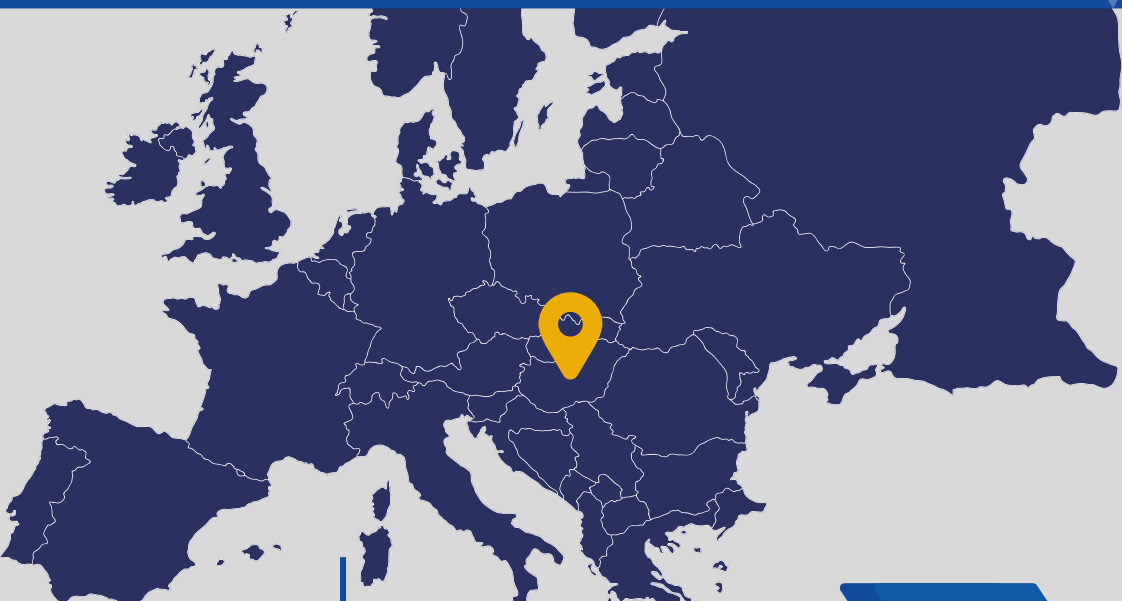




PROGRAM AND ABSTRACT BOOK



3RD CENTRAL EUROPEAN NURSING CONFERENCE 2025 BUDAPEST

14-15 November, 2025

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BOOK OF ABSTRACT

WELCOME



Dear Guests and Colleagues,

It is our privilege to invite you to the **3rd Central European Nursing Conference**, to be held at the Faculty of Health Sciences, Semmelweis University, on **14-15 November 2025**.

Fifty years ago, Hungary established its first Faculty of Health Sciences within the framework of the Postgraduate Medical Institute, taking decisive steps toward the development of higher education in nursing. Thirty-five years ago, the first full-time diploma nursing program commenced in Budapest. The 1990s created the conditions for the launch of college-level nursing programs in several cities across the country, each supported by distinguished universities. Subsequent university integrations and alignment with European Union standards laid the foundation for further development and for enhancing the quality of education.

Since then, nursing education has undergone remarkable transformation. Today, programs are conducted under state-of-the-art educational conditions, supported by the most advanced teaching technologies. Numerous national, European, and international projects have contributed - and continue to contribute - to the advancement of nursing education. Even prior to Hungary's accession to the European Union, the first graduates of master's-level nursing programs entered the profession, lending new momentum to the development of nursing. Parallel to this, opportunities opened for nurses in the field of health sciences to engage in research and pursue academic degrees.

A further milestone was reached in the 2017/2018 academic year with the launch of specialized nursing education at the university level, following several years of preparation. Since 2021, Hungary has formally recognized advanced practice nursing education, with six areas of specialization offering graduates enhanced competencies, expanded professional authority, and new responsibilities. The importance of nurses holding bachelor's and master's degrees is now well established in the domestic labour market, while advanced practice nurses are increasingly recognized as key contributors to healthcare delivery.

With this background, **the Faculty of Health Sciences, Semmelweis University**, in collaboration with **Faculty of Health Sciences, Medical University of Lublin and the Chair of Integrated Nursing Care, Faculty of Health Sciences, Medical University of Lublin, Jessenius Faculty of Medicine in Martin, Department of Nursing, Comenius University in Bratislava, Faculty of Medicine, Department of Nursing and Midwifery, University of Ostrava**, is honoured to host the 3rd Central European Nursing Conference.

The conference aims to provide an academic platform for sharing professional experiences, presenting current research, and addressing both common and country-specific challenges in nursing practice and education.

We warmly welcome colleagues from all areas of nursing past and present, academic and clinical to join us for this important international meeting in Budapest.

Gabriella Bednáríkné Dörnyei PhD

Dean, Head of Department, College Professor

Zoltán Balogh PhD

Vice Dean, Head of Department, College Professor

ORGANIZERS

Faculty of Health Sciences,
Semmelweis University in Budapest

WITH PARTNER INSTITUTIONS

Faculty of Medicine, Department of Nursing and Midwifery,
University of Ostrava

Jessenius Faculty of Medicine in Martin, Department of
Nursing, Comenius University in Bratislava

Chair of Integrated Nursing Care Faculty
of Health Sciences Medical University of Lublin

HONORARY PATRONAGE:

Gabriella Bednáríkné Dörnyei PhD

dean of the Semmelweis University Faculty of Health Sciences

SCIENTIFIC AND ORGANISATION COMMITTEE:

Zoltán Balogh PhD, chair, vice dean, head of department, (HU)

Beata Dobrowolska, Medical University of Lublin (PL)

Katarína Žiaková, Comenius University (SK)

Darja Jarošová, University of Ostrava (CZ)

Ágnes Baloghné Horváth, Administrative expert, (HU)

Éva Mária Kálmán, international coordinator, (HU)

Krisztina Anna Kelemen, event organizer, (HU)

Attila Lőrincz PhD(c), master teacher, (HU)

Márta Mihályné Hídvégi PhD(c), (HU)

Erzsébet Horváthné Kónya PhD(c), (HU)

Katalin Papp PhD, secretary of CHHCP, (HU)

András Fehér, communication officer of CHHCP(HU)

Henriett Éva Hirdi PhD, vice-president of CHHCP(HU)

Mónika Horváth Mátésné, office-manager of CHHCP(HU)



CONFERENCE SCHEDULE



Friday 14th November 2025

8:30-10:00	Registration – 3rd floor
10:00-10:30	Welcome & conference opens
10:30-11:15	Keynote speakers
11:15-11:30	Coffee Break
11:30-12:45	Sessions 1.
13:00-13:45	Group picture & Lunch
13:45-15:30	Sessions 2.
15:30-15:45	Coffee Break
15:45-16:45	Workshop: VR in nursing education
16:45-17:00	Closing of the conference day
18:00-21:00	Conference dinner

Saturday 15th November 2025

9:00-09:10

Morning welcome

9:10-10:00

Poster Presentations

10:00-10:30

**Introduction of Nursing
Skill Labs**

10:30-12:30

Sessions 3.

12:30-12:45

End of Conference

12:45

Lunch



DETAILED PROGRAM

Friday, 14th November 2025

08:30 - 10:00

Registration

Semmelweis University Faculty of Health Sciences
Vas Street 17 Budapest VIII. District
3rd floor

10:00 - 10:30

Welcome and conference opens

Lecture Hall 335

Gabriella Bednáríkné Dörnyei PhD

Dean, Head of Department, College Professor

Introduction of the Semmelweis University Faculty of Health Sciences

Zoltán Balogh PhD

Vice-Dean, Head of Department, College Professor

10:30 - 11:15

Keynote Speakers

Nursing and Nursing Education in the Czech Republic

Darja Jarosova PhD

Professor

University of Ostrava Faculty of Medicine, Czech Republic

How are nurses in the Slovak Republic motivated to work in hospitals?

Radka Kurucová PhD

assistant professor

Jessenius Faculty of Medicine in Martin Department of Nursing,
Slovakia

Nursing and Nursing Education in Hungary

Zoltán Balogh PhD

Vice-Dean, Head of Department, College Professor

11:15 - 11:30

Coffee Break

11:30 - 12:45

Session 1.

13:00- 13:45

Group picture

Lunch

13:45-15:30

Session 2.

15:30-15:45

Coffee Break

15:45-16:45

Workshop: Virtual Reality demonstrations in Wound Care

Mariann Csernus PhD

Honored Associate Professor

Semmelweis University Faculty of Health Sciences, Budapest, Hungary

16:45-17:00

Closing of the conference day

18:00-21:00

Conference dinner

Trófea Grill Restaurant Újbuda

Hauszmann Alajos Street 6b Budapest XI. District



Saturday, 15th November 2025

09:00 - 09:10

Morning Welcome

Lecture Hall 335

09:10 - 10:00

Poster Presentations

10:00-10:30

Introduction of Nursing Skill Labs

10:30 - 12:30

Session 3.

12:30-12:45

End of Conference

12:45

Lunch



SESSIONS – DETAILED SCHEDULE

Day 1 - 14th of November, 11:30-12:45

Session 1.

CHALLENGES AND DIFFICULTIES IN EVERYDAY NURSING PRACTICE

Chairpersons: Katalin Papp PhD and Radka Kurucová PhD

11:30 – 11:45

BETWEEN SAFETY AND DIGNITY. A CARE ETHICS PERSPECTIVE ON PHYSICAL RESTRAINTS IN CARE.

