clinical judgment. Understanding how moral distress affects newly graduated nurses is vital to support their integration into professional roles and ensure the delivery of quality care. Newly graduated nurses may experience moral distress due to conflicts between professional values and institutional constraints, which impact their ability to exercise effective clinical judgment.

The purpose of this qualitative meta-ethnographic review is to investigate the phenomenon of moral distress among newly graduated nurses and its implications for clinical judgment. The research question is: How do newly graduated nurses experience moral distress, and how does it affect their clinical judgment?

Methodologically, the study is grounded in Ricoeur's three-fold mimesis, which offers a rich interpretative framework for exploring the complexities of moral distress in nursing practice. Guided by the seven steps of meta-ethnography, the analysis reveals significant variations in the conceptualisation and experiences of moral distress, thus highlighting inadequacies in existing definitions.

The findings from twelve qualitative studies were synthesised into an integrative model of moral challenges. This integrative model presents moral distress as a multifaceted phenomenon that intersects with clinical judgment. The model demonstrates how institutional constraints, moral uncertainty, moral conflict and lack of moral attention can hinder newly graduated nurses' ability to exercise effective clinical judgment and deliver quality care. The integrative model of moral challenges is a crucial contribution to research on moral distress. The review reveals limited research on the way moral distress affects the clinical judgment of newly graduated nurses and highlights the importance of promoting reflective practice and moral deliberation among newly graduated nurses to strengthen their clinical judgment and professional development.

ETHICAL ISSUES IN THE EXPORT OF NURSING EDUCATION

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Background: Nurses form the largest professional group in healthcare, and the global shortage of nurses affects the functionality of healthcare systems, quality of care, and patient safety. International recruitment is proposed as a solution to shortage of nurses. Educational export is one way to implement international recruitment and a route for international professionals to enter the Finnish labour market. Educational export can mean selling educational solutions abroad or training foreign students in Finland. The economic value of Finnish educational export is estimated to reach one billion euros by 2030. Ethics cannot be outsourced in the development and implementation of nursing educational export.

Aim: The aim of the presentation is to present the current ethical guidelines connected to educational export in Finnish context, and to ponder ethical issues related to education export in nursing education.

Methods: The method of the presentation is philosophical reflection. Philosophical thinking begins with problematization, where critical doubt is used to reveal unclear concepts or questionable assumptions. The next stage, explication, involves clarifying questions, analysing, and defining concepts, presenting new perspectives, and formulating philosophical views. The final stage is the comparison and evaluation of these attempts through argumentation.

Results: Several recommendations guide educational export, emphasizing ethical and responsible practices. To ensure ethical practices aligned with the nursing profession's goals, ethical guidelines derived from nursing work are needed, covering the entire educational export process. Currently, there is a lack of a comprehensive view of the ethics of exporting nursing education, and the perspectives of nursing professionals are missing from the guidelines.

NURSES’ MORAL COURAGE SCALE – A SYSTEMATIC REVIEW

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Background: Moral courage is an essential qualification of the contemporary nurse and an integral part of the nurse’s ethical competence. Due to numerous ethical issues influencing health care, also nurses need to respond to the upcoming issues. This often requires moral courage, particularly in ethical decisions carrying the risk of compromising the ethical values and principles of any of the stakeholders. However, evidence-based knowledge of nurses’ moral courage and evaluation of instruments to measure it needs further analysis. This review focuses on the Nurses’ Moral Courage Scale (NMCS), analysing research conducted with the scale to provide initiatives for further research and support for development of nurses’ moral courage.

Objectives: To review empirical studies conducted using the NMCS and to analyse its psychometric properties.

Method: A systematic review was conducted according to PRISMA Statement (2020). Data was retrieved in January 2025 from PubMed, CINAHL, Scopus, Embase, Science Direct and Google Scholar databases. Two researchers used STROBE Checklist for quality appraisal to select the studies to this review. Descriptive statistics and evaluation of psychometric properties were used as analysis methods.

Results: The review included 41 empirical studies in peer-reviewed journals from 11 countries. Methodologically, cross-sectional, descriptive and correlational research design, convenience sampling and statistical analyses were prevalent. A total of 16 249 nurses, 211 managers, and 467 nursing students participated in the studies. The mean level of nurses’ moral courage was 3.8 on the 5-point Likert scale, indicating small fluctuation between care cultures. Correlations revealed that moral courage was significantly related to numerous variables, particularly to moral sensitivity, ethical climate and moral distress. The psychometric evaluation of the NMCS had been conducted in Belgium, China, Finland, South Korea and Türkiye, where the scales were proved valid and reliable in their own care contexts.

Conclusions: Despite nurses’ moderately high level of moral courage the future studies should utilize more exacting research methodologies to gather stronger evidence for developing nurses’ moral courage. Considering many variables significantly related to moral courage and representing different disciplines a multi-scientific collaboration is recommended.

INTERNATIONALLY EDUCATED NURSES' EXPERIENCES OF RECRUITMENT TO FINLAND FROM AN ETHICAL PERSPECTIVE: QUALITATIVE STUDY

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Background: International migration among nurses in healthcare has increased significantly, with the number of internationally educated nurses in higher-income OECD countries doubling since 2000. These nurses often face challenges with competence recognition and obtaining local licenses, which hinder their ability to work effectively. Additionally, they encounter misleading job information, discrimination, and exploitation, highlighting the urgent need for ethical recruitment and employment practices.

Aim: The research aimed to understand internationally educated nurses' experiences of ethical recruitment to Finland to develop ethical recruitment practices, prevent unethical behavior, and raise awareness among stakeholders about poor practices. The research question was: What experiences do internationally educated nurses have about recruitment to Finland from an ethical perspective?

Methods: A qualitative study design was used to explore nurses' experiences. Data were collected in spring and summer 2024 from 22 internationally educated registered nurses with degrees from outside the EU, either working in healthcare or completing a top-up nursing degree in Finland. Content analysis was employed to examine the data, revealing ten key categories associated with ethical recruitment.

Results: Results revealed diverse experiences, from supportive practices to notable challenges. The ten key categories revealed were: 1) preparations for recruitment; 2) experience with the recruitment company; 3) experience of the recruitment process; 4) costs and fees associated with recruitment; 5) language learning journey; 6) cultural and workplace integration; 7) employer-provided support and resources; 8) colleagues and workplace environment; 9) recognition and validation of prior nursing competence; and 10) overall experience as an international nurse in Finland. Positive aspects involved supportive recruitment companies and structured orientation programs, while difficulties included unmet contractual promises, inadequate language support, and cultural barriers.

Discussion and Conclusions: Difficulties with learning Finnish and cultural adaptation impede integration, underscoring the need for employers to provide robust language training and adopt ethical practices. Enhanced support systems, such as structured workplace orientation and mentorship programs, are crucial to improving the integration and job satisfaction of internationally educated nurses in Finland.

INVOLVEMENT OF THE CHILD IN THE RESEARCH PROCESS: WHOSE CONSENT IS IT?

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Research should always be conducted with good scientific practice and respect for human dignity. When children are involved in the process, there is additional depth to the ethical aspects. Who decides on the their participation, and do they understand their right to withdrawal? Following the best interests of the child and the right to participate in decision-making are laid down in widely ratified international conventions. Despite this, the research information and power of decision-making is mainly given to the guardians. Our aim is to describe in what ways children’s consent to research can be reliably verified. We tested an ethically sustainable way to determine children's acceptance for research as a part of our study in primary health care with 5-7 years old children (N=11). We used group discussion, image and object communication, and observation of children in research situations. In the study, children were able to participate in the discussion about their consent through image and object communication. All children invited to the study gave their consent, but some used the option of suspending the recording of the data during the study. They used photo permit cards to refuse the videotaping. Providing information and creating discussion opportunities as the study progressed gave children opportunities to give their approval or withdrawal from the study. The children were informed both their own participation and showing the data to the parents, as well as utilizing the results of the research in the work of professionals. They were most aware of the consent related to the recording, and they were also interested in who was able to view their data. Further use of the research results did not provoke discussion in the children. Two children did not receive consent from their guardians, so they could not be included in the study. Despite this, children were given the opportunity to participate in similar activities without recording. To reliably obtain the research consent, it is essential to provide sufficient information in ways suitable for children to communicate. It is essential that the refusal of research is practiced in advance and that is it recalled in the situation of producing data. Building confidence with children enables children's experiences of participation and inclusion in research. Further research is needed to describe the complex process of consent among extended families and e.g. families from different cultural backgrounds.

ETHICAL ISSUES RELATED TO BLOOD BIOMARKERS, EARLY DIAGNOSIS AND NEW DISEASE-MODIFYING DRUGS OF NEURODEGENERATIVE DEMENTIA DISEASES: A SCOPING REVIEW

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Background: Blood biomarkers and new disease-modifying drugs (DMD) for neurodegenerative dementia diseases are emerging fast. A growing number of individuals with mild cognitive impairment (MCI) wish to assess their risk of developing Alzheimer’s disease (AD) dementia. Expectations on the availability and accessibility of new DMD as well as the effects on quality of life (QoL) in MCI patients has remained unstudied.

Aim: To identify and map the available evidence about ethical issues regarding blood biomarkers, early diagnosis and new DMD of neurodegenerative dementia diseases.

Methods: Scoping review was conducted using PubMed, Web of Science, SCOPUS, CINAHL, and Google Scholar databases. Search was limited from 2015–2025. The Preferred Reporting Items for Systematic Reviews and Meta-Analysis (PRISMA) statement was followed. Covidence was used for data extraction. Data was analysed using Braun and Clarke’s thematic analysis.

Results/findings: Initial database search yielded 2541 research articles, 1143 duplicates were removed resulting in 1398 research articles for title and abstract screening. Results show ethical issues related to the understanding of risk, the communication of risk, the enabling of self-determination and informed consent. Possible effects of dementia risk disclosure on QoL include matters of identity, self- and external stigmatization, depressive reactions, and changes in life planning.

Conclusions: In future diagnostics, the use of complex information as part of diagnostics will increase. The balance between understanding complex information, realization of risk estimates and consequences of declaring information for quality of individual's life should be understood to ensure ethically sustainable pathways for patients. This ensures that the patients' voice is heard, and patients’ autonomy is respected as part of the development of diagnostics and new DMD.

FURTHER DEVELOPMENT OF THE CONCEPT OF MORAL COURAGE IN NURSING

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Background: Moral courage is a relevant concept in the philosophical and empirical worlds of nursing. It has been defined as nurses' virtue and acting according to values in ethical conflicts despite personal risks. Although this common understanding exists, different definitions and operationalisations of the concept have been used in nursing literature. Thus, it is justified to examine this dispositional concept in different nursing contexts, acknowledging its manifestation as human acts.

Aim: To describe the further development of the concept of moral courage in nursing.

Methods: The Hybrid Model of Concept Development was used, including the Theoretical, Fieldwork, and Analytical Phases. The Theoretical Phase comprised an integrative literature review, and the Fieldwork Phase included a survey and a narrative study. In the Final Analytical Phase, the results of the previous phases were integrated with a modified realist synthesis, forming a refined definition of the concept of moral courage in nursing.

Results: The concept of moral courage in nursing was refined including new and clarified antecedents, attributes and consequences. The perspective of the refined definition was broad, including the morally courageous nurse and the context, highlighting the complexity of this dispositional concept.

