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Keynote presentations

Care for the Carers: Breaking the Workforce Spiral

Dr Chiara Dall'Ora

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Nursing shortages create more than a staffing problem; they create a harmful workforce spiral. When there are not enough nurses, pressure increases, sickness absence rises, and depleted teams become even more stretched. Over time, absence can generate more absence.

Drawing on a decade of research on work hours, shift patterns, workforce configuration, and staff wellbeing, this keynote will explore how commonly used responses such as 12-hour shifts, overreliance on agency staff, and lower skill mix can intensify fatigue, burnout, and attrition. It will then turn to practical solutions, including greater staff choice and flexibility, co-produced rostering approaches, and testing alternative shift models that better reflect nurses' preferences and support sustainable working lives.

The keynote argues that caring for the carers is essential if we are to break the workforce spiral and build a healthier future for nursing.

Leading for Tomorrow: Sustainability, Safety, and System Innovation in Nursing Practice

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Background: Nursing leadership is entering a pivotal era in which sustainability, safety, and system innovation must be understood as mutually reinforcing drivers of high-quality care.

Aim: This presentation will explore how nurse leaders can shape future-ready healthcare systems by integrating climate-conscious practice, resilient workforce strategies, and human-centred safety cultures with emerging technological and organisational innovations.

Methods: Drawing on international evidence and cross-sector exemplars, this session examines three interconnected domains. First, sustainability is reframed as a multidimensional responsibility covering environmental stewardship, economic viability, and long-term workforce wellbeing. Second, safety is expanded beyond traditional clinical risk to include psychological safety, ethical governance, and system-level reliability. Third, system innovation is positioned as a strategic imperative, highlighting the role of digital transformation, AI-supported decision-making, and collaborative leadership models in redesigning care pathways.

Discussion: Participants will gain insight into how nurse leaders can act as system architects by aligning values, resources, and technologies to build equitable, resilient, and future-focused care environments. The presentation will discuss a vision for (and with) nursing leaders who need to be courageous and grounded with human-centred care knowledge to lead tomorrow's complex healthcare landscape.

The session synthesises insights of 45 years of extensive experience in critical care nursing, leadership of global medical and nursing associations, and leadership in major international research programmes. Sustainability will be explored as a multidimensional imperative encompassing workforce wellbeing, equitable care, and responsible resource stewardship. Safety will be reframed through the lens of clinical and psychological safety, ethical governance, and system reliability change, including human-centred partnership in care. System innovation will be illuminated through examples from AI-enhanced clinical decision support, international competency-based training programmes, and large-scale research initiatives that have shaped practice across Europe, Asia, Africa, and Australia.

Conclusion: By integrating the domains sustainability, safety, and system innovation, the nurse leaders will be the system architects of the future. They will need to be prepare to be capable of driving transformative change. Equipping nurse to lead confidently into tomorrow's healthcare needs a forward-looking vision for leadership that is evidence-informed, ethically grounded, and globally connected. The challenge is ours and now!

AI Across the Care Pathway: What Works, What Doesn't, What's Next

Elli Valla PhD

TalTech, Estonia

Artificial intelligence is now present at almost every stage of the care pathway, from screening and diagnostics to treatment planning, rehabilitation and administrative work. Yet the distance between a well-performing model and a tool that improves care remains wide. Drawing on her own work in neurological diagnostics, rehabilitation assessment, clinical language models and AI-assisted digital visits, as well as experience delivering AI training in Estonian hospitals, the speaker examines where AI has delivered real value, where it has fallen short, and why. Particular attention is given to AI-supported remote consultations, where conversational and avatar-based systems are beginning to take over parts of patient contact, follow-up and self-management support, raising new questions about safety, trust and the changing role of the clinician. The talk closes with a look at what the next years are likely to bring, including the rise of clinicians building their own AI-assisted tools through natural-language "vibe coding", and why the gap between writing a working prototype and deploying it responsibly in care remains the hard part.

Intelligent Systems, Compassionate Care: Navigating Artificial Intelligence in Nursing Practice

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Artificial intelligence has arrived in nursing practice ahead of the evidence and, in many organisations, ahead of the leadership structures meant to govern it. Ambient documentation, early-warning scores and generative tools are already in use on European wards, and nursing directorates increasingly make the decisions that determine whether they strengthen or erode care.

This keynote examines that responsibility through four themes. The first considers what nursing leaders need to know, drawing on a five-wave study of a region-wide electronic health record transition and its effects on frontline nurse managers' situational awareness, on register data linking both understaffing and overstaffing to adverse events in intensive care and on surveys of more than 1,400 nurses in six countries during rapid digitalisation. The second asks what artificial intelligence actually delivers, using a pilot evaluation of ambient documentation in two National Health Service trusts, where perceived workload improved although the time saved did not distribute evenly across clinicians. The third examines the costs: the erosion of clinical skills under automation, and fabricated references spreading through the literature on which guidelines and procurement rest. The fourth asks how nursing can lead artificial intelligence on its own terms, with examples that include a clinical assistant co-designed with nurses and a freely available evaluation instrument any organisation can use.