MARTINA NEBOŠKOVÁ PHD

ASSISTANT PROFESSOR

COMENIUS UNIVERSITY IN BRATISLAVA, SLOVAK REPUBLIC

11:45 – 12:00

A COMPREHENSIVE ANALYSIS OF ETHICAL, ORGANIZATIONAL, AND INTERPERSONAL CHALLENGES FACED BY NURSES: IMPLICATIONS FOR WORKFORCE RETENTION AND QUALITY OF CARE

CHIOMA GIFT ISRAEL

NURSING STUDENT

UNIVERSITY OF DEBRECEN FACULTY OF HEALTH SCIENCES,
NYÍREGYHÁZA, HUNGARY

12:00 – 12:00

LIGHT IN THE QUIET ROOM: THE EMOTIONAL STRENGTH BEHIND EVERY ICU SHIFT

MOHAMMED SHARIF

INTENSIVE CARE UNIT NURSE

FARUK MEDICAL CITY, SULAYMANIYAH, IRAQ

11:45 – 12:00

**CHALLENGES AND DIFFICULTIES IN NURSING PRACTICE: A
SYSTEMATIC REVIEW OF GLOBAL EVIDENCE (2015–2025)**

CHIOMA GIFT ISRAEL

NURSING STUDENT

UNIVERSITY OF DEBRECEN FACULTY OF HEALTH SCIENCES,
NYÍREGYHÁZA, HUNGARY

12:30 – 12:45

**CHALLENGES AND SUPPORTS IN THE TRANSITION OF NEWLY
GRADUATED NURSES: A SCOPING REVIEW**

ABU BAKER

REGISTERED NURSE

SEMMELWEIS UNIVERSITY GERIATRICS CLINIC AND RESEARCH CENTRE
OF NURSING, BUDAPEST, HUNGARY

Day 1 - 14th of November, 13:45-15:45

Session 2.

INNOVATION AND BEST PRACTICES IN NURSING & RESULTS OF NURSING RESEARCH

Chairpersons: Zoltan Balogh PhD and Darja Jarosova PhD

13:45 – 14:00

ON THE SOCIAL CONTEXT OF CARE: LOVE LABOUR AND CARE POVERTY

ATTILA DOBOS PHD

SENIOR LECTURER

SEMMELWEIS UNIVERSITY FACULTY OF HEALTH SCIENCES, BUDAPEST,
HUNGARY

14:00 – 14:15

PERSPECTIVES ON STIGMATIZING ATTITUDES AMONG NURSES IN A PSYCHIATRIC HOSPITAL: A PILOT STUDY

KORNÉLIE KANTOROVÁ

PHD STUDENT IN NURSING SCIENCE

UNIVERSITY OF OSTRAVA FACULTY OF MEDICINE DEPARTMENT OF
NURSING AND MIDWIFERY, CZECH REPUBLIC

14:15–14:30

MENTORSHIP IN NURSING: REFLECTIONS FROM STUDENTS AND MENTORS

MARTINA LEPIEŠOVÁ PHD

ASSISTANT LECTURER IN NURSING

COMENIUS UNIVERSITY IN BRATISLAVA JESSENIUS FACULTY OF
MEDICINE IN MARTIN DEPARTMENT OF NURSING, SLOVAKIA

14:30 – 14:45

**INTRODUCING FOHNEU: ADVANCING OCCUPATIONAL HEALTH
NURSING IN EUROPE**

HENRIETT ÉVA HIRDI PHD

PRESIDENT

THE FEDERATION OF OCCUPATIONAL HEALTH NURSES WITHIN THE
EUROPEAN UNION

VICE-PRESIDENT

CHAMBER OF HUNGARIAN HEALTHCARE PROFESSIONALS

14:45– 15:00

BEST PRACTICES IN THE FIELD OF NURSING

MUHAMMED AHMED

NURSING STUDENT

UNIVERSITY OF DEBRECEN FACULTY OF HEALTH SCIENCES,
NYÍREGYHÁZA, HUNGARY

15:00– 15:15

**REIMAGINING NURSING EDUCATION IN CENT: INNOVATIVE
PATHWAYS TO SHAPE TOMORROW'S CAREGIVERS**

TIJO JERIS JAMES

NURSING STUDENT

UNIVERSITY OF DEBRECEN FACULTY OF HEALTH SCIENCES,
NYÍREGYHÁZA, HUNGARY

15:15–15:30

**ENHANCING NURSING EDUCATION THROUGH VISUALIZATION AND
CASE-BASED LEARNING**

AVNI BERISHA

REGISTERED NURSE

UNIVERSITY OF PÉCS CLINICAL CENTRE DEPARTMENT OF
ORTHOPAEDICS, HUNGARY

15:30–15:45

COFFEE BREAK

Day 2 - 15th of November, 10:30 - 12:45

Session 3.

THE IMPACT OF AI ON NURSING AND NURSING EDUCATION & THE FUTURE OF THE NURSING PROFESSION

Chairpersons: Hirdi Henriett PhD and under consideration

10:30 – 10:45

INTEGRATING OBJECTIVE ASSESSMENT METHODS INTO SIMULATION-BASED NURSING EDUCATION

ATTILA LŐRINCZ

MASTER TEACHER

SEMMELWEIS UNIVERSITY FACULTY OF HEALTH SCIENCES, BUDAPEST,
HUNGARY

10:45 – 11:00

EVALUATING HIGH-FIDELITY SIMULATION IN NURSING EDUCATION: A MIXED-METHODS STUDY AMONG INTERNATIONAL STUDENTS

MIGUEL ANGELO VICTOR ONTOG

APN MSC STUDENT

SEMMELWEIS UNIVERSITY FACULTY OF HEALTH SCIENCES, BUDAPEST,
HUNGARY

11:00 – 11:15

EFFECTIVENESS OF CLINICAL SIMULATION IN FOSTERING TEAMWORK AND COMMUNICATION SKILLS AMONG STUDENTS IN NURSING EDUCATION

JOY NGOZI IRABOR

NURSING STUDENT

UNIVERSITY OF DEBRECEN FACULTY OF HEALTH SCIENCES, NYÍREGYHÁZA,
HUNGARY

11:15–11:30

OPPORTUNITIES FOR THE APPLICATION OF ARTIFICIAL INTELLIGENCE IN THE CLINICAL PLACEMENT SUPERVISION OF INTERNATIONAL NURSING STUDENTS

ÁDÁM ATTILA SZÜCS

SPECIAL NEEDS EDUCATOR AND THERAPIST– SPEECH AND LANGUAGE THERAPIST

SEMMELWEIS UNIVERSITY DEPARTMENT OF GERIATRICS AND CENTRE OF NURSING SCIENCE, BUDAPEST, HUNGARY

11:30–11:45

THE FUTURE OF NURSING BEYOND TECHNOLOGY: INTEGRATING AI, HOLISTIC PRACTICE, AND EDUCATIONAL INNOVATION REDEFINING MENTAL HEALTH NURSING

ARIANA JEANNE CHUA

NURSING STUDENT

UNIVERSITY OF DEBRECEN FACULTY OF HEALTH SCIENCES, NYÍREGYHÁZA, HUNGARY

11:45–12:00

THE PROMISE AND REALITY OF AI IN NURSING PRACTICE

SAAD MAQSOOD RAJA

STUDENT

UNIVERSITY OF DEBRECEN FACULTY OF HEALTH SCIENCES, NYÍREGYHÁZA, HUNGARY

12:00–12:15

MUSIC THERAPY IN A RESIDENTIAL CARE HOME

JUDIT STALLER

MASTER TEACHER

SEMMELWEIS UNIVERSITY FACULTY OF HEALTH SCIENCES, DEPARTMENT OF NURSING SCIENCE
BUDAPEST, HUNGARY

12:15–12:30

ALERTASSIST: A SMART MOBILITY AID TO ENHANCE TRANSPORTATION ACCESS FOR ELDERLY AND DISABLED POPULATIONS

LUCIA OBISANYA

NURSING STUDENT

UNIVERSITY OF MISKOLC FACULTY OF HEALTH SCIENCES, HUNGARY

POSTER PRESENTATIONS – DETAILED SCHEDULE



POSTERS

MENTAL HEALTH INTERVENTIONS IN GERIATRIC CARE: INTEGRATING HEALING OF BODY AND SOUL AT THE SEMMELWEIS UNIVERSITY GERIATRIC CLINIC

ÁDÁM ATTILA SZÜCS

SPECIAL NEEDS EDUCATOR AND THERAPIST, SPEECH AND LANGUAGE THERAPIST

SEMMELWEIS UNIVERSITY GERIATRICS CLINIC AND CENTER FOR NURSING SCIENCES, BUDAPEST, HUNGARY

CYBERSECURITY AS AN INTEGRAL PART OF NURSING PRACTICE

MICHAELA PŘIBÍKOVÁ

ACADEMIC ASSISTANT

MEDICAL COLLEGE, PRAGUE, CZECH REPUBLIC

THE IMPORTANCE OF THE ERAC RECOMMENDATION IN PATIENT CARE AND NURSING, ESPECIALLY IN CASE OF ANTIPHOSPHOLIPID SYNDROME

MÁRTA MIHÁLYNÉ HIDVÉGI

MASTERTEACHER

SEMMELWEIS UNIVERSITY FACULTY OF HEALTH SCIENCES DEPARTMENT OF NURSING, BUDAPEST, HUNGARY

THE IMPORTANCE OF DYSPHAGIA SCREENING IN GERIATRIC INPATIENT WARDS

DAJANA PERTET

VOICE, SPEECH AND SWALLOWING THERAPIST

SEMMELWEIS UNIVERSITY, CENTER FOR GERIATRIC CARE AND NURSING SCIENCE, BUDAPEST, HUNGARY

HEALTH LITERACY AS PART OF NURSE TRAINING IN THE 21ST CENTURY

MARTIN KRAUSE PHD

ASSISTANT PROFESSOR

MEDICAL COLLEGE IN PRAGUE, CZECH REPUBLIC

EVALUATION OF QUALITY OF LIFE IN SHIFT-WORKING NURSES ACCORDING TO CHRONOTYPE

HANA LOCIHOVÁ PHD

ASSISTANT PROFESSOR

UNIVERSITY OF OSTRAVA FACULTY OF MEDICINE RESUSCITATION AND
INTENSIVE CARE MEDICINE DEPARTMENT OF NURSING AND MIDWIFERY
AND DEPARTMENT OF ANAESTHESIOLOGY, CZECH REPUBLIC

IMPACT OF SLEEP QUALITY ON THE OCCURRENCE OF DELIRIUM IN HOSPITALIZED PATIENTS: COMPARISON BEFORE AND AFTER AN INTERVENTION