Conclusions: The combination of theoretical and empirical data supported the development of the concept of moral courage in nursing. The concept appeared more mature after the refined definition was formed because broad theoretical and empirical explorations and new characteristics were presented. The Hybrid Model has been criticised for the use of small, qualitative samples. However, the combination of theoretical and empirical data enhanced the analysis of this complex, dispositional concept. Further research could focus on the development of possible new instrumentations and theory-generating regarding moral courage in nursing.

BABY'S RIGHTS AS A GUIDE TO PARENTS' AND PROFESSIONALS' SHARED RESPONSIBILITY FOR DECISION MAKING IN PAEDIATRIC CARE

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Background: The baby's rights have been described as one essential aspect for her best interest, which parents and health care professionals, such as nurses and physicians, have a duty to respect in care. Nevertheless, their values and views have been reported occasionally to conflict with each other when making decisions. Shared responsibility has been described enabling their mutual understanding in decision making, but little has been considered its' connection to the baby's rights.

Aim: The aim of this study was to reflect on the baby's rights as a guide for the parents and the professionals to meet the shared responsibility for decision making in paediatric care.

Methods: We carried out a philosophical reflection based on purposively selected regulatory and research literature related to the rights of the babies in care. We defined the rights of babies in care based on their best interests using children's rights approach. We also reflected on the positive and negative rights.

Findings: The parents and professionals were described as duty-bearers at their own level with responsibility to respect, protect, promote and fulfil the baby's rights. The positive rights claimed them to commit in a beneficent act for the baby or to assist her to obtain certain basic needs, while negative rights claimed them to refrain from committing in a harmful act in order to prevent harm her. Their commitment required them to respect their values and to negotiate their views to reach mutual understanding and shared responsibility for decision making.

Conclusions: The baby's rights can guide the parents and the professionals to meet shared responsibility for decision making in paediatric care. It can help them to reach mutual understanding and avoid conflicts about whether to commit in the beneficent act or refrain from harmful act for the baby's best interest in care. In the future, there is a need for empirical research on the perspectives of both parents and professionals.

EFFECTIVENESS OF A MORAL DISTRESS MITIGATION PROGRAM IN UNDERGRADUATE NURSING PRACTICUM

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Background: Moral distress (MD) impacts work competency, burnout, job dissatisfaction, and quality of patient care, contributing to increased medication errors. Research shows that resilience-building, ethical confidence, and competence training reduce MD more effectively in new nurses than in those within 10+ years of experience. However, a gap remains between academic preparation and real-world challenges, with few studies addressing MD mitigation in nursing curricula.

Purpose: To address these discrepancies, this study evaluated the effectiveness of a one-semester MD mitigation program for prelicensure nursing students, aiming to 1) reduce MD levels, 2) increase perceived ethical confidence in recognizing, understanding, and managing challenging situations, 3) enhance moral competence related to reasoning and judgment, and 4) improve resilience by the end of the 14-week clinical practicum.

Methods: Using a one-group pre-test/post-test design, the intervention was implemented in the junior or senior medical-surgical clinical practicum. Pre-intervention data were collected before the first day of clinical, and post-intervention data were collected immediately after the final clinical day. Outcome variables were measured using validated and reliable questionnaires. The Intervention included a one-hour MD workshop based on the AACN's 4As to Rise Above MD and Bandura's Self-Efficacy Theory, plus biweekly reflective journaling with written, interactive faculty feedback.

Results: Eighty-three traditional and second-degree students consented to participate, with 48 completing both pre- and post-intervention surveys. The majority were white females (mean age 25±6.3 years). Post-intervention, moral competence significantly improved (t(47)=-2.755, p< 0.01), as did cooperation in ethical situations (t(47)=-4.307, p<0.001). Ethical confidence also significantly improved (t(47)=-3.544, p<0.001). However, resilience remained unchanged (t(37)=-.365; p>0.05). MD levels decreased (mean: 61.77±74.65 to 48.94±49.91, t(47)=1.492, p>0.05), but not statistically significant.

Conclusions: The intervention improved moral competence and ethical confidence but did not significantly impact MD or resilience. The lack of a control group limits the generalizability of the study. Future research should explore more rigorous, targeted strategies, such as simulations, to significantly decrease MD and better support nursing students' ethical preparedness and professional resilience.

MORAL DISTRESS IN UNDERGRADUATE NURSING STUDENTS: A LIVED EXPERIENCE PERSPECTIVE

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Background: High levels of moral distress (MD) have been associated with various physical and psychological effects, including burnout, PTSD symptoms, sleep disturbances, compassion fatigue, interpersonal difficulties, job dissatisfaction, and intention to leave bedside nursing. A gap exists between the academic preparation of student nurses and the practical challenges faced by professional nurses. Limited research has examined effective strategies for mitigating MD in undergraduate nursing education.

Purpose: This study aimed to 1) explore and describe students' experiences in acute care settings that caused MD, 2) identify helpful strategies for coping with MD, 3) understand barriers preventing students from seeking support, and 4) discover action plans students would use to mitigate MD in future situations.

Methods: Using a qualitative descriptive design, several small semi-structured focus group interviews were conducted with 13 junior and senior nursing students (traditional and second-degree) who had completed or were enrolled in their first medical-surgical clinical. The AACCN's 4A's to Rise Above MD (Ask, Affirm, Assess, Act) framework guided the interview questions. Audio-recorded interviews were transcribed, verified, and analyzed using Braun and Clarke's thematic analysis. Two investigators independently coded the transcripts, identified initial themes, and reached a consensus. Two undergraduate nursing research assistants reviewed the coded data for credibility and consistency. A final summary of themes was developed.

Results: Four themes emerged: 1. MD caused by unprofessional behaviors and poor practices by healthcare providers, 2. Fear of authority and difficulty speaking up for patients' autonomy and safety, 3. Importance of discussing experiences with peers and mentors for coping, and 4. Need for more meaningful real-life practice in handling difficult clinical situations.

Conclusions: Undergraduate nursing students frequently experience MD in clinical settings, often feeling powerless in advocating for patient safety. Peer discussions and mentorship, such as guidance from clinical instructors, provide valuable support. However, students expressed a critical need for safe practice environments to develop advocacy skills. Simulation-based training and role-play may enhance confidence in speaking up and help reduce MD. Further research should examine these findings across nursing programs and evaluate these strategies for MD mitigation.

PATIENT'S PRIVACY IN VIDEOCONFERENCING EDUCATION INCLUDING AUTHENTIC PATIENT CASES

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Background: Limited resources in both clinical practice and nursing education challenge the implementation of new resource-efficient methods in nursing education. Videoconferencing including authentic patient care has been described as having a positive association with students' learning of evidence-based nursing and combining theoretical knowledge with practice. Patient education is one of the key tasks of healthcare professionals. Its significance has grown with the rapid advancements in medicine, the increasing shift towards outpatient care, and the reduction in inpatient hospital stays. In the study, authentic patient education situations, between patients and nurses in the university hospital, were streamed to classrooms in the university of applied sciences. In an authentic patient education situation, the private matters of a real patient are discussed, and therefore the realization of a patient's privacy must be a priority.

Aim: To describe the realization of patient's privacy in videoconferencing education.

Methods: After the patient education situations, patients and nurses were individually interviewed. The interview guides, one for patients and one for nurses, were developed for the study. The data were analyzed using content analysis. Ethical approval was obtained from the Ethics Committee of the University.

Results: Nine patients and ten nurses participated. According to preliminary results, both patients and nurses perceived the realization of patient's privacy possible in videoconferencing education when the situation is carefully planned, and the patient has an opportunity to influence how the situation is implemented. Threats to the realization of patient's privacy were also recognized.

Conclusions: Videoconferencing education provides a possibility for several students to follow an authentic patient education situation. However, to provide ethically high-level care, the planning of situations and the awareness of possible threats to the patient's privacy are essential.

ENSURING ETHICAL APPROACH AND INCLUSIVE PARTICIPATION THROUGH HOME VISITS: EXPERIENCES FROM THE VITALITY 90+ STUDY HEALTH EXAMINATION

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Background: Research involving individuals over 90 presents unique ethical and methodological challenges due to their physical, cognitive, and social vulnerabilities. These factors necessitate careful consideration of participants’ rights, well-being, and inclusion.

Aim: This presentation explores how the health examination of the Vitality 90+ Study, conducted in Tampere, Finland, navigated key ethical aspects, including informed consent, equitable access to participation, and safeguarding participants' well-being. It also highlights methodological strategies for home-based data collection to ensure inclusive participation from the oldest-old.

Methods: Research visits (n=203) took place in participants' homes between 2023–2024. These visits included short questions about health and well-being, anthropometric measurements, cognitive and physical performance assessments, and blood sample collection.

Results: The Vitality 90+ Study received ethical approval from the Regional Ethics Committee of Tampere University Hospital. Key ethical considerations included transparent recruitment, insurance coverage, and ensuring participants' comfort, safety and autonomy. Study materials were made easily understandable. Potential participants received an invitation letter explaining the study. Those interested could schedule a home visit independently or with support from family. Researcher contacted non-respondents by phone after three weeks, using contact information obtained from a directory service. Informed consent was obtained at the start of each visit, emphasizing voluntary participation and the right to withdraw. Measurement safety was individually assessed to protect participants' well-being. These practices upheld ethical standards ensuring safe and inclusive participation of the oldest-old.

Conclusions: Home visits enabled the participation of older adults who might otherwise have been unable to engage in the study. This made it possible to research this age group, as even the more independent adults in their 90s are unlikely to participate if travel is required. These visits not only facilitated participation but also provided valuable social interaction for some participants. The researcher’s prior experience with older adults and home visits supported effective communication, responsiveness to participants’ needs, and respectful engagement in participants' homes. Research with older adults is rewarding, deepening understanding of ageing and requiring flexible methods.

UNABLE TO DODGE THE BULLET’: A QUALITATIVE STUDY OF ETHICAL DILEMMAS AND MORAL DISTRESS OF CRITICAL CARE NURSES DURING THE COVID-19 PANDEMIC IN A SOUTH AFRICAN PROVINCE

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Background: Worldwide, nurses have been at the frontline of the Covid-19 pandemic response and central to its effectiveness. They faced numerous ethical dilemmas which in turn resulted in considerable moral distress. However, there are knowledge gaps on the lived experiences of critical care nurses in South Africa during the pandemic.
Aim: Explore the lived experiences, specifically the ethical dilemmas and moral distress, of critical care nurses working in South African hospitals.
Methods: Gilligan’s ethic of care theory informed this exploratory, qualitative study with nurses who had experience of taking care of individuals with Covid-19 and working in intensive (critical) care units in the Gauteng province of South Africa. Following voluntary informed consent, we conducted in-depth interviews with eligible nurses using an interview guide that focused on personal and professional experiences during the pandemic, ethical dilemmas, relationships with other colleagues and/or management, and the availability of support systems. Data was analysed thematically.
Results: The participants comprised 21 nurses, 16 females and 5 males with a mean age of 38 years. Nurses highlighted the tension between their deep caring for patients and the realities of taking care of patients during the Covid-19 pandemic that necessitated pragmatic compromises, such as doing the bare minimum. The uncertainty and fear of the pandemic, of infection, of the unknown, and of being in the frontline of health care provision resulted in considerable moral distress. They expressed ambivalence about the Nursing Oath because they were acutely aware of the moral obligation to put the health of their patients as their first consideration, yet they faced the personal risk of infections and disease exposure. Simultaneously, the perceived lack of appreciation for their work and for risking their lives as health care providers, and the resource constraints intersected with and exacerbated both ethical dilemmas and moral distress.
Conclusions: The study contributes to the discourse on healthcare ethics, particularly in crisis situations, and highlights the need for robust support systems for nurses.