The keynote closes with a discussion of the questions nursing leadership now owns, from accountability for AI-supported decisions to what European nurse directors can do together. Artificial intelligence will not integrate itself into nursing; the balance between what it gives back and what it quietly takes away is set by leadership.

Oral presentations

Optimal Nurse Staffing in HUS Medical Services wards – Development Project

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Background: Optimal nurse staffing is essential for ensuring patient safety, care quality, and workforce sustainability. Between 2021–2023, HUS conducted a project to define an evidence-based recommendation for optimal nurse staffing. The recommendations included defining optimal levels of patient acuity and staffing needs by weekday, with concrete and repeatable methods. In 2023–2024, the recommendations were carried out within the Medical Services as a part of our roadmap for optimal staffing, including staffing levels, competencies, and flexible use of personnel resources.
The aim was to determine optimal staffing levels for inpatient wards.

Methods: A retrospective analysis of 2023 data from 29 inpatient wards (758 beds) was conducted. Variables included planned and actual nurse-to-patient ratios, nursing intensity (RAFAELA®), bed occupancy, and float pool utilization. Correlations between staffing levels, skill mix, and patient outcomes (readmissions, mortality) were examined.

Results: We explored the resourcing in 29 inpatient wards (758 beds), specializing in cardiology, pulmonary, internal medicine, infectious, dermatology, and multiple specialties of diseases. The total number of nursing staff in the wards was 746, including 73 % registered- and 27 % practical nurses. The mean shift scheduling ratio in the morning was 3,37, evening 3,63 and night 7,47. Baseline analysis revealed significant variation in staffing levels and nursing intensity.

Implications: Organizational data alone did not yield a single optimal staffing ratio due to significant variation across wards. Therefore, In Medical Services, an optimal staffing ratio was established in June 2024 based on project findings and international evidence: morning shift: 1:4, evening shift: 1:4 and night shift: 1:8. We are continuing the validation of shifting with quality outcomes and real-time monitoring of nurse staffing and float staff utilization. The integration of real-time monitoring and quality outcome tracking enables continuous evaluation of staffing adequacy and float pool utilization. This approach supports proactive workforce management and fosters a culture of data-driven decision-making. The model offers a scalable framework for other healthcare organizations aiming to align staffing with patient needs, improve care quality, and enhance staff well-being. This development project has been conducted partly in collaboration with the QalyPro research project.

Keywords: Optimal nurse staffing, Nursing intensity, Nurse-to-patient ratio, Workforce management

Training of Operating Room Nurses: Staff Survey and Development of a Manual at the North Estonia Medical Centre

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Background: Staff turnover in hospitals puts patients at risk, the use of a structured training manual increases the retention of new nurses and supports the development of competencies as an operating room (OR) nurse. It's also necessary for supervisors. The OR has historically been an intensive and challenging learning environment.

Objectives:
The aim was to describe the experiences and views of the staff and to develop a manual to support the training of OR nurses at the North Estonia Medical Centre (NEMC).

Methods: A development project was led to develop a training manual for OR nurses, nurses working in the institution were interviewed (novice and experienced OR nurses). The surveys were qualitative. The surveys took place before (10 novice OR nurses and 11 supervisors) and after the development of the training manual (19 of the original respondents). The project period was Oct 2022 to Jan 2024.

Results: As a result of the literature review and the survey, an 87-page, spiral-bound A5 book was made. It contains a comprehensive overview of working at the NEMC and a table to be filled out as a checklist on the time stages of training, references to mandatory and recommended guidelines, information on basic instruments, patient draping and suture materials. Manual was piloted for a week and feedback was collected, it was found to be a necessary and useful tool. Most respondents (89.5%) prefer to use the manual in book form. Manual was approved by the NEMC as the official guide for training OR nurses.

Conclusion: Operating teams are dynamic, with a shared responsibility for patient safety. Adding new staff can add stress to an already intense workload. There is a shortage of OR nurses and training is only provided on the job. An effective training manual can help reduce conflict, increase teamwork and retention. Training for an OR nurse should last six months to a year.

Keywords: operating room nurse, training, training manual, staff survey

The Value of Meaningful Recognition in Strengthening Nursing Workforce Resilience, Healthy Work Environments, and Patient Experiences

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Background: Sustainable nursing workforce retention remains a challenge across Europe, the United Kingdom, and the United States. While national policies and workforce initiatives continue to evolve, healthcare organizations require practical, scalable strategies that translate policy into action at the point of care. Meaningful recognition, particularly when embedded within organizational culture, has emerged as a promising approach to strengthening nurse engagement, fostering healthy work environments, and enhancing patient and family experiences.

Aim: To synthesise international evidence examining how meaningful recognition, including structured programs such as The DAISY Award, influences nurse engagement, resilience, retention, healthy work environments, and patient outcomes.