DARJA JAROSOVA PHD

PROFESSOR

UNIVERSITY OF OSTRAVA FACULTY OF MEDICINE, CZECH REPUBLIC

QUALITY OF LIFE OF HUNGARIAN PATIENTS WITH HUNTINGTON'S DISEASE AND THEIR FAMILIES

KLÁRA SZILVIA MERKEI-SZALAI

NURSE

SEMMELWEIS UNIVERSITY INSTITUTE OF GENOMIC MEDICINE AND RARE
DISORDERS, BUDAPEST, HUNGARY

THE IMPORTANCE OF TEAMWORK IN THE COMPLEX CARE OF GERIATRIC PATIENTS

ANDREA VIRÁG

CLINICAL LEAD NURSE

SEMMELWEIS UNIVERSITY, CENTER FOR GERIATRIC CARE AND NURSING
SCIENCE, BUDAPEST, HUNGARY

PREVENTION OF POLYPHARMACY-RELATED IATROGENY IN GERIATRIC PATIENTS – EXPERIENCE FROM THE CENTER FOR GERIATRIC CARE AND NURSING SCIENCE

DORINA MARKOVICS

HEAD NURSE

SEMMELWEIS UNIVERSITY, CENTER FOR GERIATRIC CARE AND NURSING
SCIENCE, BUDAPEST, HUNGARY



BOOK OF ABSTRACT



Keynote Speakers

Darja Jarosova PhD

Professor

University of Ostrava Faculty of Medicine, Czech Republic

Nursing and Nursing Education in the Czech Republic

The development of nursing is closely linked to nursing education. It took place from medieval hospitals, through the establishment of the first hospitals in the 18th century and the organization of volunteer care, to professional nursing education from the end of the 19th century. Nursing gradually developed from charitable care to organized care. In the interwar period of the last century, independent nursing services in families organized by the Czechoslovak Red Cross developed, and many private nursing schools were also established. After 1945, secondary medical schools were established in the then Czechoslovakia, preparing nurses and other secondary health professionals. With the emergence of modern hospitals, education and nursing focused primarily on hospital care. Since the 1960s, Czech nurses have been able to study nursing at universities, but only as part of their pedagogical education (nursing teachers in secondary schools). Undergraduate education for nurses as a regulated profession (according to EU directives) was launched in the Czech Republic in 2002 at universities (Bc) and higher vocational schools (diploma). Nursing education has gradually been extended to a master's degree (including specializations) and a doctoral degree. With the development of the field and changes in education, the concept of nursing has also changed from a biomedical model (disease-focused nursing) to patient-focused nursing (nursing process with holistic care). The development of nursing and nursing practice in the Czech Republic will in the coming years be directed towards: the introduction of Competency-Based Education in nursing; the introduction of Advanced Practice Nursing/Advanced Practice Nurse (ICN, 2020); the preparation of a concept of Community Nursing.

Keywords: Nursing, Nursing Education, Czech Republic

Radka Kurucová PhD

assistant professor

Jessenius Faculty of Medicine in Martin Department of Nursing, Slovakia

Martina Tomagová

Associate Professor

Comenius University in Bratislava Jessenius Faculty of Medicine in Martin Department of Nursing, Martin, Slovakia

Katarína Žiaková

Professor

Comenius University in Bratislava Jessenius Faculty of Medicine in Martin Department of Nursing, Martin, Slovakia

Juraj Čáp

Associate Professor

Comenius University in Bratislava Jessenius Faculty of Medicine in Martin Department of Nursing, Martin, Slovakia

Ivana Bóriková

Associate Professor

Comenius University in Bratislava Jessenius Faculty of Medicine in Martin Department of Nursing, Martin, Slovakia

Peter Matejovie

Master of Nursing

Comenius University in Bratislava Jessenius Faculty of Medicine in Martin Department of Nursing, Martin, Slovakia

How are nurses in the Slovak Republic motivated to work in hospitals?

Aims: Identify the intensity of types of work motivation among hospital nurses in the Slovak Republic and determine the relationships between demographic/work characteristics and various forms of their work motivation.

Methods: The study has a cross-sectional descriptive correlation design. The sample consisted of 1023 nurses from 11 hospitals in the Slovak Republic. Data were collected from February to May 2025 using the Multidimensional Work Motivation Scale (MWMS). Statistical analyses included descriptive measures and generalized linear modeling with quasi-Gaussian assumptions. Cronbach's alpha for the subscales of MWMS ranged from 0.80 (externalized material regulation) to 0.92 (identified regulation). Nurses responded to 19 statements using the 7-point Likert scale (1 'not at all' to 7 'exactly').

Results: Based on the raw scores from the MWMS, the average levels reflecting each motivational construct. The highest average motivation was observed in intrinsic motivation ($M = 5.1$) and identified regulation ($M = 5.1$). Amotivation had the lowest average score ($M = 1.3$). We found several significant relationships between nurses' characteristics and different types of work motivation. Nurses who had completed specialized and certification studies had higher intrinsic motivation with increasing years of practice ($\beta = 0.012$; $p = 0.015$), and this type of education is significantly related to increasing intensity of introjective regulation ($\beta = 0.326$; $p = 0.003$) and material regulation ($\beta = 0.566$; $p < 0.001$).

Nurses had significantly lower identified motivation compared to nurse managers ($\beta = -0.310$; $p = 0.008$). Nurses in surgical ($\beta = 0.451$; $p = 0.002$) and intensive care units ($\beta = 0.575$; $p = 0.006$) who were in a relationship had significantly higher amotivation.

Conclusions: Intrinsic and identified motivation prevailed among hospital nurses as part of autonomous motivation. Understanding work motivation requires a detailed analysis of a complex combination of influencing determinants.

Recognizing the diversity of work motivation among hospital nurses and its determinants can help tailor management strategies aimed at supporting it and thus reducing the turnover of nurses from hospital departments.

Keywords: Work motivation, Nurses, Hospitals, Slovak Republic

Supported by VEGA 1/0123/24: Work motivation and its impact on nurse turnover: sequential explanatory mixed method study

Zoltán Balogh PhD

College Professor,

Semmelweis University Faculty of Health Sciences, Hungary

Nursing and Nursing Education in Hungary

19th century, alongside Red Cross and religious nursing, the emergence of professional nurse training laid the foundations for the future direction of the field. In the early 20th century, the Association of Male and Female Nurses of Hungary was established, playing an invaluable role in developing the national nursing education system and supporting professional advancement. The pandemics of the early 20th century brought renewed attention to the importance of nurses, leading to the creation of new roles and training programs within public health services. Following World War II, the political environment significantly hindered the autonomy and progress of the nursing profession. A major change came with the establishment of the first College Faculty of Health Sciences in Budapest, which initially focused on training professionals for nursing education and the management of nursing units.

A true turning point arrived during the political transition of the 1990s, when professional associations were once again allowed to operate. The founding of the Hungarian Nursing Association and its initiatives marked the beginning of a new era. The launch of the bachelor's degree program in nursing in the 1989/1990 academic year, followed by the introduction of university-level nursing education in 2001, represented major milestones. The pinnacle of development came with the opportunity to obtain a doctoral degree in health sciences, further elevating the status of the nursing profession. The Department of Nursing was established in the 2008/2009 academic year as part of the Institute of Nursing Science and Health Education, evolving from the former Nursing Group. After institutional restructuring, it became part of the Institute of Applied Health Sciences, and by the late 2010s it began to operate independently.

The past decade has been marked by continuous development, professional expansion, active participation in international relations, and the preservation of traditions. Although the English-language BSc Nursing program started in the 2011/2012 academic year, enrolment numbers began to increase significantly only after 2015. A new dimension in nursing education was introduced in 2017 with the launch of the Advanced Practice Nurse (APN) program, offering four specializations. In addition to coordinating the two-cycle Hungarian and English nursing programs, the Department also manages a specialized postgraduate training course, organizing and supporting twenty-one cohorts annually. Furthermore, the Department plays a significant role in nursing science research, addressing the national nursing shortage, promoting the nursing profession, contributing to healthcare policymaking, and expanding international cooperation.

Keywords: Nursing, Nursing Education, Hungary

Session 1

Challenges and Difficulties in Everyday Nursing Practice

Martina Nebošková PhD

Assistant professor

Comenius University in Bratislava, Slovak Republic

Between Safety and Dignity. A Care Ethics Perspective on Physical Restraints in Care.

The use of physical restraints in care is one of the most controversial practices in nursing. The application of patient restraint by nurses is primarily motivated by the imperative to maintain safety, not only that of the patient, but also of the healthcare personnel and others who may be endangered by the patient's behavior. At the same time, nurses strive to uphold the principles of patient autonomy and dignity, prevent injuries caused by restraints, and avoid potential psychological harm. This ethical tension frequently leads to moral distress when nurses must decide whether to use physical restraints. This contribution explores the circumstances under which the use of physical restraints may be morally justifiable and when it instead represents a failure of care. Traditional ethical approaches such as deontology, utilitarianism, and principlism, fall short in capturing the complexity of individual needs and patient experiences. The purpose of this contribution is to analyze this issue within the care ethics framework, which emphasizes vulnerability, relationality, contextuality, and responsiveness to the specific needs of individuals. The concept of relational autonomy within care ethics has the potential to minimize the risks of paternalism and dehumanization in care. Through reflection on the moral implications of care and the four phases of care as defined by Joan Tronto, we highlight the need for a reflective, sensitive, and individualized approach rooted in an ethical framework that enhances patient dignity. Thus, care ethics offers an alternative framework that helps overcome reductive decisions between safety and autonomy, while serving as a practical tool to alleviate the moral distress of nurses in clinical practice.

Keywords: Physical Restraints, Care Ethics, Relational Autonomy, Dignity, Safety, Moral Distress

Chioma Gift Israel

Nursing Student

University of Debrecen Faculty of Health Sciences, Nyíregyháza, Hungary

A Comprehensive Analysis of Ethical, Organizational, and Interpersonal Challenges Faced By Nurses: Implications for Workforce Retention and Quality of Care

Aims: The study aims to identify ethical, organizational, and interpersonal problems that affect nurses' professional practice, workforce retention, and quality of care. The objectives included summarizing literature on important stressors, investigating their impact on job satisfaction and care outcomes, and creating evidence-based methods to improve nurse retention and well-being.