BALANCING FAMILY-CENTERED CARE AND ETHICAL CHALLENGES: NURSES' EXPERIENCES IN MANAGING FAMILY ENGAGEMENT IN INTERNAL MEDICINE WARDS

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Background: The family-centered care model is globally recognized for improving patient outcomes and empowering both patients and their families. Grounded in the principle of human dignity, it emphasizes the patient’s role in decision-making while positioning the family as a critical part of the care process. This approach supports personalized care that aligns with the needs of both the patient and their family, particularly in end-of-life situations. In such cases, the model promotes the principle of dignified dying by creating a therapeutic environment that offers emotional, physical, spiritual, and cultural support. Family involvement extends beyond emotional presence to shared decision-making, respecting the patient’s values and beliefs. This empowers patients to maintain control and dignity, while families play meaningful roles in supporting their loved ones and navigating the emotional and practical challenges associated with the situation. Despite its benefits, implementing this model can present ethical and professional challenges. Family expectations, often grounded in concern, may conflict with clinical judgment. Requests for unnecessary interventions or resistance to withdrawing care can place undue pressure on nurses, leading to ethical dilemmas, such as violating the principle of patient safety, compromising the nurses' work environment, and increasing the risk of burnout and medical errors.

Aim: To explore the experiences of nurses working in internal medicine wards regarding family engagement in patient care and the ethical conflicts that arise in this context.

Methods: A qualitative phenomenological study involving 18 nurses from internal medicine wards examined their experiences with family engagement in care and conflicts with ethical principles.

Findings: The findings highlighted the difficulty of managing family involvement when expectations exceed professional limits. The study emphasized the need for structured support for nurses, including communication training, emotional resources, and clear clinical guidelines to address conflicts effectively.

Conclusions: Developing structured policies is essential to balancing family engagement with core ethical principles such as human dignity, care quality, and staff well-being. A multidisciplinary approach involving healthcare teams, patients, and families is key to maintaining high care standards while safeguarding healthcare workers.

ALLEVIATING SUFFERING AND PRESERVING DIGNITY OF PATIENTS IN NEED OF PALLIATIVE HOMECARE: NURSES EXPERIENCES

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Presenter: Jessica Hemberg[1]

Background: The need for palliative care continues to grow globally, as chronic diseases become more common and life expectancy increases. Most patients in need of palliative care remain in their homes, thus great focus should be placed on the creation of functional palliative homecare. Suffering through a multifaceted illness can contribute to the loss of one's sense of dignity, and the preservation of patient dignity is challenging for healthcare professionals.

Aim: The study aim was to explore and describe nurses' experiences of caring qualities alleviating suffering and preserving the dignity of patients in need of palliative homecare.

Methods: A qualitative and explorative design was used. In-depth semi-structured interviews with nine nurses from a palliative homecare context was conducted and qualitative content analysis was used to analyze the data.

Results: One main theme and three subthemes were found. The main theme was: Being there for the other alleviates suffering while shaping and reshaping dignity preservation in a process. The three subthemes were: Being a sensitive and compassionate witness who becomes responsible; Having compliance, courage, and perception in a deep presence, and; Being calm and patient while having time for conducting skilled practical knowledge.

Conclusion: Certain caring qualities are important in the dignity-preserving care of people in need of palliative homecare, and person-centeredness plays a central role in alleviating suffering. Deep and trusting caring relationships and nurses' ability to emphasize these certain caring qualities are crucial for alleviating suffering and preserving dignity of these patients. Future research should explore this subject from the patients' perspective. cross the world, healthcare systems have become increasingly complex, making it more difficult for nurses to act ethically when faced with moral dilemmas. The COVID-19 pandemic in particular revealed ethical challenges, highlighting the need for nurses to attain high levels of moral competence. Nurses who attain moral competency

FACING A REQUEST FOR ASSISTED DEATH: A QUALITATIVE STUDY OF FINNISH NURSES’ VIEWS

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Background: The topic of assisted death, encompassing euthanasia and physician-assisted suicide, is a subject of global debate. Previous research indicates that nurses are generally less supportive of euthanasia and physician-assisted suicide compared to the general public, but they tend to be more supportive of these actions than physicians. Although nurses' acceptance of assisted death has slightly increased in recent years, they have expressed concerns due to the many moral and ethical challenges involved. Moreover, evidence is lacking on how nurses respond and behave when faced with requests for assisted death.

Aim: This study aimed to describe the actions of nurses when facing a request for assisted death in Finland where euthanasia and physician-assisted suicide are not legal.

Methods: A qualitative cross-sectional design was used in this study. An email survey concerning assisted death was sent to Finnish nurses who are members of the Finnish Nurses Association and whose email addresses were available. The survey reached a total of 9,988 nurses, and 1,489 of them responded, yielding a response rate of 15%. The qualitative analysis was conducted using an inductive content analysis method.

Results: The main categories regarding how nurses act when facing this request were: 1) Enabling care and support as an alternative, 2) Viewing the request as an opportunity for dialogue, 3) Refusing based on the law, ethics, or personal values, and 4) Sidestepping the request or delegating it.

Conclusions: Nurses in Finland have various ways of responding and behaving when faced with a request for assisted death, indicating that their ability and commitment to engage in a dialogue on the topic varies. There is a clear need for education and discussions on how to respond to such requests to understand the underlying reasons, explore alternatives to alleviate suffering, and manage the challenging emotions involved.

ETHICAL LEADER – CONCEPT ANALYSIS

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Background: Every leader is an individual human being, and therefore human variables affect leadership in different situations and that makes leadership complex. This study focuses on the concept of "ethical leader" which does not have a clear definition. It is important to understand the concept itself and to develop a definition, that could be used and studied in the empirical world of healthcare.

Purpose: The aim of this study was to analyse the concept of ethical leader, and the purpose was to develop definition, which could be used and studied in the empirical world of healthcare.

Methods: The literature used in this concept analysis consists of dictionary and encyclopaedia definitions and peer reviewed articles. Systematic literature search was conducted in PubMed, Scopus, CINAHL, Psychology Database, APA PsycINFO, and APA PsycArticles. Concept analysis is performed by Walker and Avant's modified method, because it fits the concept itself, and this method is appropriate for developing an instrument.

Results: Systematic literature search was conducted producing 915 records, and 20 peer reviewed articles were included describing ethical leaders in some way. Studies were conducted in various countries. Time span of the studies is 1981-2024. Articles were mostly qualitative interview and quantitative survey studies. There was also one experimental and cross-sectional study, theoretical articles, media text analysis and essay. Ethical leaders can be considered for example as role models, among other things. Ethical leader also seems to possess some particular characteristics including kindness, honesty, self-confidence and their openness to criticism. Preliminary results will be shared at the conference.

Conclusions: Knowledge gained from the results can clarify the meaning of the concept and they can be used to further study the meaning of ethical leader. The definition and its operationalisation can be used to develop an instrument for investigating the characteristics of an ethical leader and thereby support leaders and organisations.

IS CULTURAL COMPETENCE THE KEY TO ETHICAL NURSING?

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Background: Increasing migration flows have highlighted the need to focus on the cultural competence of nurses, which is essential for providing high-quality care to patients from different cultural backgrounds. Culturally competent nurses not only enhance effective communication and assess the needs of patients from different cultural backgrounds but also ensure that healthcare is based on ethical principles. Nevertheless, nurses' cultural competence is low to sufficient, highlighting the need to identify strengths and weaknesses of the cultural competence components.

Aim: To identify the cultural competence of Lithuanian nurses.

Methods: A cross-sectional survey using the Nurse Cultural Competence Scale was conducted. The study involved 1278 nurses working in Lithuania's private and public sectors. Data were collected between December 2022 and May 2023. The distribution of nurses was compared by levels of the cultural competence scale. The data was analyzed statistically.

Results: 97.2% of nurses self-rated cultural competence at a moderate level, and 17.0% had a high knowledge level (3.51 ± 0.07; score 102.88 ± 23.35). The highest values were obtained for the Cultural Awareness Subscale (3.94 ± 0.16) and the Cultural Sensitivity Subscale (3.70 ± 0.28). The lowest competency levels were obtained in the Cultural Knowledge Subscale (3.30 ± 0.23) and the Cultural Skills Subscale (3.22 ± 0.28).

Conclusions: The nurses demonstrated a moderate level of cultural competence. It is necessary to increase nurses' cultural competence through cultural knowledge and cultural skills.

MEDIA DISCOURSE ON CANADA'S ASSISTED DYING LAWS: RIGHTS-BASED PERSPECTIVES ON ELIGIBILITY BEYOND TERMINAL ILLNESS

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Background: In 2021, Canada expanded access to Medical Assistance in Dying (MAiD) to eligible individuals with a grievous and irremediable disease or disability, and whose death is not foreseeable, referred to as Track-2 MAiD. This shift has ignited significant debate about patient rights, particularly autonomy, informed choice, and equitable access to healthcare. However, there is limited research on the experiences of both patients and healthcare providers, including nurses and nurse practitioners who play key roles in the MAiD processes. Given that public discourse shapes societal norms and perceptions of patient rights, analyzing media representation of Track-2 MAiD serves as a crucial first step in understanding these experiences.

Our **objectives** were to 1) explore concerns and experiences related to Track-2 MAiD and 2) critically examine how media discourse influences public perceptions of Track-2 MAiD in Canada.

Methods: A systematic search of Canadian NewsStream was conducted using targeted search terms. Three team members screened 2,723 articles and selected 97 that met the inclusion criteria. A critical discourse analysis was used to examine language, social contexts, and power dynamics within the selected articles. Ethics approval was not required.

Results are presented under six themes: 1) Challenging ableist societal values; 2) The influence of socio-political structures on individual agency; 3) Perceived pressure of MAiD on marginalized individuals; 4) Expanding MAiD access amid limited healthcare; 5) Healthcare providers' experiences with Bill C-7; and 6) The need for equitable Track-2 MAiD access.

Discussion: The findings suggest that without significant improvements in access to disability, mental health, and social services, some patients may feel compelled to choose MAiD due to a lack of viable alternatives, raising ethical concerns about the voluntariness of MAiD requests. Additionally, media portrayal of Track-2 MAiD often overlooks the lived experiences of patients and healthcare providers, complicating public understanding. Addressing these gaps requires an approach that upholds both the right to a life with dignity and the right to request MAiD as an end-of-life option.

Implications: Increasing healthcare funding and essential services, and promoting open dialogue among the public, policymakers, and MAiD providers are vital to safeguarding patient rights, ensuring both a high quality of life and safe, ethical access to MAiD.

RETHINKING JUDGMENT IN NURSING: A PATHWAY OR BARRIER TO COMPASSIONATE, ETHICAL CARE?

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Background: Compassion is a fundamental value in ethical nursing practice. While research has identified various barriers and facilitators to compassionate care such as supportive teaching environments, time constraints, and organizational culture, less is known about how nurses develop and express compassion towards patients who may be blamed for their health conditions (e.g., AIDS, obesity, and substance use disorders). This study explores how nurses provide compassionate care for unvaccinated adults with COVID-19 and examines the role of judgment in this process.