Methods: A narrative review of international peer-reviewed literature examining recognition, gratitude, and workforce outcomes, alongside national and cross-country studies addressing nurse retention, work environments, and organizational culture. Sources included evaluations of recognition programs and workforce surveys from the EU, the UK, and the US.

Results:
Meaningful recognition enhances nurses wellbeing and engagement while reducing burnout and turnover. It also strengthens therapeutic relationships, improves care experiences, and fosters healthier, more stable, and trusted healthcare organizations.

Conclusions / Implications: Meaningful recognition is a scalable, evidence based strategy aligned with global priorities for workforce wellbeing and sustainability. Embedding structured recognition as a core leadership and organizational practice offers a cost-effective way to strengthen nurse retention, enhance care quality, and support the economic sustainability of healthcare systems worldwide.

Keywords: workforce sustainability; retention; turnover reduction; organizational performance; meaningful recognition

Nurses' Health and Professional Well-Being in Lithuania: A Micro–Meso–Macro Integrated Mixed-Methods Study

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Background: Nurses' professional well-being is a multidimensional phenomenon that affects workforce retention, patient safety, quality of care, and health system sustainability.

Aim: To comprehensively assess nurses' health and professional well-being in Lithuania across micro, meso, and macro levels, and to develop an integrated model to inform recommendations for workforce and system strengthening.

Methods: A mixed-methods design combined qualitative focus group discussions and a national, large-scale survey of nurses. Qualitative data were collected in 2025 via seven focus groups with 31 participants: practicing nurses, nursing leaders/policymakers and managers, and patient organization representatives. Data were transcribed, audio files deleted, and thematic content analysis applied using inductive and deductive approaches. Quantitative data were collected from 2,459 nurses. Statistical analyses (SPSS, Mplus) were made.

Results: Qualitative findings showed well-being emerging from a dynamic interplay of emotional, physical, and moral workload (micro), staffing, leadership, workload organization, and psychosocial climate (meso), and fragmented nursing policy, limited professional recognition, and inconsistent planning/financing (macro). In the survey, burnout risk was low in 75.6%, moderate in 14.4%, and high in 9.9%; high work engagement was observed in 40.4%. Key predictors of intention to leave were younger age, lower job satisfaction, higher burnout, weaker supervisor support, interpersonal conflict, role conflict, and limited development opportunities; the primary model explained 49.8% of the variance (R^2= 0.498).

Conclusions: Nurses' well-being requires coordinated interventions across micro–meso–macro levels, prioritizing burnout prevention, role clarity, conflict reduction, leadership capacity, and visible career development—particularly for younger nurses.
Keywords: nurses; professional well-being; burnout; work engagement; intention to leave.

Sustainability Is No Longer a Choice: Challenges of Sustainable Leadership in Nursing Care

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Background: Sustainability in healthcare begins with leadership. It is reflected in everyday decisions, relationships, and practices that collectively shape the working culture in nursing care. In a tertiary hospital setting—where professional demands intersect with staffing pressures and responsibilities toward patients, employees, society, the environment, and economic sustainability—sustainable leadership represents a key lever for the long-term viability of the healthcare system.

Aim: The aim of this project was to diagnose and evaluate the presence of sustainable leadership practices in nursing care and to identify key gaps in sustainable development.

Methods: The study was designed as a three-year developmental project (2022–2024) conducted in a tertiary hospital setting. It included a literature review, the conceptualization of sustainable leadership, and empirical diagnostics using an internationally validated questionnaire administered in English. Nursing professionals at various leadership levels participated in the study; participation was voluntary and anonymous. The findings were analyzed to formulate developmental guidelines for the implementation of sustainable practices.

Results: A total of 102 fully completed questionnaires were included in the analysis. Overall, leadership practices tended toward sustainable performance, with none evaluated as unsustainable. Ethical values, the development and sharing of knowledge, trust, organizational reputation, and patient satisfaction were particularly prominent. However, more than half of the practices remained within a neutral range, indicating the need for further development. Key gaps were identified in staff recruitment and retention, internal succession and career planning, economic sustainability, and decision-making culture.

Conclusions/Implications: The findings confirm that sustainable leadership is not a static achievement but a process of deliberate and continuous development. Systematic diagnostics and reflective leadership facilitate the transition from declarative to genuinely enacted sustainability in practice. Sustainable leadership thus emerges as a shared responsibility of leaders and organizations, conveying a clear message: sustainability in nursing care is no longer a choice but a necessity.

Keywords: sustainable leadership, nursing care, leadership culture, developmental project, tertiary level

Mobile Nursing: A New Model for Managing Nurses´ Sudden Absences at a University Hospital

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Background: Preparing for sudden absences of nurses is challenging in university hospitals. It is often necessary to make up for absences so that patient care can be carried out without disruption and the workload of the staff does not become too high. Arranging absences takes a lot of time from supervisors and causes a lot of salary costs. The quality of care must also be ensured in all situations. Innovative models are needed for the organization and management of absences.