Methods: An integrative literature review was carried out on peer-reviewed studies published between 2015 and 2025. Databases such as CINAHL, PubMed, and Scopus were searched using keywords such as nursing ethics, workplace environment, interpersonal relations, and staff retention. Studies from five nations, the United States, the United Kingdom, China, Nigeria, and Hungary, were selected to represent varied healthcare systems and cultural contexts. Useful papers were evaluated for quality, and thematic analysis was used to discover recurring patterns and drivers that influence worker stability and care quality.

Results: Three major ideas arose. (1) Ethical obstacles such as moral suffering and resource constraints. (2) Organizational challenges such as staffing shortages, leadership deficiencies, and workload demand. (3) Interpersonal challenges such as communication barriers, incivility, and a lack of teamwork. These characteristics were associated with burnout, lower work satisfaction, and increased turnover intentions. Encouraging management, positive ethical climates, and strong cooperation were linked to higher retention and better care results.

Conclusions: Stressors at the ethical, organizational, and interpersonal levels negatively impact nurse well-being and patient safety. To improve ethical support, professional respect, and organizational resources, comprehensive measures are required.

To avoid burnout and maintain a high-quality nursing workforce, healthcare organizations can foster ethical competence, supportive leadership, and team cohesion through mentorship, resilience training, and ethics consultation services.

Keywords: Ethical, Nurse, Shortage, Workforce, Satisfaction, Quality, Care

Mohammed Sharif

Intensive Care Unit Nurse

Faruk Medical City, Sulaymaniyah, Iraq

Light in the Quiet Room: The Emotional Strength Behind Every ICU Shift

Background: Nursing in the Intensive Care Unit (ICU) is one of the most emotionally demanding experiences in healthcare. In Iraq, nurses often work under high pressure, limited equipment, and emotionally charged environments. Yet, amidst the alarms and silence of the ICU, compassion, courage, and human connection remain at the heart of care. This presentation reflects on the emotional resilience of ICU nurses and how empathy sustains the quality of care even in resource-limited settings.

Methods: This study draws upon my direct clinical experience as an ICU Nurse at Faruk Medical City in Sulaymaniyah, Iraq. A reflective observational approach was applied to analyze communication patterns, teamwork, and emotional responses during critical cases. Insights were gathered from daily practice, focusing on decision-making under pressure, coping strategies, and interactions with patients' families.

Results: Findings reveal that ICU nurses consistently balance emotional pain and professional responsibility. Despite long shifts, equipment shortages, and moral distress, empathy and teamwork serve as vital coping mechanisms. Nurses' ability to provide emotional support to both patients and colleagues significantly improves morale and patient outcomes. Small acts of compassion — holding a patient's hand, offering comfort to a grieving family — often become the most powerful interventions in care.

Conclusions: Intensive care nursing transcends technical skills; it represents the union of emotional strength and clinical precision. The silence of the ICU is filled with the quiet bravery of nurses who carry both the weight of responsibility and the light of compassion. Recognizing and supporting this emotional dimension of nursing is essential to sustaining humanity in critical care worldwide.

Keywords: Intensive Care Nursing, Emotional Resilience, Compassion, Teamwork, Nursing Challenges, Iraq

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Challenges and Difficulties in Nursing Practice: A Systematic Review of Global Evidence (2015–2025)

Aims: The purpose of this analysis is to examine the current issues that nurses encounter in clinical practice and their impact on professional development and patient care. The goals were to:

- Identify and characterize frequent challenges reported within the last decade,
- Evaluate their implications for nursing and healthcare delivery
- Identify workforce priorities for healthcare executives

Methods: A systematic literature review was conducted in accordance with the PRISMA principles. We searched PubMed, CINAHL, Scopus, and Google Scholar for peer-reviewed research articles published between 2015 and 2025 featuring key words like "nursing challenges," "staff shortages," and "burnout." Altogether, 22 research articles from 11 nations met the inclusion criteria. Data was obtained and thematically evaluated to identify common problems and their apparent effects on nurses and patient care.

Results: Workload and staffing shortages were repeatedly identified as the most pressing issues, leading to burnout, decreased job satisfaction, increased turnover, and decreased patient safety. Other important obstacles involved emotional and psychological stress, physical strain, communication and interpersonal challenges, ethical quandaries, restricted possibilities for advancement in their careers, and detrimental effects on nurses' individual lives. Many of these challenges were compounded by insufficient staffing numbers, suggesting systemic workforce issues as the primary cause.

Conclusions: In nursing practice, staffing shortages and excessive workload continue to be the most pressing issues, according to findings from the past decade. Tackling these concerns is critical to preserving nurse welfare and providing excellent patient care.

Healthcare leaders should prioritize evidence-based staffing, helpful leadership, and appropriate resources distribution. Incorporating these measures can help with nurse retention, work satisfaction, and patient safety, especially in the post-pandemic environment.

Keywords: Nursing, Workload, Evidence-based, Shortages, Systematic Review

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Challenges and Supports in the Transition of Newly Graduated Nurses: A Scoping Review

Background: The transition from student to registered nurse is a vulnerable period marked by “transition shock,” where newly graduated nurses (NQNs) face professional, emotional, and organizational demands. Although nursing education provides theoretical preparation, many NQNs struggle with workload, communication, and patient safety issues when entering practice. Understanding both the challenges and the supports available is crucial for improving retention, professional development, and patient outcomes.

Aims: This scoping review explored (1) the challenges and difficulties experienced by NQNs during their transition to practice and (2) the strategies and supports that facilitate adaptation.

Methods: Following Arksey and O’Malley’s framework and reported in line with PRISMA-ScR, a systematic search of PubMed, CINAHL, Scopus, and Google Scholar was conducted. Peer-reviewed studies published between 2001 and 2024 were eligible. After screening, 20 studies were included. Data were charted for study characteristics and synthesized thematically.

Results: The review included 20 studies, revealing common challenges faced by newly graduated nurses. Many experienced transition shock, marked by emotional stress and uncertainty around their new professional role. Heavy workloads, staffing shortages, and time pressures contributed to fatigue, burnout, and patient safety concerns, particularly in medication management and clinical handovers. Night shifts added further strain due to reduced support and greater autonomy. Communication difficulties with multidisciplinary teams also emerged as a recurring issue. However, structured support, such as mentorship, preceptorship, residency programmes, and peer networks was consistently linked to improved confidence, competence, and retention during the transition period.

Conclusions: The transition to practice is shaped by both individual readiness and workplace support. Addressing staffing, leadership, and structured mentorship is critical to protect NQNs’ wellbeing, ensure patient safety, and strengthen workforce retention.

Keywords: Newly Graduated Nurses, Transition to Practice, Transition Shock, Workplace Support, Nurse Retention, Patient Safety

Session 2

Innovation and Best Practices in Nursing & Results of Nursing Research

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On the social context of care: Love Labour and Care Poverty

This presentation explores the evolving landscape of care through the lens of social theory, health sociology, with a practical outlook on nursing. Drawing on the syndemics model, we examine how biological and social factors interact to exacerbate health inequalities, particularly in contexts of care deficit and care poverty. The concept of love labour – emotionally engaged work rooted in deep relational interdependencies – is central to understanding the invisible yet essential forms of caregiving that sustain individuals and communities.

We trace the transformation of caring from a personal, affective practice to a complex socio-political phenomenon shaped by global care chains, shifting family structures, and labour market dynamics. The taxonomy of caring relations (Lynch, 2007) and Tronto's definition of care as a reparative activity provide a framework for analysing the multifaceted nature of care work. We highlight the emergence of care poverty (Kröger, 2019, 2022), where individuals experience unmet care needs – personal, practical, and socio-emotional – despite increasing demand and shrinking supply.

This interdisciplinary inquiry underscores the urgency of recognising care as both a moral and political issue. By integrating insights from sociology, ethics, and nursing, we advocate for a renewed commitment to care justice and affective equality. The presentation aims to stimulate dialogue on how specialised nursing can respond to these challenges and contribute to more equitable care systems.

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Perspectives on Stigmatizing Attitudes among Nurses in a Psychiatric Hospital: A Pilot Study

Aims: The aim of this pilot study was to assess the stigmatizing attitudes of nurses employed in a psychiatric hospital and examine their relationship to gender and age. Furthermore, we explored the association between attitudes and mental health knowledge.

Methods: A quantitative cross-sectional study was conducted among 45 nurses employed in a psychiatric hospital in the Czech Republic (May–August 2025). Data were collected using the Community Attitudes toward the Mentally Ill (CAMI) scale and the Mental Health Knowledge Schedule (MAKS), supplemented with demographic information and job assignment.

Results: Most nurses demonstrated positive attitudes, 80 % supported community integration and 69 % rejected isolation. Forty percent of responses related to perceived dangerousness and the location of facilities in residential areas were neutral, indicating persistent uncertainty among nurses. Mental health knowledge was good ($M = 46.9$; $SD = 6.0$), but no statistically significant association with attitudes was found. No differences in attitudes were observed by gender or age. The reliability of the MAKS and CAMI subscales Social Restrictiveness and Benevolence was low, probably due to the small sample size and frequent neutral responses.

Conclusions: Nurses working in a psychiatric hospital demonstrated predominantly positive attitudes; however, uncertainty persisted in the domains of perceived dangerousness and community integration. Mental health knowledge did not prove to be a decisive factor in shaping stigmatizing attitudes.

Despite daily contact with patients with mental illness, nurses continue to show uncertainty in certain areas. The findings highlight the need for interventions that combine nurse education with targeted anti-stigma programs. Such programs should focus on areas where nurses exhibit uncertainty and simultaneously strengthen their role in destigmatization.

Keywords: Stigma, Mental Illness, Psychiatric Hospital, Nurses, Attitudes, Knowledge

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Mentorship in Nursing: Reflections from Students and Mentors

Background: Nurses, the largest professional group in healthcare, play a pivotal role in service delivery. The global shortage of nurses threatens care accessibility and quality, driven by low interest, limited resources, and premature retirements. High workloads, globalisation and internationalisation, and recruitment at various levels exacerbate the shortage, contributing to “brain drain” and staffing challenges. The issue extends to nursing students, frequently leaving their studies prematurely due to insufficient preparedness, low self-confidence, or challenging learning conditions. In this context, effective mentorship is vital, supporting their professional development and hands-on learning in clinical settings, ultimately shaping competent future nurses.