Research design: Following ethics approval, we conducted semi-structured interviews with 17 Registered Nurses from diverse practice settings in Canada who cared for unvaccinated COVID-19 patients. A generic qualitative approach guided data analysis, drawing on Martha Nussbaum's conceptualization of compassion and its cognitive requirements: 1) the judgement of size, 2) the judgement of nondesert, and 3) the eudaimonistic judgement.

Findings: Three key themes that illustrate how nurses navigate judgement and compassion were identified: 1) Encountering Extreme Workplace Impediments to Compassion, 2) Managing Emotions to Provide "Nonjudgmental Care", and 3) Practicing Narrative Imagination.

Discussion: Although nursing education, professional codes of ethics, and professional cultural expectations often emphasize "non-judgemental" care, our findings suggest this concept should be critically examined. Non-judgemental approaches may mask feelings and subconscious biases resulting in emotional detachment. Instead, the findings highlight the importance of acknowledging and reflecting on judgements, allowing nurses to move beyond them, fostering compassion. Participants initially blamed unvaccinated patients for their illness and attempted to suppress their emotions. However, through reflection, they recognized the complex life circumstances that may have contributed to vaccine hesitancy, ultimately facilitating compassionate care. Implications: Our findings highlight the need to reframe judgement in nursing practice. Instead of viewing it as a failure of professionalism, judgement should be seen as an inevitable and potentially constructive aspect of ethical care. Nursing education and professional practice standards should incorporate training on self-awareness and critical reflection to support nurses in transforming judgement into a tool for ethical and compassionate care.

ETHICAL CHALLENGES AND CONSIDERATIONS OF MEDICAL ASSISTANCE IN DYING UNDER CANADA'S EXPANDED LEGISLATION

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Background: The 2021 expansion of Medical Assistance in Dying (MAiD) in Canada through Bill C-7 extended eligibility to individuals whose deaths are not reasonably foreseeable (Track-2 MAiD). This expansion has raised ethical concerns, particularly in the context of the growing housing and mental health crises, with questions surrounding patient vulnerability, the voluntariness of consent, and access to care. Moreover, the rising demand for MAiD has placed considerable strain on healthcare providers, including nurse practitioners, physicians, and nurses, leading to significant moral and professional dilemmas.

Objectives: To 1) explore perspectives on and experiences with Track-2 MAiD among healthcare providers, patients and their families, and representatives from community support organizations, and 2) to identify gaps in the support and resources available to patients, family members and healthcare providers while navigating Track-2 MAiD requests and provisions.

Methods: Following ethics approval, survey data was collected from 55 patients and family members, as well as 72 healthcare providers, including nurse practitioners, nurses, physicians, social workers, and spiritual care providers. In addition, data (minutes, flipchart entries, and participant feedback) from two collaborative discussions was gathered from 41 stakeholders, including patient partners, healthcare providers, and community representatives. A concurrent parallel design was used for analysis, applying a descriptive approach to report findings.

The findings are presented under five main themes: 1) misinformation and mistrust; 2) barriers to access and involvement; 3) concerns regarding the impact of Track-2 MAiD on equity-deserving groups; 4) inadequate support for patients requesting Track-2 MAiD; and 5) challenges experienced by healthcare providers.

Conclusion: The findings reveal gaps in Track-2 MAiD processes prompting systems-level improvements to address these issues within the MAiD Program at the health authority where this study was conducted. They also emphasize the importance of addressing the holistic needs of patients experiencing health inequities, along with their families, by establishing a comprehensive continuum of care that integrates palliative approaches and strengthens community engagement. Given their critical role in patient advocacy and care, nurses are uniquely positioned to lead community-based, volunteer-driven initiatives to help bridge these gaps.

REPLACING “TRAGIC CASES” WITH EVERYDAY ETHICAL CHALLENGES: A NECESSARY SHIFT IN UNDERGRADUATE NURSING ETHICS EDUCATION

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Undergraduate nursing students often struggle to grasp the relevance of ethics education, perceiving it as abstract and disconnected from clinical practice. Traditional pedagogical approaches prioritize high-level ethical theories and dramatic “tragic cases,” which may seem remote from the ethical dilemmas nurses encounter in everyday care. Bioethicists have long critiqued this model, noting its limited applicability in real-world clinical settings and its failure to equip students with the moral sensitivity needed to recognize and respond to ethical tensions as they arise. This paper presents the redesign of an undergraduate nursing ethics course that reflects a relational approach to nursing ethics education, one that fosters ethical awareness and decision-making capacity by grounding learning in students’ lived experiences. Drawing on principles outlined by Liaschenko, Oguz, and Brunnquell (2006) this approach emphasizes situating the student’s own moral and professional values, interpersonal relationships between clinicians, patients and interprofessional team members, and the broader socio-political contexts in which the ethical challenges unfold to collectively determine courses of action. Facilitative educational strategies included the use of 1) a structured ethical decision-making framework to guide students’ ethical awareness, analysis and decision-making processes, 2) flipped classroom and problem-based learning techniques to engage students in pre-class preparation on ethically relevant topics, followed by collaborative discussions and case-based ethical analyses, and 3) cases that reflect routine ethical complexities encountered in healthcare practice, shifting the focus from abstract dilemmas to the moral realities of everyday clinical work. We look forward to sharing lessons learned and plans for expanding this approach to clinical ethics education within a nursing student-led community-based health clinic. By positioning ethics as an intrinsic and actional dimension of nursing practice rather than a theoretical exercise, this pedagogical shift cultivates moral resilience and professional identity. In doing so, it bridges the gap between ethical theory and practice, ensuring that ethics education is not an academic detour but vital component of clinical competence and compassionate care.

HEALTHCARE AND SOCIAL WORKERS' EXPERIENCES WITH ETHICAL CHALLENGES IN DEMENTIACARE – A QUALITATIVE STUDY

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Background: Caring for individuals with dementia places healthcare and social workers in complex ethical situations that arise as the disease progresses and patients' decision-making abilities decline. It is crucial to strike a balance between respecting patient autonomy and ensuring their safety and well-being. Such situations often involve ethical challenges that require thoughtful decision-making. Therefore, understanding the experiences of healthcare and social work professionals is essential for gaining insights into the ethical problems and challenges associated with dementia care.

The aim of this research was to describe the experiences of healthcare and social work professionals regarding ethical challenges in providing care and support for individuals with dementia.

Methods: This study is empirical, qualitative, and descriptive. It involved 21 healthcare and social work professionals (nine doctors, seven nurses, and five social workers), with whom three focus group interviews, four paired interviews, and one individual interview were conducted. The focus groups were formed based on theparticipants' professions: doctors, nurses, and social workers. Semi-structured interviews were carried out between May and June 2024. Data analysis employed an inductive approach and thematic analysis, resulting in three key themes.

The results indicate that nurses and doctors often face situations where they must balance the autonomy of individuals with dementia and the expectations of their family members during treatment and care. Social workers encounter ethical challenges related to maintaining the autonomy and dignity of individuals with dementia while ensuring quality care, despite resource limitations and a lack of care home placements. Additionally, the resolution of ethical challenges is further complicated by the insufficient effectiveness of collaboration between healthcare professionals and social workers.

Conclusions: This study explores the ethical challenges faced by healthcare and social work professionals in dementia care, highlighting the balance between patient autonomy and safety. The findings reveal that doctors, nurses, and social workers struggle with ethical challenges related to family expectations, resource limitations, and ineffective collaboration, impacting the quality of care provided.

NURSES AS KNOTS: A THEORETICAL EXPLORATION OF A NEW MATERIALIST APPROACH TO ETHICAL COMPETENCY IN NURSING

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Background: As the healthcare system is increasingly affected by systemic challenges and the nursing profession moves towards a more holistic approach to care, ethical competency has become a cornerstone of nursing education and practice. While widely used in nursing education, existing ethical frameworks (e.g. principlism, ethics of care) primarily focus on the interaction between nurses' values (beneficence) and patients' preferences (autonomy). While the pedagogical and practical merits of these frameworks are undeniable, they often overlook the material and structural factors that shape decision-making within healthcare settings. Policies, legal regulations, resource allocation, and spatial design can influence, limit, or affect patients' and nurses' agency, swaying their choices and ethical perspectives. Viewing these factors as entangled (Haraway 2011) can help to reduce the emergence of ethical dilemmas derived from positioning the nurse and the patient as the main (if not the only) actors in the decision-making process.

Aims/Objectives: This paper draws on new materialist theories to discuss the virtues of considering ethical decision-making as a dynamic process shaped by the intra-action (Barad 2007) of personal/professional values and material conditions, such as resource distribution, legal constraints, biotechnological advancements, and healthcare architectures. It argues that ethical decision-making is not limited to personal reflection or professional relationships but emerges from the interplay of people, environments and settings. Finally, it discusses the practical implication of embedding these reflections in nursing ethics education, showing how an extended understanding of ethical decision-making can enhance nurses' ethical awareness, as well as deflating moral distress that can sprouts from an individualistic view of autonomy, beneficence and polarised relationships of care.

Methodology: This paper will present a theoretical framework for an extended understanding of ethical competency. Practical examples will be used to illustrate the value of the application of this theoretical framework in ethically challenging situations.

Conclusion: The proposed framework aims to expand ethical competency in nursing by incorporating material factors. Applying this theoretical foundation to practice, nurses can enhance their ethical awareness, reduce moral distress, and navigate complex care environments more effectively.

WELL-BEING AND ETHICS AS CONTRIBUTORS FOR NURSES' CAREER CHOICES TO OLDER PEOPLE'S SERVICES: A PATH ANALYSIS

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Background: Ethically high-quality care requires skilled nurses. However, there is a growing shortage of them, particularly in older people's services. Ethical issues such as moral distress have shown negative impact on both nurses' well-being and career choices. Very little is known about early career nurses' career choices to older people's services, let alone from the perspectives of well-being and ethics.

Objectives: This study aims to test the hypothesized model about well-being at work, aligning values and support for ethics as contributors for nurses' career choices to older people's services, proposed based on literature.

Methods: A nationwide cross-sectional study was conducted electronically. The data were collected from 262 early career nurses and nursing students in 2023-2024. The survey included questions about the aligning values, support for ethics, well-being at work and career choices to older people's services. Statistical data analysis includes descriptive statistics and path analysis.

Findings: The preliminary results show that the participants were mainly female with a licensed practical nurse's degree. Their mean age was 36.7 years and work experience 3.5 years in healthcare. The majority were working in nursing homes. Personal values were more in line with professional values but less with those of the organization. Less than half had not perceived support for ethics from their managers. Participants assessed their well-being at work at the average level. Less than half had career plans to work in older people's services; however, the likelihood of working in that field decreased after graduation. This study also hypothesizes that: 1) aligning values of the profession and organization with one's own values contribute to well-being at work and career choice to older people's services, 2) perceived support for ethics contributes to well-being at work and career choice to older people's services, and 3) aligning values and support for ethics contribute indirectly to career choice to older people's services via well-being at work.

Conclusions: The knowledge gained has potential to better understand the perspectives of well-being at work and the role of values and support for ethics as contributors for nurses' career choices to older people's services. This knowledge could be useful for developing strategies and policies to promote well-being and strengthen the role of ethics to attract and retain new nurses to older people services.