Aim: The purpose of this development work is to describe a new kind of mobile nursing. Model that can be used to compensate for sudden absences of nurses and secure patient care. In addition, the purpose was to development an organizational structure for mobile nursing.

Methods: The development work examined the research literature and mapped the number of sudden absences of nurses in the hospital and the related costs. In addition, the placement of mobile nursing in the organizational structure of the university hospital was decided.

Results: At the university hospital, there were in 2025 about 200 sudden absences of nurses every day, and 262 nurses are needed to make up for these 75%. In 2025, making up for sudden absences had cost 3.2 million. In the development work, a new resource centre was established, where the nurses were placed in mobile nursing work. Each nurse was assigned their own personal competence profile and a rotation area in the hospital. The units order a nurse for absences from the Resource Centre.

Conclusions: The management of sudden absences must be centralized. In this case, making up for absences is cost-effective and supports the nurses' well-being and competence as well as occupational safety. The goal is to further develop the training programs and career paths of the Resource Center's nurses. The centre has freed up the time of the unit's supervisors from substitute arrangements for other management work.

Keywords: Sudden absences, mobile nursing, hospital

Effects of Mindfulness-Based Program on Individual and Organizational Outcomes of Manager Nurses

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Background: Heavy workloads and limited psychological self-care increase stress and burnout among nurse managers, negatively affecting leadership performance and staff and patient outcomes. Mindfulness-based approaches offer a practical strategy to strengthen stress management, resilience, and sustainable nursing leadership.

Aim: This study examined the effects of a Mindfulness-Based Program on individual and organizational outcomes among nurse managers.

Methods: This randomized controlled pre-test/post-test study was conducted between October 23, 2023, and June 12, 2024, at a private university hospital and a government hospital in Istanbul. The sample included nurse managers (n = 41) and their subordinates (n = 265). Nurse managers were randomly assigned to experimental and control groups, and subordinates were allocated accordingly. The Mindfulness-Based Program was delivered virtually over eight weeks (December 14, 2023–February 8, 2024). Data were collected at baseline, post-intervention, and at a 3-month follow-up using validated scales.

Results: Compared with the control group, nurse managers in the experimental group demonstrated significant improvements in mindful attention awareness, personal accomplishment, and job performance, along with significant reductions in emotional exhaustion, depersonalization, and turnover intention at post-intervention and follow-up. Among subordinate nurses, turnover intention decreased significantly, while employee-oriented, structure-oriented, and change-oriented leadership perceptions increased in the experimental group.

Conclusions: The Mindfulness-Based Program was a feasible and effective intervention, producing positive individual and organizational outcomes for nurse managers and their teams. Further research is recommended to assess long-term effects and cost-effectiveness.

Keywords: Mindfulness; Mindfulness-Based Program; Nurse Managers; Nurses

Health Workforce Sustainability – A Retrospective Document Analysis of Ministries´ Steering Documents

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Background: Health workforce sustainability means ensuring the sufficiency of health professionals in the future without compromising the right to well-being. WHO has estimated a global shortage of 11 million health professionals until 2030. The need for health workforce is increasing as the population ages and the operating environment changes.

Aim: To describe the health workforce sustainability based on steering documents of Finnish ministries. The knowledge can be utilized in future health workforce planning.

Methods: This study was conducted as a retrospective document analysis in a seven-step process. The documents were searched from the Government´s joint, electronic archive in January 2025 using the predefined search terms. The search resulted a total of 607 documents, of which 24 were accepted for data. For the analysis, an extraction matrix was developed based on the previous research and the data was analysed using qualitative and quantitative descriptive methods.

Results: According to the documents health workforce sustainability consisted of four domains: (1) strategies for health workforce retention, (2) determinants of health workforce sufficiency, (3) standards of high-quality healthcare education and (4) foundations for successful health workforce planning. The domains included themes (n=12) and their contents (n=42). The determinants of health workforce sufficiency were described most frequently in the documents including recruitment strategies, health workforce supply and demand.

Conclusion: Health workforce sustainability requires a holistic perspective and good governance, implemented at all levels of healthcare and in co-operation between countries. It includes both qualitative and quantitative health workforce factors, and evidence-based planning. Further research is needed to discuss the topic more concretely and to implement possible measures to promote sustainability.

Keywords: document analysis, future, health workforce, sustainability

The Effect of Decent Work on Contextual Performance in Nurses: The Mediating Role of Meaningful Work

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Background: Creating decent working conditions in hospitals is crucial for improving nurses' performance and, consequently, the quality of care.

Aim: This study aimed to examine the relationship between nurses' perceptions of decent work, meaningful work, and contextual performance, and to test the mediating role of meaningful work in the relationship between decent work perception and contextual performance.