Aims: To explore the perceived characteristics, expectations, benefits, and challenges of mentorship in nursing from the perspectives of nursing students, mentors, and the head nurse of a selected clinical setting at a Slovak university hospital.

Methods: Two focus groups (seven students; eight mentors), along with one semi-structured interview with the head nurse, were conducted within the qualitative descriptive study. Thematic analysis (Braun & Clarke, 2006, 2013) identified nine themes.

Results: Positive characteristics, or benefits, of mentorship were highlighted, including the fostering of students’ confidence and self-assurance, integration into the team, and development of professionalism. Students expected mentors to demonstrate patience, though perceptions of the mentee-mentor relationship ranged from friendly to professional. Negative aspects, or challenges, included time constraints (limited time for students), restricted local clinical placements, pressure experienced by students (e.g., uncertainty about what to expect and demands of providing feedback), and financial recognition for mentors.

Conclusions: Providing adequate mentor support and addressing challenges such as placement planning, mentor selection, and mentor recognition can strengthen professional preparation and improve student learning outcomes.

Optimizing clinical placements and mentorship conditions is essential to create a supportive environment that enhances mentorship effectiveness and sustainability. The MentorLab project, as prepared, could offer a solution.

Keywords: Nursing Education, Mentorship in Nursing, Qualitative study, Thematic Analysis, Benefits, Expectations, Challenges

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President

The Federation of Occupational Health Nurses within the European Union

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Introducing FOHNEU: Advancing Occupational Health Nursing in Europe

Background: The Federation of Occupational Health Nurses within the European Union (FOHNEU), established in 1993 in Windsor, UK, is the largest professional organization representing occupational health nurses across Europe. As a non-profit entity, FOHNEU aims to unify and amplify the voice of occupational health nursing to promote the health, safety, and well-being of the European workforce. The Federation collaborates closely with EU institutions, including EU-OSHA, and supports initiatives such as the Healthy Workplaces Campaigns and the development of standardized education frameworks.

Objectives: This presentation aims to introduce FOHNEU's history, mission, core activities, and recent achievements. It highlights the organization's role in advancing occupational health nursing through education, research, advocacy, and international collaboration, including its efforts to integrate new EU member states via the Twinning Project.

Methods: An overview of FOHNEU's strategic initiatives will be provided, including the publication of the Core Curriculum (1996, 2002, 2014), organization of international congresses, and participation in EU and WHO projects. Data from recent surveys and archival records will be used to illustrate the federation's growth, activities, and ongoing projects.

Results: Over the past 32 years, FOHNEU has significantly contributed to the professionalization of occupational health nursing in Europe. Its initiatives have fostered international networking. The federation's collaboration with EU agencies and participation in health campaigns have enhanced the visibility and impact of occupational health nurses. The ongoing Twinning Project has expanded its reach into accession countries, strengthening the European occupational health nursing community.

Conclusions: FOHNEU has played a pivotal role in shaping the landscape of occupational health nursing in Europe through education, advocacy, and collaboration. Its sustained efforts promote a healthier, safer workforce and foster continued professional development. Future directions include expanding international partnerships and reinforcing research activities to meet emerging workplace health challenges in the digital age.

Keywords: FOHNEU, occupational health nursing, European Union, professional development, health and safety, international collaboration

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Bridging Communication Gaps in Healthcare: The Role of SBAR as a Best Practice

Background: Communication errors remain a significant cause of adverse events in healthcare settings, often resulting in preventable patient deterioration, delayed treatment, or death. SBAR (Situation, Background, Assessment, Recommendation) has emerged as a widely accepted communication framework for improving interprofessional handovers and structured clinical dialogue between nurses and physicians.

Aims: This synthesis aims to evaluate the effectiveness of SBAR implementation across different clinical contexts, focusing on its impact on communication clarity, teamwork, confidence in clinical handovers, and patient safety outcomes such as unplanned ICU admissions and unexpected deaths. In addition, it will highlight the factors influencing SBAR use in clinical settings and propose practical solutions to strengthen its consistent application.

Methods: Findings from peer-reviewed studies were analysed, including a hospital setting application, a systematic review of SBAR's impact on patient safety, and several nursing education-focused evaluations of simulation-based SBAR training in nursing education. These studies employed quantitative assessments such as chart audits, communication surveys, incident reporting rates, and educational outcome evaluations.

Results: Evidence confirms that SBAR leads to improvements in communication effectiveness and clinical collaboration. For example, reductions in unexpected deaths (from 0.99 to 0.34 per 1,000 admissions) and improved documentation quality were observed following implementation. Systematic reviews have linked SBAR to better detection of patient deterioration, while educational studies show gains in students' confidence, structured communication, and teamwork. However, barriers such as time pressure, hierarchical culture, limited training, and unclear professional roles hinder consistent use.

Conclusions: The evidence strongly supports SBAR as a structured, effective communication tool that fosters clearer information exchange, reduces ambiguity, and improves both nurse preparedness and patient safety. To achieve sustained success, implementation must address contextual and organizational barriers through simulation training, interprofessional education, leadership support, and integration into digital systems. This presentation will therefore discuss not only the effectiveness of SBAR but also the factors that influence its use in clinical practice and the solutions needed for long-term adoption.

Keywords: SBAR, nursing communication, patient safety, structured handovers, implementation, solutions.

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Reimagining Nursing Education in Cent: Innovative Pathways to Shape Tomorrow's Caregivers

Background: As healthcare systems across Central Europe evolve, nursing education must also transform to meet the growing complexity of patient care. In Hungary and neighboring countries, educators are increasingly integrating technology-driven methods – such as simulation training, virtual reality, and AI-assisted learning – into traditional curricula. These innovations aim to prepare nursing students for modern clinical challenges while maintaining the humanistic values at the heart of the profession.

Methods: A narrative review of recent European studies (2018–2025) and educational practices in Hungarian nursing programs was conducted. The review explored how simulation-based learning, digital platforms, and interprofessional education initiatives enhance students' engagement, critical thinking, and clinical readiness in university and clinical settings.

Results: Innovative teaching methods were found to significantly improve student confidence, decision-making, and patient-centered communication. Hungarian and Central European nursing schools adopting blended and experiential learning models report higher student satisfaction and improved competency outcomes. However, barriers such as limited funding, uneven technological access, and the need for faculty development remain ongoing challenges.

Conclusions: Innovation in nursing education across Central Europe is not only about embracing new technologies – it is about shaping adaptable, compassionate, and skilled nurses for a rapidly changing healthcare landscape. Continued investment in digital learning infrastructure and educator training will be vital to ensure the region's nursing workforce is ready for the future of care.

Keywords: Nursing Education, Innovation, Central Europe, Hungary, simulation, digital learning, AI, nurse training, healthcare transformation

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Enhancing Nursing Education Through Visualization and Case-Based Learning

Background: Innovation in nursing education is essential to prepare students for real-life clinical environments. Effective nursing education must close the gap between classroom knowledge and patient-centered practice, where traditional lecture-heavy formats often limit visualization, context, and deliberate practice.

Aims: Across two academic years, as a part-time instructor at the Faculty of Health Sciences and the Medical School at University of Pécs, I have taught both nursing and medical students in the English program. My subjects included orthopedics theory and nursing skills practice. Through these experiences, I observed persistent difficulties in emerging theoretical concepts with clinical applications.

Methods: To improve engagement and understanding, I introduced case-integrated design from my work as Registered Nurse in the orthopedics department into theoretical lessons. For example, when teaching about osteoarthritis, I complemented textbook material with real hospital cases, allowing students to visualize symptoms, treatment, and nursing interventions. In practical classes, I used demonstration videos and encouraged active participation, especially when equipment was limited. I also experimented with different teaching styles – stern, sociable, and a combination of both – and found that balancing seriousness with a supportive atmosphere boosted both motivation and learning outcomes. Students who applied artificial intelligence platform demonstrated an improved comprehension of the material either theoretical or practical, presented in the previous sessions. Remarkably, medical students showed stronger enthusiasm for practical subjects, possibly due to their limited early clinical exposure.

Conclusions: Based on my experience, visualization, authentic patients scenarios, and a balanced teaching approach significantly enhance student understanding and motivation. Innovative teaching methods that bridge theory and practice are vital to preparing competent and confident future healthcare professionals.

Keywords: Nursing Education, Innovation, Visualization, Case-Based Learning

Session 3

The Impact of AI on Nursing and Nursing Education & The Future of the Nursing Profession

Session Chair(s): Hirdi Henriett PhD and under consideration

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Integrating Objective Assessment Methods into Simulation-Based Nursing Education

Background: Simulation and Objective Structured Clinical Examinations (OSCEs) are cornerstones of contemporary nursing education, offering a controlled environment for students to develop and demonstrate clinical skills. However, the evaluation of student performance within these settings frequently relies on subjective faculty observation. This subjectivity can introduce variability and potential bias into the assessment process, undermining the reliability of competency evaluation. The absence of standardized, objective metrics poses a significant challenge to ensuring consistent and equitable assessment, thereby creating a compelling need to integrate formal, objective measurement tools into simulation-based pedagogy.

Aims: This presentation advocates for the systematic implementation of objective assessment methods in simulation-based nursing education. The discussion will center on the critical advantages of this approach, arguing that it enhances the overall quality and accountability of the educational process. Key arguments include: 1) Enhanced Reliability and Validity: Utilizing standardized instruments such as checklists and global rating scales minimizes inter-rater variability and ensures all students are evaluated against uniform, transparent criteria. 2) Improved Feedback Mechanisms: Objective data enables the delivery of specific, evidence-based, and constructive feedback, empowering students to target precise areas for skill development. 3) Alignment with Competency-Based Education: This approach facilitates the transparent tracking and documentation of student progress, ensuring graduates meet defined clinical competency standards. 4) Data-Driven Curricular Improvement: Aggregated performance data provides valuable insights for programmatic evaluation, allowing for the refinement of simulation scenarios and instructional strategies.

Conclusions: The transition from subjective observation to objective assessment represents a crucial evolution in nursing education. It is a necessary step to fortify the integrity of simulation as both a powerful learning modality and a valid evaluative instrument. The primary take-home message is a call to action for educators and institutions to champion the adoption of structured, objective assessment strategies. By doing so, we can foster a culture of precision and accountability, ultimately ensuring that nursing graduates are demonstrably competent and fully prepared to meet the demands of clinical practice.