SITUATIONAL JUDGMENT TESTS IN HEALTHCARE RESEARCH – THE POTENTIAL IN THE FIELD OF ETHICS

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Background: Situational judgment tests (SJTs) have been adopted in the field of medicine, particularly in student selection. There is evidence of the good reliability and validity of SJTs in medical school and training admissions. However, there is very little evidence about the use of SJT in healthcare research, and their potential in the field of ethics. In addition, various ethics concepts and phenomena are measured subjectively by using self-assessment instruments. Thus, alternative methods such as SJTs are needed in this field for more objective measurement.

Objectives: This review aimed to analyze SJTs in healthcare research and discuss their potential in the field of ethics.

Methods: A methodological systematic review focusing on the SJTs in healthcare research has been registered in PROSPERO and reported according to the PRISMA guideline. A literature search was undertaken in June 2024 in six scientific databases: APA PsycINFO, CINAHL, Cochrane Library, PubMed / Medline, SCOPUS and Web of Science. Empirical studies without time limitations were included. Quality appraisal was conducted using Joanna Briggs Institute checklists and the Mixed Method Appraisal Tool. The data were analyzed using conventional content analysis adding a discussion of SJTs potential in the field of ethics.

Findings: A total of 16 full texts were included out of 793 citations. The preliminary results show that nearly all studies were conducted either in USA or Germany. Most of the studies were cross-sectional. SJTs were used in various fields in healthcare including acute care and cancer care among other fields. SJTs were mainly used as assessment tools in the format of written or video scenarios or comprised of pictures. They were mainly used to measure competence including knowledge, skills, attributes, attitudes, empathy, decision-making, behavior and action. In most of the studies, the validity and reliability of the SJTs was evaluated showing diverse psychometric properties. Thus, applying these results in the field of ethics, SJTs have potential to measure ethical competence, ethical reasoning, moral courage, ethical decision-making and ethical action, among other concepts and phenomena.

Conclusions: The knowledge obtained has the potential to inform researchers, managers and educators about the use of SJTs in the field of ethics. Particularly to measure ethical concepts and phenomena such as ethical competence, providing an alternative method to self-assessment instruments.

EVALUATING NURSE CONSCIENTIOUS OBJECTION: APPLICATION OF A NOVEL FRAMEWORK

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Background: Certain moral beliefs and/or values about what is good and what is harmful can cause nurses and other healthcare professionals to object to participating in some clinical actions. Such objections are also called conscientious objections. Invocation of a conscientious objection (CO) can produce complexities in the health care delivery and must be carefully evaluated for its soundness.

Purpose: In this manuscript a recently developed framework, The Ethical Evaluation of a Nurse's Conscientious Objection (EENCO), is applied to expose hidden elements and nuances in a proposed or actual CO by nurses or other healthcare professionals, thereby illuminating strategies that can lessen associated harms.

Methods: The EENCO is utilized to explore two types of situations where a nurse makes a CO claim. Scenario 1 involves a nurse's reluctance to follow provider medication orders intended to relieve pain and suffering at the end-of-life. In scenario 2, a nurse objects to a visitation policy during the COVID-19 pandemic. Additionally, we provide a summary of the necessary elements of institutional policy to address claims of CO using the EENCO.

Results: Drawing on the EENCO, the two scenarios were analyzed for their ethical implications. This framework contributes to expose, scrutinize, and clarify potentially unappreciated aspects of CO claims. Steps for developing institutional policy are identified.

Discussion and conclusion: Application of the EENCO guides the analysis of the two scenarios. CO claims are explored more deeply, thereby revealing implications for the concerned person(s). Additionally, the EENCO provides guidance for the development of institutional CO policies.

THE PERCEPTIONS OF NURSES ON CHILD ENGAGEMENT IN TRIADIC COMMUNICATION IN PEDIATRIC ONCOLOGY: A QUALITATIVE STUDY

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Background: Participation in child-parent-professional triadic communication provides children with cancer the opportunity to express their needs and feelings, enhancing their understanding and control over the treatment process. Nurses play a significant role in facilitating the involvement of children with cancer in triadic communication. However, it is unclear how experienced nurses perceive their communication with children with cancer in pediatric oncology.

Aim: This study aims to describe the commonalities of experienced nurses' perceptions of including children in triadic communication and perceptions of barriers and facilitators to effective triadic communication.

Method: This study was part of a larger multisite study that used a qualitative, empirical phenomenology design. Individual semi-structured in-depth interviews were conducted with a sample of fifteen nurses from pediatric oncology with more than 3 years of experience. Thematic analysis was employed to analyze the data.

Results: Six core themes with corresponding themes and subthemes were identified. The core themes included (a) continuous professional knowledge acquisition, (b) communication skills supporting, (c) valuing emotional connections, (d) challenging ingrained beliefs, (e) perceiving professional values, and (f) limitations of nursing care models.

Conclusion: Findings highlight the need for targeted training and support for nurses to improve their engagement strategies for children with cancer in pediatric oncology settings. Improving humanistic nursing care and exploring new nursing models may pave the way for enhancing the involvement of children with cancer in healthcare and delivering superior nursing services.

Abstracts – Poster Presentations with Oral Summary

ETHICAL ISSUES RELATED TO OLDER ADULTS' CARE: INTERVIEW STUDY FOR NURSE MANAGERS IN LONG-TERM CARE SETTINGS

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Background: Nurse managers constantly face ethical issues in their work in long-term care settings for older adults due to residents' frailty and dependence of ongoing support and care. Nurse managers are responsible for the care that residents receive including how their self-determination is being respected.

Aim/objectives: Our aim was to describe the ethical issues NMs have encountered in their work. One of the research themes was ethical issues regarding residents' care and co-operation with their family members.

Methods: We randomly sampled LTCS service providers in Finland and 23 nurse managers from 7 organizations participated in semi-structured focus group interviews in 2021. We analyzed the data using inductive content analysis. The participants provided informed consent and their anonymity was guaranteed.

Results/Findings: The NMs were advocates for both residents and staff and this meant that they needed to observe practical situations closely to provide fair guidance. They emphasized the importance of being around when daily care was being provided, so that they could identify ethically challenging situations.

Conclusions: The ethical issues NMs encounter in their work relate to the residents' right to self-determination, which is constantly threatened due to the residents' high need for assistance. From NMs' perspective, being present in daily situations is a prerequisite for them to ensure that residents' self-determination is being respected. NMs role is complex, and it reflects the values of society.

TRANSITION MODELS FROM ACADEMIC TRAINING TO THE PROFESSIONAL HEALTHCARE CONTEXT

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Background: The integration of the Fundamentals of Care Framework (FoC) into nursing practice ensures patient-centered and holistic care. Yet, how newly graduated nurses adopt this framework in their first months of work remains underexplored. This study investigates the experiences of newly graduated nurses participating in the FoC-FORM training program, focusing on their process of integrating the framework into nursing care.

Aim: The primary objective is to explore the experiences of newly graduated nurses who received additional FoC-FORM training in integrating the Fundamentals of Care Framework during their first six months of work.

Secondary objectives: Providing insights to enhance academic and postgraduate training concerning the framework; Identifying strategies for more effective application in care practice.

Methods: This qualitative study employs a hermeneutic phenomenological approach based on Benner’s model. Semi-structured, in-depth interviews (60 minutes) will be conducted in a dedicated setting, using open-ended questions to explore participants' experiences. Interviews will be recorded, transcribed verbatim, and analyzed iteratively through the hermeneutic circle to identify key themes. A skilled research team will ensure methodological rigor, consistency, and validity throughout the process, allowing for flexibility in capturing emerging themes.

Expected Results: The study expects to provide a comprehensive description of how newly graduated nurses apply the Fundamentals of Care Framework, highlighting the relationship between practice and the meanings participants attribute to it. The analysis may reveal new perspectives or categories, contributing to a deeper conceptualization of nursing experience with the framework.

Conclusion: This study addresses the gap between theory and practice in applying the Fundamentals of Care Framework in nursing. By analyzing the experiences of newly graduated nurses, it identifies challenges and facilitators in framework adoption, enhancing both education and clinical practice. The findings offer insights for educators, healthcare institutions, and policymakers to promote its integration across nursing curricula and clinical environments. Additionally, the study underscores the ethical dimensions of the framework, emphasizing ethical decision-making, patient dignity, and professional accountability as essential components of nursing practice.

EVALUATING THE IMPACT OF A WEB-BASED SEXUAL VIOLENCE PREVENTION TRAINING PROGRAM FOR COLLEGE STUDENTS IN NEPAL: A PRE-TEST AND POST-TEST ANALYSIS OF KNOWLEDGE AND AWARENESS

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Background: Sexual violence is a pervasive issue worldwide, with significant health, psychological, and societal impacts, affecting one in three women globally and one in three men in the US. In Nepal, up to seven women and girls are raped daily, with most perpetrators being individuals known to the victims. Despite existing prevention efforts, underreporting, patriarchal attitudes, weak laws and policies, and social stigma exacerbate the prevalence of sexual violence. Addressing these challenges requires targeted, evidence-based educational interventions to raise awareness and foster prevention.

Objectives: This study evaluates whether a web-based educational module on sexual violence prevention can increase the knowledge and attitudes of participants, empowering them to address and prevent sexual violence in their communities and increase their confidence to support survivors of sexual violence.

Methods: This study implements and evaluates the "Consent & Respect" educational program by 3rd Millennium Classrooms, a web-based sexual violence prevention training program tailored for nursing college students in Nepal. A cohort of first-year nursing students will be enrolled in this study. They shall be provided with knowledge and competency questionnaires before and after the modules using a pre-test and post-test design to measure changes in knowledge and awareness. These modules cover topics such as key provisions of the Nepal Penal (Code) Act, 2017, concepts of consent, sexual harassment, domestic and dating violence, and stalking, the importance of giving and receiving consent, warning signs of abusive behavior, the importance of supporting survivors of sexual violence, safe and positive bystander intervention strategies to prevent violence and support victims and resources available for survivors of sexual violence.

Results: By providing culturally relevant, accessible education, the study expects to increase participants' knowledge and awareness, empower students to prevent and address sexual violence, and increase the confidence to support survivors of sexual violence.

Conclusions: This initiative has significant implications for nursing practice by emphasizing health promotion, prevention of sexual violence, and advocacy for vulnerable populations. By fostering a culture of respect and consent, this project aspires to drive positive societal change, reduce the prevalence of sexual violence, and contribute to safer communities in Nepal.

POWER OF ADULTS WITH NONCOMMUNICABLE DISEASES IN THE PATIENT-PROFESSIONAL RELATIONSHIP

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Background: Power relations between patients and healthcare professionals are inherently imbalanced. Recognising, acknowledging and balancing power between professionals and patients is essential to fostering equity in care partnerships which are the foundation of care in noncommunicable diseases (NCD). However, power is still rarely recognised and acknowledged in healthcare interactions. This is partly due to the complexity and abstract nature of the concept power. Thus, summarising the current evidence is needed for promoting the balance of power in relationships between adults with NCD and professionals.

Aim: This systematic qualitative review aimed to analyse power of adults with NCD from their own perspective in the patient-professional relationships with nurses and physicians.