Methods: This descriptive, cross-sectional, correlational study was conducted with 294 nurses employed at three hospitals, recruited via convenience sampling. Data were collected between June 1 and September 1, 2025, using the Nurse Information Form, the Decent Work Scale, the Meaningful Work Scale, and the Contextual Performance Scale. Descriptive and correlational statistics were used in data analysis. The mediating role was tested using Structural Equation Modeling.

Results: A positive and significant relationship was found between decent work and meaningful work and the contextual performance, and a positive relationship was found between the meaningful work and the contextual performance ($p<0.01$). The effect of decent work on meaningful work and contextual performance, and the effect of meaningful work on contextual performance, was found to be significant. The perception of meaningful work was found to have a mediating role in the effect of decent work on contextual performance in nurses ($p<0.001$).

Conclusion: As nurses' perception of decent work increases, their work meaning and contextual performance are found to increase. This study found that meaningful work mediates the relationship between decent work and contextual performance. Based on these results, nurse managers seeking to improve the quality of care and foster positive organizational behaviors in nurses are advised to create and encourage decent work environments.

Keywords: Contextual performance, Decent work, Meaningful work, Nurse.

TÜBİTAK supported this study under the 2224-A Program for Supporting Participation in International Scientific Events.

Staff Retention through Magnet® Principles: Cultural, Change and Nursing Quality at the University Hospital Bonn

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The growing shortage of qualified nursing professionals poses major challenges for healthcare institutions worldwide. A key strategic approach to addressing this issue is the targeted promotion of staff retention through structural and cultural transformation. The internationally established Magnet® model, developed by the American Academy of Nursing, identifies institutional conditions that make hospitals particularly attractive workplaces for professional nurses. The model is based on five core components and 14 Magnet forces that promote evidence-based practice, professional autonomy, interprofessional collaboration, participatory decision-making, and transformational leadership. Numerous studies demonstrate a positive association between Magnet structures and nurse satisfaction, quality of nursing care, and patient outcomes.

Within the European intervention and development study Magnet4Europe, this model has been implemented since 2020 in 68 hospitals across six countries, including 21 hospitals in Germany. The aim is the sustainable improvement of mental health and occupational well-being among healthcare professionals. The University Hospital Bonn (UKB) participates in the project as an intervention hospital and is engaged in a twinning partnership with OSF Saint Francis Medical Center (Illinois, USA). At UKB, shared governance structures have been established, a participatory leadership approach has been implemented (e.g., servant leadership), and nursing science initiatives as well as nursing-sensitive performance indicator management have been introduced. Nursing professionals are systematically involved in clinical decision-making processes, contributing to the strengthening of professional identity, motivation, and organizational commitment.

This presentation highlights the current state of implementation at UKB, the mechanisms of action of the Magnet approach, as well as opportunities and challenges within the German hospital context. It demonstrates how sustainable staff retention can be achieved through structural change—an essential factor in ensuring nursing quality and the future viability of healthcare institutions.

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Establishing a Hospital-wide Wound Care Nurses' Network to Improve Quality, Accessibility and Sustainability of Care

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Background: Until 2024, wound care services at North Estonia Medical Centre (NEMC) relied on a single wound care nurse responsible for outpatient appointments and consultation across all inpatient departments. This centralized model limited accessibility, continuity of care and the systematic development of nursing expertise. To address these challenges, a strategic shift was made from an individual-based service model to a clinic-level network approach. The Wound Care Nurses' Network was established to ensure uniform and high-quality wound care in both inpatient and outpatient settings while strengthening nursing leadership and shared responsibility across the organization.

Aim: To develop and implement a sustainable, hospital-wide Wound Care Nurses' Network that improves the accessibility, quality and continuity of wound care services and supports nursing leadership development.

Methods: A developmental project design was applied. Each clinic appointed at least one wound care nurse with additional training who provides consultation within their clinical unit. Network nurses are supported by senior wound care nurses from the Surgery Clinic. Standardized guidelines, documentation processes, training programmes and intranet-based resources were developed. Hospital-wide hybrid education, including lectures, workshops and e-learning, supported competence development. Collaboration with international professional organizations strengthened evidence-based practice.

Results: The Wound Care Nurses' Network has been actively operating since May 2024. It includes six clinics (excluding Diagnostics) and has expanded to hospitals of the North Estonia Medical Centre group, including Rapla Hospital (since August 2025) and Hiiumaa Hospital (since October 2025). A comprehensive set of standardized materials was developed, including a wound care guideline with an integrated wound care model, an activity guide for network nurses, essential supply lists for initial wound dressing, One Minute Wonder (OMW) learning materials, product-specific guidance materials and a dedicated wound care section on the hospital intranet.
A structured training programme for network nurses was implemented, covering basic wound care, stoma care, handling of surgical instruments, wound infections, lymphedema therapy, chronic venous ulcer bandaging and pain management. Senior wound care nurses from the Surgery Clinic provide continuous training and consultation, while independent outpatient appointments continue in the general surgery outpatient clinic. Documentation of wounds and pressure ulcers, including

Braden Scale assessment, was fully integrated into the “ÕDE” electronic nursing documentation system. Pressure ulcers are registered through the Patient Safety Incident Reporting System (POI). Collaboration with the European Pressure Ulcer Advisory Panel (EPUAP) supports continuous quality development.