Keywords: Nursing Education, Assessment, Simulation-Based Nursing, Competency-Based Education

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Evaluating High-Fidelity Simulation in Nursing Education: A Mixed-Methods Study Among International Students

Simulation-based education is increasingly recognized as a powerful strategy in nursing curricula. High-Fidelity Simulation (HFS) offers students a safe and controlled environment to apply theoretical knowledge, practice clinical skills, and develop confidence and critical thinking. However, limited evidence exists on its combined educational and experiential impact among international nursing students. This mixed-methods pilot study aimed to evaluate the effectiveness and student experiences of HFS among second-year international nursing students at the University of Debrecen Faculty of Health Sciences.

A convergent mixed-methods design was employed. The quantitative strand involved pre- and post-tests on knowledge and confidence, as well as the validated Educational Practices Questionnaire (EPQ), with data analysed using Wilcoxon Signed-Rank Tests. The qualitative strand used semi-structured interviews with 16 participants, analysed through Colaizzi's phenomenological method to identify recurring themes.

Quantitative findings demonstrated significant improvements in confidence ($p < 0.05$ in 9/10 areas) and knowledge ($p < 0.05$ in 10/25 questions), while the EPQ reflected high agreement with active and collaborative learning practices (mean $> 4.0/5$). Qualitative analysis revealed three central themes: emotional responses to simulation, learning through simulation, and application of skills in clinical practice. Students reported initial anxiety shifting to increased confidence, enhanced clinical reasoning, improved teamwork, and strengthened communication and leadership skills.

The integration of quantitative and qualitative results indicates that HFS is highly effective in promoting both technical and non-technical skills. It improves confidence, knowledge, and preparedness while enriching students' experiential learning. Incorporating structured, high-quality simulation more extensively into nursing curricula can bridge the gap between theoretical education and the complexities of clinical practice.

Keywords: High-Fidelity Simulation, Nursing Education, International Students, Nursing Simulation, Curriculum Innovation

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Effectiveness of Clinical Simulation in Fostering Teamwork and Communication Skills among Students in Nursing Education

Background: With the rapid advancement in technology, there remains an increased need for equally evolving pedagogical techniques to optimize student academic performance at all education levels. Nursing educators are striving to be more than teachers and rather ‘facilitators’ that drive optimized learning results through collaborative and interactive learning methods. This has led to the search for more effective teaching approaches that go beyond traditional classroom lectures and study materials, encouraging application of theoretical knowledge to clinical practice. A recent pedagogical approach is the introduction of clinical simulation in the nursing education curriculum. The use of simulation as an education strategy is becoming more popular across various institutions in both medical and nursing education. Clinical simulation is a teaching approach that provides students with substantial training through activities that mirror real-life situations. It comprises activities that go beyond handling mannequins and role-playing to completing complex and realistic tasks that occur in the daily hospital practice without risk to patient safety and well being. Collaborative teamwork and clear communication are essential components of effective patient care. The lack or inadequacy of any of these key elements jeopardises patients’ health and safety. Studies show that lack of proper communication is one of the common causes of patient harm. Simulation activities provide opportunities for students to develop and hone necessary professional skills such as teamwork and communication skills which they will need to become successful nurses.

Aims: The aim of this research work is to; Plan and execute several simulation activities. Assess impact of simulation activities on teamwork and communication levels of the students. Evaluate students’ feedback on simulation experience and its effectiveness as a learning tool. Identify ways to improve effectiveness of activities towards honing teamwork and communication skills

Methods: This research will make use of an explorative and qualitative study approach with observation and feedback from students participating in patient care simulation scenarios. Participants will be interviewed and their responses will be recorded for the purpose of this study.

Conclusions: At the end of this research, I expect that the students will demonstrate significantly enhanced skills on how to work together as a team and communicate effectively among each other during the simulation scenarios

Keywords: Clinical Simulation, Teamwork, Communication Skills, Nursing Education

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Opportunities for the Application of Artificial Intelligence in the Clinical Placement Supervision of International Nursing Students

Background:As internationalization in nursing education expands, an increasing number of international students are undertaking clinical training in Hungarian healthcare institutions. Language difficulties, cultural discrepancies, and a lack of familiarity with local protocols often hinder their integration and pose challenges for clinical mentors. AI-based technologies – such as real-time translation tools, simulated patient interactions, and adaptive learning systems – may offer promising solutions to these issues.

Aims: The aim of this study is to explore how artificial intelligence (AI) can support the effective supervision of international nursing students completing clinical placements in Hungary, with particular attention to challenges arising from language barriers, cultural differences, and varying healthcare practices.

Methods: A qualitative research design was employed. Semi-structured interviews were conducted with international nursing students who had the opportunity to test various AI tools during their clinical placements, including real-time translation chatbots, virtual patient simulations, and automated feedback learning platforms. The collected data were analysed using thematic analysis.

Results: Participants reported that the use of AI tools reduced language-related difficulties, increased their sense of safety, and enabled a more structured clinical learning experience. Chatbot-based communication exercises and simulated patient interviews supported the development of professional vocabulary and improved understanding of clinical protocols.

Conclusions: Artificial intelligence tools can provide effective support for the clinical education of international nursing students. While they cannot replace human interaction and mentorship, they can enhance and complement traditional teaching methods, contributing to a more inclusive and reflective learning environment. Further research is needed to validate these tools and assess their long-term impact.

Keywords: Artificial Intelligence, Nursing Education, International Students, Clinical Placement, Language Barriers, Healthcare Simulation

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The Future of Nursing Beyond Technology: Integrating AI, Holistic Practice, and Educational Innovation Redefining Mental Health Nursing

The nursing profession is undergoing a transformative shift as technological innovations, particularly artificial intelligence (AI), intersect with holistic care principles and evolving educational frameworks, reshaping mental health practice. Mental health nursing continues to emphasize therapeutic nurse-patient relationships, empathetic communication, trauma-informed care, and culturally sensitive interventions, while emerging AI tools offer decision support, predictive analytics, telehealth solutions, and personalized patient management to enhance outcomes and clinical efficiency. Simultaneously, innovative educational strategies, including AI-powered simulations, virtual reality training, interprofessional collaboration, and curriculum redesign, equip nurses with the competencies required to navigate complex, digitally augmented healthcare environments. This integrative synthesis of peer-reviewed literature, open-access reports, and conceptual analyses covering AI in nursing, holistic mental health practices, innovative educational methods, and evidence-based best practices reveals that the strategic integration of AI with compassionate, patient-centered care enhances clinical decision-making, strengthens therapeutic alliances, supports early risk detection, and streamlines workflows while maintaining emotional support, cultural sensitivity, and professional resilience. Findings indicate that holistic approaches bridging body, mind, and spirit, combined with AI-driven innovations and modern educational frameworks, foster improved mental health outcomes, greater nurse satisfaction, and preparedness for future challenges. The convergence of technology, holistic practice, and educational innovation offers a pathway to redefine mental health nursing, demonstrating that the future of nursing lies in balancing computation with compassion, innovation with empathy, and efficiency with human-centered care. Policymakers, educators, and clinical leaders must collaborate to implement strategies that preserve empathy while embracing AI and innovative educational tools, ensuring nurses are equipped to deliver high-quality, personalized mental health care in increasingly complex healthcare systems.

Keywords: Nursing Education, Nursing Practice, Innovation, Mental Health, Artificial Intelligence

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Beyond Manual Care: The Promise and Reality of AI in Nursing Practice

As healthcare rapidly integrates artificial intelligence, the nursing profession stands at the intersection of compassion and technology. This presentation explores how traditional nursing practices characterized by manual documentation, patient monitoring, and clinical decision-making are being reshaped through the introduction of AI-based tools. From automated charting and predictive diagnostics to AI-powered simulation in nurse education, technology is redefining both efficiency and accuracy in care delivery.

Drawing from the perspective of a second-year nursing student, this presentation contrasts the manual workload nurses face daily with the potential of AI to assist, not replace, the human element of care. By comparing real clinical observations with current innovations, it highlights both the opportunities and ethical challenges AI introduces into nursing practice. Ultimately, it argues that the future of nursing lies not in choosing between human or machine but in teaching nurses how to collaborate with technology while preserving empathy at the heart of care.

Keywords: Nursing Practice, Artificial Intelligence, Workload, Nursing Education

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Music Therapy in a Residential Care Home

Aims: This study investigates the effects of music therapy on the quality of life of elderly individuals living with dementia, with special emphasis on emotional well-being, pain perception, and communication. The main aim is to explore how structured and individualized music therapy sessions can improve emotional stability, reduce perceived pain, and enhance social interaction in institutional dementia care. The specific objectives are: to present the theoretical framework of dementia and its psychosocial dimensions; to define music therapy and examine its physiological and psychological mechanisms; to analyze how auditory stimulation affects emotional and somatic responses; to measure the observable and self-reported impact of music therapy, including pain perception assessed via the VAS scale; to provide recommendations for integrating music therapy into long-term dementia care.

Methods: The study adopted a mixed-method approach, combining qualitative observation and quantitative assessment. It was conducted in a residential care home for elderly individuals diagnosed with moderate to severe dementia. Participants were residents aged 70-90 diagnosed with Alzheimer's disease or related dementias. They were selected based on their capacity to respond to musical stimuli and simple evaluation tasks. Caregivers assisted participants in completing pain and mood scales when necessary. Over several weeks, participants attended regular music therapy sessions, held either individually or in small groups, lasting 30-45 minutes. Sessions included: familiar folk and popular songs, rhythmic clapping and instrument use (e.g., small percussion, tambourine, bells), guided singing and movement, and quiet reflective listening to calming pieces. Before and after each session, participants' subjective well-being and perceived pain were assessed using the VAS. Quantitative data from the VAS scales were analyzed descriptively, comparing pre- and post-session scores. Thematic analysis was applied to observational data, focusing on recurring emotional, behavioral, and social patterns.