Methods: Four databases (PubMed, CINAHL, Web of Science, SocINDEX with Full Text) were searched from January 1991 to February 2025. Two researchers independently screened the title, abstract and full text using Rayyan-tool. Manual search of references as well as complimentary manual searches were done by first author to confirm inclusion of relevant studies. Two researchers independently assessed methodological quality of the included studies (n = 26) using JBI Checklist for Qualitative Research. One study was excluded as it did not meet the set quality criteria. Final analysis (n = 25) will be conducted following the reflexive thematic analysis by Braun & Clarke (2006, 2022) in February-April 2025.

Results: First phase of data analysis has given preliminary insight that the data consists of rich depictions of power and related factors which will answer to the aim of this review. The results also highlight important aspects to both clinical practice and future research, especially the need to increase attention to power in practice and as the primary focus in future research inquiries.

Conclusions: The power dynamics in patient-professional relationships are relevant for nursing ethics and practice. This review can provide a comprehensive and novel description of the power of adults with NCD in the context of their care relationships, which could inform future interventions and policies to support patient empowerment and enhance the equity in partnerships. Results of the final analysis (available in August) and further research will be necessary to confirm these initial observations and provide definitive conclusions.

TIME MANAGEMENT SKILLS, ACADEMIC PROCRASTINATION , TEST ANXIETY AND ACADEMIC PERFORMANCE AMONG NURSING STUDENTS IN OMAN: A DESCRIPTIVE CORRELATIONAL STUDY

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Background: Anxiety, Stress, Poor performance and Burnout are often due to poor time management skills and procrastinating habits. These often result in behavioral issues among students and can continue into their professional lives as a nurse. Time management skills play an important role in mitigating anxiety and academic procrastination among nursing students.

Aim: to correlate between time management and academic procrastination, test anxiety and academic performance.-to associate certain sociodemographic variables to time management skills, academic procrastination, test anxiety and academic performance.

Methods: Descriptive Correlational Design was used.560 students in Diploma, BSN and Bridging enrolled by Convenience Sampling. Time Management Questionnaire, Academic Procrastination Scale and Test Anxiety Inventory were used.

Results: Overall, the respondents have only a fair level of time management skills (X = 2.78, SD = 0.40). On the subscales of time management skills, the respondents sometimes employ time planning activities (X = 2.62, SD = 0.65). Some have a good attitude toward time (X = 2.56, SD = 0.58) while some others reported that they sometimes engage in time wasting activities (X = 3.17, SD = 0.79). The correlational findings are as follows. There is a significant positive correlation between time management skills and time planning ($r(553)=0.655$, $p<0.01$) and between time planning and time attitude ($r(553)=0.564$, $p<0.01$).There is a significant negative correlation between time planning and time waster ($r(553)= -0.243$, $p<0.01$) and between time attitude and time waster ($r(553)= -0.142$, $p<0.01$). A significant positive correlation exists between time waster and academic procrastination ($r(553)=0.265$, $p<0.01$) and between time waster and test anxiety ($r(553)=0.087$, $p<0.05$)A significant positive correlation exists between academic procrastination and test anxiety.A significant positive relationship exists between time management skills and CGPA for the previous semester ($F=3.226$, $p<0.01$) as well as having been at risk for probation ($t=2.032$, $p<0.05$). Bivariate analysis showed a significant relationship between students' time management skills and their gender, age , marital status, school, current year of study.

Conclusion: Developing strong time management skills not only helps students perform better academically also shapes their professional ethical values as future nurses. It paves way for a less stressful study or work atmosphere.

THE EXAMINATION OF MORAL SENSITIVITY DEVELOPMENT IN FRESHMEN AND SENIOR NURSING STUDENTS

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“This ePoster presentation was supported and funded by the TÜBİTAK 2224 - A Grant Program for Participation in Scientific Meetings Abroad (Application Number: 1919B022503446)

Background: The question of developing moral sensitivity during nursing education or which factors contribute to students' moral sensitivity is fundamental to direct ethics education. Despite studies published on nursing students’ moral sensitivity, some suggest a need for more evidence comparing moral sensitivity in freshmen and senior nursing students.

Aim: This study aims to compare the moral sensitivity of freshmen and senior nursing students.

Methods: This descriptive and correlational study consisted of 292 students in the nursing department of a public university in Türkiye. Data were collected through an online survey using the Descriptive Information Form and the Moral Sensitivity Questionnaire. Institutional permissions and ethics committee approval (Date: July 27, 2023, No: 262) were obtained. Data were analysed using descriptive statistics, independent-samples t test, and Pearson's correlation coefficients.

Results: The mean moral sensitivity scores were 97.93 ± 30.09 and 92.86 ± 25.26 for the freshmen and the senior students, respectively. Both the freshmen and senior nursing students had moderate levels of moral sensitivity. Moreover, no statistically significant difference in mean moral sensitivity scores among nursing students was found based on education level and gender, whether taking ethics education or participating in clinical practices ($p > 0.05$). On the other hand, the moral sensitivity level of students who were satisfied with the nursing program was higher than those who were not ($p < 0.01$). There was no correlation between age and the level of moral sensitivity ($p > 0.05$).

Conclusions: The students had moderate moral sensitivity, and moral sensitivity did not significantly change based on their education level. Longitudinal studies could be conducted to assess nursing students’ moral sensitivity over time. Nursing programs could be revised to prepare nurse educators to implement innovative and active teaching strategies in ethics education and increase their students' moral sensitivity.

AI AS A TOPIC FOR THE DEVELOPMENT OF ETHICAL COMPETENCE

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Background: The aim of developing ethical competence in the Bachelor's degree programme in nursing is to enable students to reflect on ethical dilemmas in an action- and practice-oriented manner and to consolidate an attitude of responsibility. In recent years the topic of AI has become increasingly dynamic. AI is the starting point for ethical discourse, for example by discussing the option of including chatbots in ethical counselling. At the same time, AI can also be a tool in ethics courses, for example to provide initial access to new information.

Aim: The aim is to find out which ethical challenges in nursing are currently dominating discourses in connection with AI and what this means for future ethical teaching content and associated ethical competence development in bachelor's degree programs.

Methods: A literature review is used to analyse which specific care ethics challenges in connection with AI have been described in the literature to date. The focus is on literature from the last 10 years. The starting point is the question of which ethical challenges are presented in connection with AI and how these have so far been incorporated into ethics courses in nursing for competence development.

Results: The results should contribute to a more targeted approach to ethical content and discourse in degree programs and to sensitising teachers to AI.

Conclusions: The results of the literature review on ethical dilemmas in nursing care in connection with AI are intended as a contribution to the development of ethical competence in bachelor's degree programs in nursing.

EVALUATION OF HEALTH LITERACY ON FAMILY ENGAGEMENT IN THE ADULT INTENSIVE CARE UNIT (ICU) SETTING

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Background: Family engagement is an essential component of safe and effective care in the intensive care unit (ICU) setting. Many families remain limited on their involvement in the care of their family members in the ICU. Research shows the founding principles of engagement are collaboration, information sharing/communication, partnering and active involvement in care. However, family engagement remains complex and there is little guidance on how to execute it.

Aim: This inquiry aims to find evidence to support providing health care related information through a web-based platform increases family engagement of patients in the ICU setting.

Methods: The following three electronic databases were searched: PubMed, CINAHL, and Google Scholar. Studies published in the last ten years and in English were included in the search. MeSH terms included health literacy and family engagement. General search terms included health literacy, family engagement, ICU setting and family support. A total of 137 articles were identified, and 8 were included in the final review. The 8 studies in this literature review included qualitative and quantitative studies.

Results: Family engagement contributes to safe, effective, and quality care in the ICU setting. Increasing health literacy knowledge through information sharing is considered crucial to its success. This knowledge helps families make decisions. Otherwise, nurses feel they are making or “talking families into” making decisions due to the family’s lack of knowledge or understanding. When resources aren’t available to families, it leads to frustration for nurses. There is little to no research on how the process of information sharing should occur. It is found to be complex and little is known about effective practices.

Conclusion: In this time of the digital decade, technology should be utilized to create a platform to connect with families. The possibilities are left open for organizations to explore existing platforms. Important factors to consider are literacy levels and user comfort level with digital technologies. There is supporting evidence that providing health care information to families of patients in the ICU can lead to increased family engagement. The findings of this literature review support the development of a web-based platform accessible to families to promote health literacy.

EMPLOYMENT QUALITY FROM DECENT TO PRECARIOUS WORK IN NURSING AND CARE WORK

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Background: In the care sector, the rationalization, privatization and commercialization have turned sector towards precarious; therefore, decent work has been called for care work by ILO. Existing health and social care systems, and societies, seem to fail to provide care workers with secure, predictable, and ethically sustainable decent working conditions. Precarious work harms not only the well-being of workers, but is a threat to patient care quality.

Aim: To identify original studies about decent and precarious work in the care sector.

Methods: A systematic review searched six databases. The dimensions of decent and precarious work were analyzed deductively using the Employment Quality Framework by UNECE. After screening 6,272 records and 92 full-texts, five decent work and 13 precarious work studies were included.

Results: Scarce evidence was available on decent work in the care sector, whereas rich in-depth data described precarious work. Five contextual factors were common, though opposite, in decent and precarious work: employment contract, position, financial situation, age, and work experience. Decent and precarious work included all the dimensions outlined in the Employment Quality Framework. Of the outcomes, decent work increased, and precarious work decreased physical and mental health and empowerment, whereas turnover was decreased by decent work and increased by precarious work. Specifically long-term care has become an important venue of precarious work.

Conclusion: This review is the first to synthesize research evidence on decent and precarious work in nursing and care work, confirming that they are opposite concepts of employment quality. Migrant care workers in long-term care environments faced pronouncedly precariousness, which poses challenges in ethical recruitment policies globally. Also, young care workers should be provided opportunities to fully engage in their work and organizations. Training is crucial for managers, as it decreases authoritarian and controlling management practices. Overall, organizations and policymakers need to thoroughly discuss the value societies place on care work which cannot be replaced by technology. Aging societies increasingly need workers who are ready for hard and "dirty" work that is, at its best, deeply human, and meaningful. Care work can no longer be based on "calling" and exploitation; it deserves decent pay, fair working conditions, and sustainable employment policies.

CITIZEN PERSPECTIVE TO ETHICS IN EHEALTH – ANALYSIS OF ENCOUNTERED ETHICAL ISSUES

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Backround: The study examines citizens experiences and perceptions of ethical issues encountered in eHealth services, and development proposals concerning ethically sustainable eHealth services. Previous research has identified various ethical concerns experienced by users in the context of eHealth services, highlighting the need to consider citizens' perspectives when developing ethically sustainable solutions. Despite this, limited research has explored citizens' views on how ethical issues in eHealth services could be addressed and improved.

Aim: The aim of this study is to generate user-centered knowledge and development proposals of ethical issues of eHealth services that can inform the design and implementation of ethically sustainable and functional eHealth services in social and health care.

Method: The data of the descriptive qualitative study were collected through semi-structured thematic interviews and analysed using inductive thematic analysis. The software package NVivo 20 for Windows was used to store texts and to organize a systematic reading.

Results: The results reflect citizens' perceptions of their experiences and perceptions of ethical issues encountered in eHealth services and provide development proposals that can inform the design and development of ethically sustainable and functional eHealth services. Data analysis identified three major themes and several subthemes. Citizens brought up ethical issues and development proposals related to Autonomy, Privacy and Beneficence. They emphasized the importance of having their opinions considered in the development of new digital systems.