Conclusions/Implications: Implementing a wound care nursing network improves patient care quality, patient safety and service accessibility while optimizing staff workload and strengthening teamwork. The model supports sustainable nursing leadership, enhances nurses’ career development and provides a transferable framework for nurse-led service development in complex healthcare organizations.

Keywords: wound care; nursing leadership; nursing network; quality improvement; sustainability

Bridging the Leadership Gap: Communication Strategies to Strengthen Executive–Middle Nurse Manager Partnerships in Healthcare

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Background: Communication between nurse executives and middle nurse managers (MNMs) is essential for organizational alignment and for translating strategic decisions into frontline practice. However, while communication between staff nurses and first-line managers is well studied, evidence on executive–MNM communication remains limited.

Aim: To explore the communication channels/routes, key topics, and perceived effectiveness of executive–MNM communication.

Methods: A descriptive qualitative study (June–December 2025) used purposive sampling to collect data from 11 nurse executives and 55 middle nurse managers. Data were analyzed using inductive content analysis.

Results: Four themes emerged: (1) Channel architecture and "rules of use": communication relied on a hybrid system combining formal, traceable routes with informal, rapid channels, selected based on urgency versus the need for documentation; (2) Communication style and relational climate: perceived quality depended on clarity, active listening, consistency, and the relational climate; (3) Cascade communication and the MNM role: MNMs served as key translators and filters of executive decisions; risks included message distortion or information loss along the chain. (4) Operational challenges and levers for improvement: a recurring tension existed between speed and formalization, with implications for after-hours contact and work–life boundaries; improvement strategies included structured routines and shared criteria for what to communicate, through which channels, and with what level of official status.

Conclusions: Communication is adaptive, yet vulnerable under high operational pressure. Leadership should strengthen communication governance, standardize cascade summaries with two-way feedback, set boundaries for informal tools, and invest in digital upskilling.

Keywords: healthcare; leadership; communication; middle nurse managers; nurse executives; qualitative research.

Midwifery Leadership and Adolescent Sexual and Reproductive Health

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International evidence shows that adolescent sexual and reproductive health (SRH) outcomes depend not only on knowledge but also on access, confidentiality, trust and continuity of care (Pampati et al., 2019; Ninsiima et al., 2021; Corley et al., 2022). Midwives are recognised by the WHO and ICM as key SRH providers across the life-course, including adolescence, due to their clinical competence and rights-based counselling (ICM, 2014, 2024; WHO, 2024). However, their organisational roles in school- and community-based SRH remain uneven. In Estonia, SRH provision is fragmented and midwives are not systematically integrated into school health services (Sotsiaalministeerium, 2020; Tervisekassa, 2023).

This review synthesised evidence on mechanisms linking midwifery to adolescent SRH, with attention to leadership and service organisation. A thematic literature review was conducted following PRISMA 2020 and JBI guidance. Searches in PubMed, Scopus and Web of Science (Aug–Nov 2025) covered 1988–2025 and were supplemented with grey literature from WHO, ICM, OECD and national sources. Inclusion criteria covered adolescents aged 10–19, school-linked SRH, midwives or comparable providers. Ninety-nine sources met criteria.

Across contexts, five mechanisms linked midwifery to improved adolescent SRH: (1) accessible and visible services, (2) confidentiality and trust, (3) rights-based counselling, (4) continuity and coordinated pathways, and (5) role clarity in interdisciplinary teams. Countries with integrated youth models showed higher SRH utilisation and reduced inequities, including among migrant youth in Sweden and via digital services.

Findings suggest midwifery can strengthen adolescent SRH through clinical work and leadership in service design. For Estonia, integrating midwives into youth-oriented systems may enhance access, equity and rights-based care. Further work is needed on governance models that legitimise midwifery leadership in school and primary care.

Co-development of Digital Services in the InnoCareHub Project

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Background: When developing digital services for older people, it is important that all stakeholders related to the phenomenon participate in the development. The key interest groups related to the phenomenon are service users, care service providers, and developers and suppliers of technological solutions. The opinions and views of older people are often not sufficiently reflected in the development and design of their services. The goal of InnoCareHub project is to form a co-development network where older service users also have opportunity to express their opinions and needs.

Aim: The aim of this sub-study is to describe and analyze the opinions of older service users and the views that are important to them about digital services that emerged during the project.

Methods: Research data were collected in co creation workshops (n=6). A network of older adults and other stakeholders participated in workshops dedicated to ideating and developing digital services for older people, as well as in workshops focused on age-friendly technological features. The workshops brought together older adults, technology suppliers, private home care providers, and public sector actors, and included collective discussions and small group work. The research material consists of written workshop outputs and researchers' discussion notes, analyzed using thematic content analysis.