Results: The study's results confirm that music therapy significantly improved emotional and physical comfort among participants. Analysis of VAS scores revealed a consistent decrease in pain perception after music sessions. Participants' average scores dropped by 2-3 points on the 10-point scale, indicating a substantial subjective improvement. This

suggests that music not only distracts attention from discomfort but also induces relaxation responses, reducing muscle tension and physiological stress. Residents who were withdrawn or apathetic began to smile, clap, or hum along with familiar melodies. Emotional expressions such as tears of joy or laughter were commonly observed. This demonstrates that music therapy effectively stimulates affective memory and empathy, even in severe dementia. Restlessness, pacing, and verbal outbursts decreased notably during and after sessions. Calming, slow-tempo songs helped synchronize breathing and stabilize arousal levels, confirming music's regulatory function. Group singing and rhythmic exercises fostered eye contact, cooperation, and shared joy. Participants engaged spontaneously with peers and caregivers, creating a positive communal atmosphere in the care home. Certain songs triggered reminiscence. This cognitive activation suggests that long-term musical memory remains preserved even when language abilities decline. Caregivers noted smoother communication and improved emotional connection following sessions. Joint participation in musical activities humanized daily care routines and enhanced empathy on both sides. Overall, these findings indicate that music therapy yields clinically relevant outcomes in dementia care – reducing pain, promoting relaxation, and fostering positive social and emotional engagement.

Conclusions: The integration of both qualitative and quantitative findings demonstrates that music therapy exerts multidimensional effects on individuals with dementia. The observed improvements can be explained by the neurological basis of music perception. The results align with the Iso Principle, which uses music that matches the patient's mood and gradually transitions toward desired affective states. This principle was particularly useful for calming agitated participants. The findings also reinforce Kitwood's person-centered care theory, which emphasizes respect for individuality and emotional presence – core principles embodied in music therapy. While the study's small sample size and qualitative nature limit generalization, the combined use of VAS measurement and observational data strengthens the empirical validity of its conclusions. The research confirms that music therapy is both emotionally and physiologically beneficial, offering measurable relief from pain and agitation while enhancing social and emotional well-being. Routine Implementation Music therapy should be an integral part of daily dementia care programs, applied regularly by trained facilitators. Staff Education Training in basic music therapy techniques should be incorporated into caregiver development programs, emphasizing observation and emotional attunement. Personalized Playlists and Life History Integration Music selected from residents' cultural and generational backgrounds enhances emotional resonance and identity continuity. The research offers compelling evidence that music therapy reduces perceived pain and enhances emotional well-being in people with dementia.

Keywords: Music Therapy, Dementia care, Pain

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AlertAssist: A Smart Mobility Aid to Enhance Transportation Access for Elderly and Disabled Populations

Background: Mobility barriers significantly affect elderly and disabled populations, leading to social isolation, missed medical appointments, and reduced quality of life. Public transport often fails to accommodate vulnerable users, leaving significant gaps in healthcare access. Nursing and allied healthcare providers, as frontline advocates for patient well-being, are positioned to advance community-based solutions that integrate technology with care delivery. This project introduces AlertAssist, a nursing-led smart mobility aid designed to alert bus drivers when vulnerable passengers need assistance. The goal is to enhance safety, independence, and inclusion for public transport users.

Methods: Using a user-centered design framework, needs were identified through observation of elderly passengers who frequently missed buses or medical appointments due to accessibility barriers. The conceptual prototype consists of a wearable, low-energy Bluetooth transmitter that detects buses broadcasting their IDs within a 10–15 meter radius. The device displays approaching bus numbers, allowing the passenger to select their intended bus, ensuring a targeted alert is sent only to that driver. Evaluation criteria included usability, inclusivity, and potential to reduce missed health appointments, highlighting the nursing role in shaping innovative, patient-centered solutions.

Results: Early evaluation shows AlertAssist can reduce stress and missed connections, improve driver awareness, and promote age-friendly, inclusive mobility. Recognition at a university-level scientific competition underscores its originality and societal value.

Conclusions: AlertAssist tackles non-clinical health barriers, particularly mobility and access to care. By combining nursing advocacy with technology, it showcases the expanding impact of nursing on public health and community well-being. AlertAssist can improve equitable access to healthcare for patients with Parkinson's, reduced mobility, or age-related limitations. It also demonstrates the vital role of nurses in integrating practical, low-cost innovations that empower elderly and disabled populations while safeguarding independence, dignity, and continuity of care.

Keywords: Nursing Innovation, Assistive Technology, Elderly Care, Mobility Aid, Patient-centered Care

Posters

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Mental Health Interventions in Geriatric Care: Integrating Healing of Body and Soul at the Semmelweis University Geriatric Clinic

At the Geriatric Clinic of Semmelweis University, patient care always centers on the human being whether in acute, geriatric, chronic, or long-term care units. We believe that healing is not merely a professional duty but a vocation grounded in attention, empathy and community. Among older patients, mood disorders, anxiety, loneliness, and the psychological burdens of hospitalization are common, often reducing therapeutic cooperation and quality of life.

Mental health activities including group discussions, relaxation techniques, art and creative therapies, and community programs play a vital role in stress reduction, emotional support, and the maintenance of social connections. Storytelling therapy sessions, literary programs in collaboration with the Petőfi Literary Museum, musitions visits, and therapy dogs bring joy to the routine of hospital life. Shared cooking, handicrafts, and gardening evoke memories and add beauty to everyday experiences.

Through dignity therapy, patients are invited to share significant life stories, feelings and reflections, which are compiled into a printed “memory book” for their families. Intergenerational encounters are also a key focus: performances by the university’s kindergarten children and the involvement of high school students in community service foster mutual understanding and sensitivity toward the elderly.

For the past three years, grief support groups have been operating at the clinic, providing a safe, supportive environment for those coping with loss. Research and clinical experience indicate that mental health interventions help preserve cognitive and communication functions, enhance treatment adherence, and alleviate psychological distress.

This poster aims to highlight the preventive and supportive significance of mental health activities in geriatric care and to demonstrate how they contribute to improving quality of life and therapeutic outcomes among older adults. We believe that every day holds something worth smiling for a story, a scent or a kind moment. In this spirit, healing becomes complete: in body and soul alike.

Keywords: Mental Health, Geriatric Care, Quality of Life

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Cybersecurity as an Integral Part of Nursing Practice

Cybersecurity has become an essential component of modern health care delivery. The growing digitalization of health care, including electronic health records, telemedicine, and interconnected medical devices, brings new challenges in ensuring the safety and confidentiality of patient data. Maintaining cybersecurity is therefore a crucial aspect of overall patient safety and the quality of health care. This paper is based on a review and synthesis of current national and international sources, strategic documents, and professional literature related to cybersecurity in the health sector.

Aims: In recent years, there has been a significant increase in cyberattacks targeting health care facilities worldwide. Within the European Union, more than 300 major incidents were recorded in 2023, and 71 percent of them directly affected patient care. Many health care providers still lack a comprehensive information security management system. The implementation of the NIS2 Directive and the updated Czech legislation requires health care organizations to strengthen cybersecurity measures and to clearly define the responsibilities of management and staff.

Results: Nurses play a key role in maintaining cybersecurity. As the largest professional group in health care and the frontline users of digital technologies, nurses are often the first to encounter potential security risks. Their awareness and adherence to safety protocols are essential to preventing data breaches and protecting patient privacy. Education and continuous training in cybersecurity should therefore be an integral part of nursing education and professional development. National and European strategies emphasize the importance of awareness raising, staff training, and methodological support to improve resilience against cyber threats.

Conclusions: Cybersecurity is inseparable from the provision of safe and high-quality health care. Strengthening cybersecurity requires not only technical and legislative measures but also the active engagement of nursing professionals. Systematic education of students and health care staff is the key to building a resilient and secure health care environment that protects both patients and employees.

Keywords: Cybersecurity, Education, Health Care, Nursing, Patient Safety.

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The Importance of Dysphagia Screening in Geriatric Inpatient Wards

Background: The prevalence of dysphagia in hospitalized older adults is increasing. Dysphagia is difficulty swallowing, which can impair the safety or effectiveness of swallowing. Multiple causes can lead to swallowing impairment; if left untreated, dysphagia can cause severe complications. Despite its high prevalence, dysphagia screening is still underused. A 2019 survey revealed that 62% of geriatric wards did not routinely conduct dysphagia screening.

Aims: The goal is to emphasize the importance of systematic dysphagia screening in geriatric wards and to raise awareness of dysphagia in the elderly population.

Results: Evidence shows that early screening reduces dysphagia-related complications. After proper training, nurses can perform simple, validated bedside screening tests to enable early detection. Speech and swallowing therapists play a crucial role in comprehensive diagnostic assessments, providing tailored therapy and educating patients and caregivers. Dietitians play a key role in assessing and monitoring nutritional and hydration needs, ensuring safe texture-modified diets or alternative feeding when required.

Conclusions: Dysphagia is a common but often underdiagnosed issue in hospitalized elderly patients. Routine screening supported by a trained team can prevent complications and deliver comprehensive patient care. Multidisciplinary collaboration is essential for improving the quality of care and enhancing the lives of this vulnerable group.

Keywords: Geriatry, Inpatient Care, Dysphagia, Screening

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The Importance of the ERAC Recommendation in Patient Care and Nursing, especially in case of Antiphospholipid Syndrome

Aims: Nowadays, cesarean section is the most common surgery and although numerous complications can occur - both during the surgery and in the postoperative period - an increasing trend can be observed in the number of cesarean sections.

The goal of ERAC (Enhanced recovery after cesarean) protocols worldwide is to promote early, uncomplicated recovery of patients. Their main principle is to minimize the incidence of inflammatory mechanisms and adverse metabolic changes that occur during and after surgery.

Our aim was to provide a comprehensive overview of the most important knowledge on the topic and to draw attention to the importance of applying the ERAC principles in post-cesarean care, especially in case of antiphospholipid syndrome (APS).

Methods: An overall analysis of relevant literature sources was performed.

Results: The evidence-based recommendation aims to promote early maternal recovery, close mother-newborn bonding, and improve patient satisfaction, in which the multidisciplinary team plays an important role. Regarding the APS, special attention should be paid to the specific risks and complications associated with the disease, which affect both pregnancy and recovery after surgery.

Conclusions: In summary, the ERAC protocol is a personalized approach for women with APS, focusing on prudent anticoagulant therapy, early mobilization, and elements of multimodal pain management. Close monitoring for signs of thromboembolism and physical and psychological support are essential for a smooth recovery after cesarean section.