Conclusions: While citizens had noticed numerous benefits to using eHealth, they also were aware of ethical issues present while using eHealth services. Citizens are well perceived of them and have also considered development proposals. Little research has been done on the topic so far, so eHealth-user-focused research is needed in the future to address the ethical challenges associated with the use of eHealth services and avoid any discrimination. There is need to design a variety of ethically sustainable eHealth services, considering their availability and the preservation of alternative services.

BREAKING THE BARRIERS: ETHICAL CONSIDERATIONS IN PROMOTING PARTICIPATION FOR PEOPLE WITH INTELLECTUAL DISABILITIES

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Background: Ethical dilemmas frequently arise in the care of people with intellectual disabilities, particularly concerning their participation in decision-making about their care and service planning. While autonomy and self-determination are widely recognized as fundamental rights, tensions persist between ensuring protection and enabling meaningful participation.

Aim: The study examined how individuals with intellectual disabilities participate in their care, ways to enhance participation, and the ethical challenges caregivers and organizations face in balancing duty of care with autonomy.

Method: A systematic literature review was conducted to identify relevant studies through literature search performed in April 2024 across eight electronic databases: PubMed (Medline), CINAHL (Ebsco), Social Science Database, Scopus, Web of Science, APA/ PsycINFO (Ebsco), Embase, and SocINDEX and supplemented by a manual search. The data was analysed using inductive content analysis.

Results: The findings highlight two contrasting environments that shape participation: enabling and hindering. An enabling environment is characterized by organizational support, including structured ethical discussions, power awareness, and responsiveness to worker concerns. In contrast, a hindering environment is driven by paternalistic practices, risk aversion, and family or staff concerns about emotional distress and potential harm. Caregivers may feel pressured to prioritize safety and duty of care over autonomy, sometimes leading to restrictive practices that limit individuals' involvement in decision-making. Additionally, a lack of organizational support structures contributes to uncertainty and inconsistent approaches among staff.

Conclusion: A shift towards a more balanced ethical framework is needed, where autonomy and safety are not seen as opposing forces but as interconnected principles. Training and ethical reflection opportunities for caregivers can enhance power awareness and encourage practices that support informed participation rather than overly protective restrictions. Strengthening organizational support structures, including supervision and counselling for staff, can promote ethical decision-making that respects both the rights and well-being of individuals with intellectual disabilities. Further research is needed, especially on the perspectives of individuals with intellectual disabilities and how organizational culture shapes ethical practices in their care.

OLDER INDIVIDUALS’ EXPERIENCES OF AUTONOMY AT HOME

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Background: Older individuals want to stay at home as long as possible and feel themselves safe and autonomous. Home is the place where the older individuals feel comfortable being oneself, which in turn helps to preserve feeling of safety and maintain one´s independency and freedom. Living elsewhere, like moving into senior homes or 24-hour service housing, does not seem like a good option. However, long-term health impairments threaten the older individual's ability to cope at home.
Aim/ objectives: to find out how to support older individuals’ autonomous living at home living at home with home care services.
Methods: This study was part of a larger mixed-methods study investigating the experience of safety of older individuals at home. The research design was phenomenological inquiry. Ricœur’s hermeneutic phenomenological analysis method was followed including naïve reading, structural analysis and comprehensive understanding. The data were collected from older individuals with an interview frame. The study involved a total of sixteen older individuals, 13 women and 3 men, in long-term professional home care.
Findings: The older individuals felt that there was nothing to complain about in the current home and they would live there as long as possible, getting up in the morning at one´s own pace and enjoy oneself. Older individuals felt they could express their own opinions. The ability to carry out desires as well as the difficulty of movement limited the autonomy of the older individuals becoming dependent on others. They thought aging and decreased long-term health status might prevent participation in decision-making in the future or being heard.
Conclusions: The opportunity to make choices, being autonomous, independent and safety promote living at home for the older individuals. The future research topic could be to find out how the quality of life of older individuals affects their perceived autonomy, sense of freedom and safety at home.

RECRUITMENT OF INFORMANTS FOR INTERVENTION STUDIES – THE CASE OF AN INFORMATIONAL PRIVACY INTERVENTION FOR PARAMEDICS

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Background: Patient's informational privacy (IP) is a challenge in prehospital emergency care (PEC). Research from the field is scarce but urgently needed. In intervention studies, recruitment and retention often prove to be the Achilles' heel. Despite the preparation, researchers fail to recruit to target, resulting in underpowered trials with poor generalizability of findings, particularly when targeting pressured healthcare professionals. However, their involvement is essential for enhancing healthcare. These challenges are recognized, but study reports often lack descriptions of recruitment difficulties.

Aim: To reflect the recruitment and retention efforts for an intervention aimed to improve paramedics' theoretical knowledge about patient's IP and impact positively to their attitudes related to privacy.

Methods: A quasi-experimental design with pre- and post-tests was used, including a comparison group. In spring 2024, Finnish paramedics from two rescue services were recruited and cluster-randomized into intervention (IG) and control group (CG). Recruitment and retention were initially assessed as challenging due to the uncontrolled and hectic nature of PEC work. Various recruitment methods, approved by the ethics committee, were used: providing information well in advance through written materials and face-to-face interactions, motivating with movie tickets, and sending reminders during data collection. The IG completed the ethics intervention, a self-study online course regarding patient's IP, while the CG continued following the organization's instructions. In data collection, The Knowledge and Attitude towards Patients' IP instrument, developed for this study, was used.

Results: Statistically significant differences in mean changes between groups were detected in Self assessed knowledge 5.56 (95% CI; 0.66, 10.47) and Objective knowledge 3.31 (95% CI; 1.37, 5.24). Despite the several contacts, the study failed to recruit to target, limiting the results' power and generalizability. Presumably, the intervention may have appeared too time-consuming and thus committing to the research seemed too heavy alongside the hectic work. Despite the small sample size (n=38) and a drop-out rate of 36.8%(14/38), the results were promising.

Conclusion: Successful recruitment requires thorough planning and identification of both likely and unlikely challenges. The study's burden shouldn't be underestimated. Flexibility and providing a realistic time estimate are essential.

BARRIERS AND SOLUTIONS TO SPEAKING UP IN CLINICAL SETTINGS AMONG SENIOR NURSING STUDENTS

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Background: “Speaking up” is a crucial patient safety behavior. Nurses who advocate for safety and address unprofessional behavior among healthcare providers experience lower burnout and greater job satisfaction. While nursing students can often identify safety concerns, observed errors, or rule violations, most choose to remain silent in risky situations. Even with appropriate training, over a third hesitate to speak up when patient harm is possible. More advanced students are even less likely to speak up compared to their less experienced peers. Common barriers include fear of negative reactions, uncertainty about how others will respond, the presence of patients, and a perceived lack of effectiveness in addressing concerns.

Aim: This study explores the barriers senior nursing students have encountered or anticipate encountering when speaking up for patient safety and professional behavior in healthcare settings.

Methods: A one-hour, semi-structured focus group interview will be conducted. Students fluent in English, age 18+, and with senior standing in spring 2025 are eligible. Those who consent will be assigned to groups of up to 10, with a maximum of 30 participants. Structured, open-ended questions will explore their experiences speaking up or facing clinical challenges. Sample questions include: Have you ever encountered a clinical situation where you felt the need to speak up for patient safety or advocate for a peer? How did you handle it? What barriers prevent you from speaking up, or what motivates you to voice concerns?

Results: This ongoing study is in the data collection phase, with interviews expected to conclude by March 2025. Recordings will be transcribed, de-identified, and verified for accuracy. Data will be analyzed using Braun and Clarke's thematic analysis, with investigators independently identifying preliminary themes. The investigators will then collaborate to assess similarities across the dataset and develop final findings. Simple demographic variables will be analyzed using descriptive statistics, including frequencies, percentages, means, and standard deviations.

Conclusion: Speaking up is essential for ensuring patient safety, preventing errors, and fostering a culture of accountability in healthcare. Identifying and understanding barriers will help develop targeted solutions to equip new graduate nurses with the confidence and skills needed to advocate for patient safety and effectively navigate workplace challenges after graduation.

NAMING AND EXPLAINING THE DIAGNOSIS: DEFINING DIAGNOSTIC DISCLOSURE IN THE ACUTE CARE SETTING THROUGH CONCEPT ANALYSIS

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Background: Patients are often unaware of their medical diagnoses, impeding their ability to effectively self-manage their conditions. Diagnostic disclosure can enhance patient awareness, understanding, and adherence to recommended treatments and care plans. Diagnostic disclosure refers to how providers make diagnoses known to patients. Published literature about diagnostic disclosure is limited to dementia, autism, and cancer, and although diagnostic disclosure commonly occurs during hospitalization, what it entails is rarely considered in this setting. Developing a clear definition of diagnostic disclosure in acute care is essential to understand its potential impact.

Aim: Develop a conceptual definition of diagnostic disclosure in the acute care setting.

Methods: Four databases (PubMed, CINAHL, Scopus, EMBASE) were searched using keywords and controlled vocabulary to identify studies related to diagnostic disclosure among adult populations in the acute care setting. The Walker and Avant approach to concept analysis was employed to identify defining attributes, antecedents, and consequences of diagnostic disclosure in the acute care setting.

Results: Thirty-five articles (1994-2023) out of 2,908 reviewed were included for analysis. No articles provided a definition of diagnostic disclosure. Defining attributes of diagnostic disclosure were identified as The Disclosure Process, Diagnostic Content (i.e., name, explanation), and The Patient’s Right. Antecedents included Provider Attitudes and Beliefs, Provider Skill, Patient Characteristics, Patient Curiosity, Characteristics of the Diagnosis, Cultural Context, Family Consent, Environment, and The Diagnostic Process. Consequences included Information Seeking, Shared Decision-Making, Grief and Coping, Disease Adaptation, Strengthened Relationships, Adherence and Self-Care, and Well-Being and Quality of Life. Model, Borderline, Related, and Contrary Cases further circumscribe the concept.

Conclusions: Diagnostic disclosure has three defining attributes, nine antecedents, and seven consequences and is now defined as a process through which a healthcare provider names and explains a patient’s diagnosis, fulfilling the patient’s right to be adequately informed. This definition advances our current understanding of diagnostic disclosure with implications for acute care practice. A clearly defined concept sets the foundation to measure, predict, and investigate diagnostic disclosure and its impact in acute care.

DIGITAL SKILLS ALSO REQUIRE ETHICAL SKILLS IN CANCER CARE

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Background: In cancer care, digital skills are required. However, high-quality ethical care also demands from professionals' ability to apply ethical skills in clinical practice.
Aim: In this review, we aim to examine ethical skills as part of an international review of digital skills to identify the needs for future education and research (Funded by the Eu4Health 101101253).
Methods: Database searches for the systematic literature review were conducted in PubMed, CINAHL, Web of Science, Scopus, Cochrane, and ERIC to identify studies until March 2023. The inclusion criteria were the digital skills of health care professionals in cancer care, as described by the health care professionals themselves, their colleagues, patients, or significant others. The quality of the studies was assessed with CASP tool. Data was analysed with inductive content analysis.
Results: The search produced 4,563 records, of which 24 studies related to professionals' digital skills were included (12 qualitative, 10 quantitative, one mixed methods design, and 1 strategy paper) in the original analysis. Ethical skills were described in five studies. Ethical skills were one of the six main categories, describing required skills, existing skills and development areas of the skills in cancer care. Sub-categories for ethical skills were 1) protecting patients' privacy, 2) ensuring confidentiality, and 3) ensuring patients' consent. The main emphasis was in required and development areas of the skills, and no existing skills were described in the included studies.
Conclusions: Research on ethical practice as part of digital skills in cancer is limited. Ethical digital skills are identified as part of required and those to be developed in cancer care, but there is no research evidence in existing skills. This shows a need to be addressed both in the future education and research. Ethical practise serves as the foundation for delivering care, irrespective of whether it is administered through traditional face-to-face interactions or via digital solutions.