Results: The most important issues for the older people regarding the development of digital services were divided into the following categories: 1) realization of the right to self-determination, 2) supporting older persons' competence support, 3) decision-making power over one's own home and services and 4) person-orientation and genuine participation of older people.

Conclusion/ Implication: When developing and implementing digital services, it is important to involve older people in the development of services.

Keywords: older people, co-development, digital services, workshops

Missed Nursing Care and Non-Nursing Tasks: Leadership Implications for Nursing Staff and Patient Outcomes

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Background: Missed nursing care and non-nursing tasks by nursing staff are global challenges affecting workforce well-being and patient safety. Although studied separately, evidence on their combined effects on nursing staff and patient outcomes remain limited.

Aim: To explore the prevalence and reasons for missed nursing care and non-nursing tasks and their associations with nursing staff and patient outcomes in surgical and internal medicine wards of Estonian hospitals.

Method: A hospital-level multi-method study used electronic survey and registry data. Nursing staff (n=385) from 57 wards in two regional and two central hospitals completed the MISSCARE Revised and the Non-Nursing Task Questionnaire (July 2023–January 2024). Patient outcomes were obtained from hospital registries. Datasets were analysed separately and jointly using descriptive and advanced statistical methods.

Results: Most participants (74%) reported at least one missed nursing task during their shift. Missed care rates varied between hospitals (34–76%), with care planning most frequently omitted. Over 60% performed non-nursing tasks, mainly administrative duties. Labour resources were the main reason for missed care and non-nursing tasks. Missed care was statistically significantly associated with nursing staff and patient outcomes. Administrative non-nursing tasks were statistically significantly associated with increased patient complications, whereas allied healthcare tasks with lower rates of pressure ulcers and healthcare-associated infections.

Conclusion: Missed nursing care and non-nursing tasks are widespread, interconnected workforce challenges with measurable outcomes for nursing staff and patient outcomes. Results from combined analyses highlight the role of nursing leadership in optimising workforce organisation, clarifying role boundaries, and strengthening outcome monitoring to support safe and equitable care.

Keywords: Missed care; Non-Nursing Task; Nursing Staff; Patient Outcomes

Quality and Accessibility of Health Care Services in Lithuania During Health System Reform

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Background: Ongoing health system reforms in Lithuania, including the restructuring of health care institutions and the establishment of new health centres, require evidence-based assessment of service quality, accessibility, and workforce competencies at the regional level.

Aim:
The aim of this study was to assess the quality and accessibility of health care services in the Sūduva region, identify key challenges in service provision, and determine competency gaps among health care professionals in the context of health system reform.

Methods:
A mixed-methods design was applied. The study was conducted in five municipalities and 24 health care institutions of different sizes in the Sūduva region. Qualitative data were collected through semi-structured interviews with 22 informants in May, while quantitative data were obtained via a survey of 322 respondents conducted in September–October. Participants included health care professionals, health care managers, and local policymakers.

Results:
Four main problem areas were identified: shortage of health care specialists, limited accessibility of services, challenges in implementing organizational changes, and transformation of professional competencies. The findings revealed significant differences in institutional capacity to adapt to reform and highlighted the need for targeted competency development and improved inter-institutional cooperation.

Conclusions/Implications:
The study provides practical recommendations for improving health care service quality and accessibility in the Sūduva region. The results support strategic workforce planning, development of competency-based training programmes, optimization of service networks, and reduction of regional disparities. At the societal level, the findings contribute to more transparent, efficient, and patient-centred health care governance.

Keywords: health care quality; accessibility; health system reform; competencies; regional health policy

International Collaboration in the Magnet Certification Process: Reciprocal Twinning Visits in Nursing

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Background: International collaboration is a key element of the Magnet certification process, supporting nursing excellence, shared governance, and continuous quality improvement. Twinning partnerships enable structured knowledge exchange between organizations at different stages of Magnet maturity.

Aim: The aim of this project was to describe and evaluate the impact of reciprocal twinning visits between the University Hospital Bonn and a Magnet-designated hospital in the United States on professional nursing practice and organizational development.

Methods: An interdisciplinary group of ten nursing professionals from the University Hospital Bonn participated in a structured observational visit to a Magnet-certified hospital in the United States in 2023. Professional exchanges and participatory learning activities were conducted across multiple care settings, including perioperative services, emergency care, and oncology units. In 2024, a reciprocal visit by nursing leadership and the Magnet team to Bonn enabled comparative discussions and feedback on governance structures and nursing processes.

Results: The visits provided in-depth insights into shared governance structures, professional development strategies, and interdisciplinary collaboration models. Participants reported increased understanding of Magnet principles and identified transferable practices to strengthen nursing governance, clinical education, and leadership engagement within the German healthcare context.