Keywords: ERAC, Nursing, APS

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Health Literacy as Part of Nurse Training in the 21st century

Background: Health literacy is a key component of the professional training of nurses and other non-medical health professionals. The necessity of increasing health literacy is one of the key and irreplaceable elements for increasing the level of health literacy of the population and also ensuring effective, safe and high-quality provision of health care.

Aims: The aim of the theoretical contribution is to introduce the current situation in the field of health literacy and its importance for students of non-medical health fields. The mentioned data reflect current trends in effective preparation in the field of health literacy based on relevant sources.

Results: Health literacy is a fundamental attribute of the education of non-medical health workers, especially nurses, paramedics, midwives, etc. Not only nurses have great potential for implementing changes, they represent the largest group of health workers and patient education on health issues is an effective tool for improving the overall health status of the population. It is stated that the health literacy of people not only in Europe has significant shortcomings. Within the Czech Republic, health literacy is addressed primarily within the Health 2020 Program, the Strategic Framework for the Development of Health Care in the Czech Republic until 2030 and the establishment of the Institute for Health Literacy, including the NIKÉZ portal.

Conclusions: Effective education of non-medical health workers in the field of health literacy is one of the basic and crucial steps for ensuring effective, safe and high-quality health care. Education should respect modern trends with a focus on health literacy.

Keywords: Nursing, Training, Czech Republic, Paramedic, Health Worker

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Evaluation of Quality of Life in Shift-Working Nurses According to Chronotype

Aims: The study aimed to examine the relationship between chronotype determined subjectively and through questionnaires, and its links with age, gender, and shift work. Another objective was to validate the Czech version of the Nursing Quality of Life Scale (NQOLS) and to investigate quality-of-life differences across chronotypes and work shifts.

Methods: A cross-sectional study was conducted among 581 nurses at a university hospital in the Czech Republic. Chronotype and quality of life were assessed using the Morningness-Eveningness Questionnaire (MEQ) and NQOLS.

Results: Subjective and MEQ-based chronotype classifications demonstrated a strong association ($\chi^2 = 280.613$; $p < 0.001$), with morning types more reliably self-reported than evening types. Age exerted a significant influence on chronotype, with an increase in morningness after the age of 30 ($\chi^2 = 39.402$; $p < 0.001$). Neither gender nor night-shift work had any effect. Factor analysis confirmed the seven-factor structure of the NQOLS and indicated acceptable to high internal consistency ($\alpha = 0.693\text{--}0.881$). The social domain achieved the highest mean score ($M = 3.20$), while the sleep domain scored lowest ($M = 2.57$). Differences by chronotype were found only in the sleep domain ($p < 0.001$), and night-shift work was not associated with NQOLS outcomes.

Conclusions: Subjective chronotype assessment closely matches MEQ results. Morningness increases with age, and the Czech NQOLS has good psychometric reliability. Supported by Faculty of Medicine, University of Ostrava project No. SGS 14/LF/2025.

Keywords: Nursing, Quality of Life, Chronotype, Czech

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Impact of Sleep Quality on the Occurrence of Delirium in Hospitalized Patients: Comparison before and after an Intervention

Aims: To evaluate the relationship between sleep quality and the occurrence of delirium in hospitalized patients and to determine the effect of an implemented intervention on subjective sleep parameters and delirium incidence.

Methods: The study sample consisted of 326 patients, divided into two groups: the PRE group (n = 167) without sleep intervention and the POST group (n = 159) with sleep intervention. Basic demographic and clinical characteristics differed significantly in age ($p = 0.002$) and proportion of surgical patients ($p < 0.001$). Sleep quality was assessed using the Richards-Campbell Sleep Questionnaire (RCSQ) for three consecutive nights, and delirium was evaluated daily using the Confusion Assessment Method for the ICU (CAM-ICU). Patients without delirium self-reported, while nurses assessed the sleep of delirious patients.

Findings: Across all three nights, patients in the POST group reported significantly better sleep quality, especially during the second night (all RCSQ items $p < 0.05$). A notable difference in delirium incidence was observed only after the first night of hospitalization ($p = 0.049$), with a higher incidence in the PRE group (65 cases) compared to the POST group (43 cases). Differences in delirium incidence of delirium were also observed in the following nights, but were not significant. Logistic regression analysis revealed that poor sleep quality (RCSQ below the median) was strongly linked to increased odds of delirium

— OR = 7.22 (95% CI 3.54–15.10; $p < 0.001$) after the first night in the PRE group, and OR = 4.03 (95% CI 1.92–8.75; $p < 0.001$) in the POST group. The association diminished over subsequent nights but remained significant, except for the third night in the POST phase.

Conclusions: These findings highlight the crucial role of early sleep monitoring and targeted interventions in reducing delirium risk, especially during the first night of hospitalization.

Keywords: sleep quality - delirium - sleep intervention - hospitalized patients - ICU

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Quality of Life of Hungarian Patients With Huntington's Disease and Their Families

Background: Huntington's disease (HD) is a rare, currently incurable, autosomal dominantly inherited, progressive neurodegenerative disorder, the symptoms of which can be divided into three main groups: motor, cognitive, and psychiatric symptoms. Our study explored the quality of life of patients with HD and their family members, with special attention to caregiver burden. We also aimed to assess their openness towards services provided by advanced practice nurses (APNs).

Methods: A cross-sectional study was conducted at the Institute of Genomic Medicine and Rare Disorders, Semmelweis University. The sample consisted of 20 HD patients and 21 family members. Validated questionnaires (SF-36, EQ-5D-3L, HDQoL-C) and a self-designed survey were applied.

Results: According to patients, HD had a greater impact on their physical health-related quality of life than on their mental health. Family members reported significantly lower quality of life scores than patients' self-assessments. The caregiving role strongly reduced their quality of life, with most caregivers rating it as moderate or poor. Both patients (80%) and family members (90.5%) expressed openness to support provided by APNs (e.g., care coordination, consultation, psychological support).

Conclusion: Huntington's disease has a significant negative effect on the quality of life of both patients and their caregiving family members. The findings highlight that the involvement of advanced practice nurses could improve the efficiency of care pathways and everyday coping. Further research is needed to explore how APN services may enhance quality of life.

Keywords: Nursing, Quality of Life, Huntington's Disease, Hungary

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The Importance of Teamwork in the Complex Care of Geriatric Patients

Background: To outline a research plan exploring how multidisciplinary teamwork can improve outcomes in geriatric patients facing multimorbidity, geriatric syndromes, and polypharmacy.

Aims: The aging population increasingly presents with multiple chronic diseases, frailty, falls, cognitive decline, incontinence, and complex medication regimens. These are frequently accompanied by malnutrition, sarcopenia, dysphagia, psychological distress, and social isolation, creating a multifaceted care landscape. Addressing these challenges requires a holistic and coordinated approach that extends beyond the scope of any single profession.

Methods: The planned study will conduct a systematic review following the PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) guidelines to ensure methodological transparency and reproducibility. Literature searches will be performed in major databases (PubMed, Scopus, Web of Science) using predefined keywords related to geriatric care, multidisciplinary teamwork, interprofessional collaboration, polypharmacy, frailty, and sarcopenia. The review will map and synthesize existing evidence on the effects of team-based interventions in key domains such as nutrition, physical activity, medication management, mental health care, dysphagia management, and social support.

Results: It is anticipated that multidisciplinary teamwork will show measurable benefits in functional outcomes, hospitalization rates, treatment adherence, and satisfaction among patients and caregivers. The study expects to demonstrate that coordinated efforts among physicians, nurses, clinical pharmacists, dietitians, physiotherapists, psychologists, speech therapists, and social workers are essential for safe and effective, person-centred care.

Conclusions: By emphasizing integration, communication, and shared responsibility, this planned review aims to deepen understanding of how multidisciplinary collaboration can address the complex challenges of aging. Findings may inform the development of future clinical guidelines and training programs promoting interprofessional teamwork in geriatric healthcare.

Keywords: Multidisciplinary teamwork; Geriatric care; PRISMA; Polypharmacy; Frailty; Sarcopenia; Interprofessional collaboration; Clinical pharmacy

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Prevention of Polypharmacy-Related Iatrogeny in Geriatric Patients – Experience from the Center for Geriatric Care and Nursing Science

Background: To present the practical measures implemented at our Center for Geriatric Care and Nursing Science to minimize the risks associated with polypharmacy, focusing on medication review, rational prescribing, and interprofessional collaboration.

Aims: In geriatric medicine, multimorbidity frequently necessitates the use of multiple medications. Polypharmacy, while often unavoidable, increases the risk of drug–drug interactions, adverse events, and iatrogenic complications. The challenge is not to eliminate necessary medications but to ensure that every prescribed drug has a clear indication, a defined goal, and a continuous evaluation of its benefit–risk balance.

Methods: At the Center for Geriatric Care and Nursing Science, a structured medication management system has been developed to prevent polypharmacy-related harm. The key elements include: 1.) comprehensive medication reconciliation at admission; 2.) mandatory documentation of diagnosis-based indications for every drug; 3.) regular interdisciplinary medication review involving physicians, pharmacists, and nurses; 4.) the use of drug–drug interaction and PIM (potentially inappropriate medication) screening tools; 5.) patient and caregiver education to promote adherence and awareness. The introduction of systematic medication reviews has significantly reduced the incidence of adverse drug events and unnecessary prescriptions. Continuous collaboration with clinical pharmacists helps identify interactions and duplications early. Regular staff education ensures up-to-date knowledge of geriatric pharmacotherapy principles. Patients benefit from simplified regimens, improved adherence, and fewer hospitalizations related to medication errors or adverse effects.

Results: Polypharmacy is an inherent feature of geriatric care, but its risks can be effectively minimized through structured medication management and multidisciplinary teamwork. The Geriatric Clinic’s protocol demonstrates that regular review, rational indication, and communication across the care team are key to preventing iatrogenic harm and ensuring safe pharmacotherapy for elderly patients.

Keywords: Geriatrics, Polypharmacy, Multimorbidity, Iatrogeny, Medication Review, Prescribing Safety, Drug Interactions, Ppharmacist Collaboration, Patient Safety

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