PREREQUISITES FOR ETHICAL LEADERSHIP – AN INTEGRATIVE LITERATURE REVIEW

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Background: Ethical leadership is crucial in health and social care organizations facing workforce shortages, structural challenges, and increasing ethical complexities. Poor leadership contributes to staff dissatisfaction, while ethical leadership fosters integrity, trust, and well-being. However, the existing research primarily focuses on organizational and employee perspectives, leaving a gap in understanding leaders' views on the prerequisites for ethical leadership.

Aim: This integrative literature review aims to identify and synthesize the key prerequisites for ethical leadership in health and social care settings, specifically from the perspective of leaders and managers.

Methods: A systematically conducted integrative literature review was registered in PROSPERO and followed PRISMA guidelines. A comprehensive search was conducted across PubMed, CINAHL, Medic, Cochrane, Business Source Ultimate, and Sociology Source Ultimate, supplemented by reference list screening. Eligible peer-reviewed empirical studies in English, Finnish, or Swedish that examined ethical leadership from a leader's perspective were included after quality assessment with The Mixed Methods Appraisal Tool. Nine studies were selected and the data were analyzed using inductive content analysis, involving data extraction, open coding, category formation, thematic synthesis, and interpretation.

Results: Five key prerequisites for ethical leadership were identified. (1) Leaders' Personal Characteristics and Competencies – The courage to act in alignment with ethical principles, combined with appropriate education. (2) Organizational and Work Community Support – A supportive work environment and leadership commitment. (3) Ethical Organizational Culture –Transparent policies and a work culture that promotes ethical values. (4) Ethical Guidelines – Clear guidelines for decision-making. (5) Resources – Sufficient time, financial resources, and an appropriately sized workforce to support ethical leadership in health and social care settings.

Conclusions: Ethical leadership requires key prerequisites to align leaders' personal values with organizational structures, fostering trust, accountability, and ethical decision-making. This review highlights that effective ethical leadership relies on both leaders' personal commitment and structural support from organizations. The insights gained can contribute to developing leadership practices and policies that strengthen ethical leadership in healthcare and social care.

NURSE'S EXPERIENCES AND COPING STRATEGIES IN INTENSIVE CARE IN FACING DEATH: A QUALITATIVE PHENOMENOLOGICAL STUDY

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Background: Death is a phenomenon encountered daily by various professionals in the course of their work. Among them, nurses are particularly exposed to this reality, often facing it with regularity. However, there is a pervasive tendency to overlook or suppress the emotional impact of these experiences, resulting in a reluctance to openly discuss them.

Objective: The aim of the study is to explore the nurses' experiences when faced with the death of their patients and to identify the coping strategies they adopt to navigate these challenging situations.

Research design: A qualitative phenomenological approach was employed, utilizing semi-structured interviews to gather in-depth insight.

Participants and research context: The study involved 10 nurses with at least one year of experience in general intensive care units or cardiothoracic surgical ICUs, selected through purposeful sampling to ensure diverse professional backgrounds. Data collection took place between July and September 2023, following detailed briefings with the area manager, ICU coordinator, and individual participants.

Ethical considerations: The study was approved by the University Director and the Hospital Nursing Management, ensuring ethical compliance and transparency.

Results: The main theme that emerged was that nurses consider the death event as an integral part of a person's life. To deal with and manage these moments, nurses use different methods of coping, the most frequent being communication and comparison between colleagues. The experience allows nurses to learn how to manage the complexity of the event by completing and enriching what they learned during the training period.

Conclusions: The study, by exploring nurses' experiences and the strategies they employ to cope with patient death, provides valuable insights that can serve as a foundation for future research. These findings have the potential to inform interventions aimed at supporting healthcare professionals in managing situations with high emotional impact more effectively.

WORKING AS A REGISTERED NURSE DURING MENOPAUSE – A CHALLENGE TO ETHICAL LEADERSHIP?

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Background: Menopause is a natural phase of life that affects all women at some point and can last up to 15 years. It is associated with various psychological, physical, and social challenges that may impact work ability. Nursing is a demanding profession that often involves shift work, which can present additional challenges during menopause. Menopause has been linked to cognitive difficulties, and research indicates that night shifts may exacerbate menopausal symptoms. However, workplace challenges related to menopause, including those from a managerial perspective, have not yet been sufficiently recognized or addressed, despite existing recommendations for supporting work ability.

Aim: The aim of the study was to describe ageing registered nurses´ experiences of working during menopause.

Methods: The data were collected from registered nurses aged 45 and over, using two different methods. Quantitative data (n=3487) were gathered in January 2023 and analyzed using descriptive statistics. Qualitative data were obtained through individual interviews (n=23) during summer 2023, with participants randomly selected among quantitative survey respondents (n=718 volunteered for the interview). Interviews continued until data saturation was reached and were analyzed using inductive content analysis.

Results: Understanding nurses experience of working during menopause is central part of ethical leadership. Menopause may alter nurses working ability which need to be considered in leadership. Understanding of menopause and its impact on work was limited in nurses' workplaces. Menopause remained a taboo topic, with perceived differences in how it was addressed across genders and generations, even within the social and healthcare sector. Nurses did not receive adequate support from their supervisors or occupational health services during menopause, despite experiencing various challenges.

Conclusions: The impact of menopause on nursing work remains insufficiently recognized in workplaces, leadership, and occupational health services. From an ethical perspective, supervisors have a responsibility to support employees' well-being during menopause, yet current support appears inadequate.

ALTRUISM – A HISTORICAL RELIC OR STILL A PART OF THE MODERN NURSING PROFESSION? A CONCEPT CLARIFICATION

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Background: The concept of altruism is a universal phenomenon that involves the principle or practice of unselfish concern, prioritising the welfare, and interests, of others before one's own. In the nursing context there is ambiguity surrounding whether altruism is a historical relic not applicable to modern healthcare or still an important part of being a nurse.

The aim with this study was to clarify the meaning of altruism for nurses in the encounters with patients.

Methods: This analysis used concept clarification according to Catherine Norris. A systematic literature search in the databases CINAHL, PubMed, MEDLINE and PsycINFO was performed and original qualitative or quantitative papers describing the meaning of altruism from nurses' perspective were included.

Results: A suggested description of altruism in nursing could be "A willingness and conduct to put the others interest, safety and comfort before your own, despite personal costs, a motivator and a moral orientation for doing good for the other, out of a professional responsibility". Through a willingness to sacrifice and prioritise others, driven by a moral orientation of doing good, and with a professional responsibility towards patients and their families, nurses act altruistically. This behaviour leads to compassionate, person-centred care, which in turn provides nurses with positive feelings as making a difference, and work pleasure.

Conclusions: Altruism remains a natural part of the nursing profession when it comes to caring for patients. Clarifying the concept, along with a definition, model and hypothesis, could be of importance for research aimed at further exploring nurses' willingness to provide care in routine healthcare as well as in future health challenges and crises.

PREVALENCE AND PREDICTORS OF PARENTAL STRESS AMONG SQU EMPLOYED PARENTS DURING PANDEMIC PERIOD

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[1] Sultan Qaboos University, Muscat, Oman

Background: The wide spread of pandemic disease has brought in a sudden but dramatic change within our society. “Stay Home” is one of the key measures for all, specifically parents and children (Narzisi, 2020). Working from home has become a forced choice among parents and while taking care of children, not knowing how long this sudden change will continue. Hence this study aims to identify the parental stress as most employees are expected to work from home during pandemic period as well as manage multiple roles at home.

Aim: The research aims to understand the parental stress while dealing with children and working from home during pandemic period.Objectives:1. to identify parental stress among employees in Sultan Qaboos University.2. to identify the influencing factors of parental stress (Age, Education, Occupation, Working from home)3. to identify the predictors of parental stress (long working hours, family support system).

Methodology: Using a quantitative descriptive approach, a cross sectional survey was conducted among employees of Sultan Qaboos University, including administrative and college staffs. A convenient sampling technique was used to select the participants in this survey. Parental Stress Scale is a 5-point Likert scale, which has been widely used to record parenting stress while dealing with children. The scale has 18 items addressing different aspects of parenting were used in this study.

Results: One hundred and eight participants completed the cross sectional survey. 84.3 % were multinational females working 8 hours /day and having children between 1 to 6 numbers. 91.7% reported to work in office after the lockdown. 55.6 % of participant children were below 5 years of age. More than 50 percent had family support, yet 32.4% reported that they get stressed. 74.1% felt caring for children consumed more time and energy. 87.1% reported they didn’t do enough for their children. 18.5% felt children were main source of stress. 30.6% felt children brought financial burden and difficult in balance responsibilities. 17.6 % reported parenting as overwhelming, yet 57.4 % were satisfied being parent. Overall parental stress scores were 82% specifically during the pandemic which is higher stress score.

Conclusion: The study findings concluded that the employed parents experience high level of stress during the pandemic period. Findings of the study can be used to promote coping and adjustment strategies among parents working from home.

Human Rights and Nursing Awards

JANE LENG – CHAIR

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At each International Nursing Ethics conference, the Human Rights and Nursing Awards are presented to two nurses in recognition of their outstanding commitment to human rights. These awards, which are run through the Nursing Ethics journal, exemplify the essence of nursing's philosophy of care. We remain indebted to an anonymous donor for the very generous funding of these prizes which were first given in 2001 and have since gained in momentum. They have been given to nurses working in different settings, from the Gaza Strip to Australia, from the Republic of Ireland to Cambodia, Brazil and India on projects involving the poorest people, as well as pioneering innovative care, social advocacy and teaching health care personnel in all types of settings. The aim of the Awards is to give nurses visibility and to celebrate those whose work fosters international respect for human rights and dignity of people everywhere. Further information about these awards is available at: https://journals.sagepub.com/page/nej/human-rights-and-nursing-awards

Closing Remarks

DEAR DELEGATE

The Conference Organizing Committee, warmly invites and welcomes you to the 26th International Nursing Ethics Conference that will take place on August 27-28, 2026. The 2026 conference is organized by the Faculty of Nursing, University of Regina, in collaboration with the international Editorial Board of the journal Nursing Ethics.

When: August 27-28, 2026
Where: At University of Regina, Faculty of Nursing, Regina, Saskatchewan, Canada
https://www.youtube.com/watch?v=23bgFIVsvZY&t=8s
Theme of the Conference: "Pandemic and Disaster Preparedness and Response: Ethical and Cultural Perspectives"
Abstracts are invited for oral presentations, posters and symposia to address the conference theme by February 28th, 2026. Please visit the conference webpage for more details on the call for abstracts, guidelines for abstract submission, registration, travelling to Regina, and accommodation options. The conference link is:
https://www.uregina.ca/nursing/nursing-ethics-conference/index.html

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