Conclusions/Implications: Reciprocal twinning visits are an effective strategy within the Magnet certification process to promote international learning, organizational reflection, and professional nursing practice. Such partnerships support sustainable quality development and patient-centered care.

Keywords: Magnet certification, international collaboration, nursing excellence, shared governance, professional development

Interprofessional Council for Performance and Retention

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Purpose: To enhance perioperative performance and strengthen nursing's strategic influence, a dual-profession co-governance structure with equal decision authority was implemented to reduce waiting times, expand surgical throughput, and build a resilient and engaged perioperative workforce.

Relevance / Significance: The initiative addressed long-standing perioperative inefficiencies, communication gaps, and limited nursing involvement in system-level decisions. By elevating nursing authority and embedding shared leadership, the project aligned with Magnet® priorities—transformational leadership, professional autonomy, structural empowerment, and high-reliability operations—while supporting the organizational need for sustainable improvement and a cohesive, stable workforce.

Strategy / Implementation / Methods: Nursing, neurosurgery, and anesthesiology leaders jointly established an interprofessional co-governance council with equal decision rights. The council meets monthly, with meetings documented and shared goals defined at each session. A plural nursing leadership model integrated managerial, clinical, and educational expertise to redesign handovers, escalation pathways, and interprofessional simulation training. Monthly governance cycles combined dashboard analytics with frontline nurse input to monitor trends, refine interventions, and guide improvement. Workforce strategies—including targeted recruitment, structured onboarding, and mentoring—aligned with council decisions to stabilize, retain, and steadily grow the team.

Evaluation / Outcomes / Results: Perioperative waiting times decreased significantly across the year. Surgical volume increased despite unchanged FTE allocation, demonstrating efficiency gains driven by nursing-led coordination redesign. Staffing levels rose month by month, showing an upward workforce trajectory with zero turnover and strengthened retention. Nurses reported greater engagement, agency, and interprofessional trust, while physicians described clearer processes, improved reliability, and more effective collaboration. Early patient-experience indicators showed smoother perioperative flow, improved continuity, and enhanced perceptions of safety and responsiveness.

Conclusions / Implications For Practice: Nursing-led co-governance delivered sustained operational, cultural, and workforce improvements. The model offers a scalable framework for organizations seeking to advance transformational leadership, strengthen perioperative reliability, and reinforce nursing's strategic influence through shared accountability.

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Nurses' Assessments of Nurse Managers' Support for Professional Autonomy in Primary Healthcare Outpatient Practice in Finland

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Background: Nurse managers have an essential role in organising and supporting nurses' outpatient practice and consequently nurses' professional autonomy. Professional autonomy in nursing is participation in patient care decisions, development of nursing care processes, and the ability to influence work practices, scheduling, and conditions. Professional autonomy allows nurses to utilize their full competence and ability in outpatient practice. Nurses' perceptions of managers' support for professional autonomy in outpatient practice lack research.

Aim: To describe nurses' assessments of nurse managers' support for professional autonomy.

Methods: A quantitative cross-sectional study. Target population was nurses working in primary healthcare outpatient practice. Data were collected in the spring of 2025 using an online survey consisting of the Dempster Practice Behaviour Scale and the Nurse Managers' Actions Scale.

Results: Altogether 136 nurses responded to the survey. Overall, they assessed to often receive support from nurse managers for autonomous behaviour and practice (mean 3.4/5). The most frequent type of support for autonomy was encouragement to communicate openly with all team members (4.2/5). Also, nurses' autonomous decision-making was usually supported (3.8/5). On the other hand, nurses assessed that nurse managers seldomly involved staff nurses in planning the capital expenditure (2.3/5).

Conclusion/Implications: Due to globally rising service demands and staffing shortages, supporting nurses' professional autonomy is essential to retain competent nurses and provide accessible and high-quality care for clients. Professional autonomy predicts greater job satisfaction, higher social support, and personal accomplishment. Further research on nurses' professional autonomy in outpatient practice also from managers' and other professionals' viewpoint is needed.

Keywords: Professional autonomy, nurses, primary healthcare, outpatient practice, nurse managers

Supporting Post-discharge Recovery of Cardiac Patients: A Human-centred Service Design Approach

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Background: Cardiovascular diseases are among the leading causes of mortality in Estonia, and many patients encounter challenges in adherence to treatment and lifestyle modifications after hospital discharge. A gap exists between structured clinical care in hospital and long-term self-management, often leading to avoidable rehospitalizations and patient stress.

Aim: The aim of this quality improvement project was to identify opportunities and propose solutions to improve the hospital discharge process for inpatients at the Tartu University Hospital Heart Clinic.

Methods: A human-centered design process was applied in collaboration with Interaction Design master's program students to address the identified challenges. Research activities included stakeholder interviews with healthcare professionals and patients, observations in clinical settings, literature review, service safari, and co-creation workshops with clinical teams. Behavioural theories and systemic mapping informed the development of service concepts.

Results: The project revealed prolonged information gaps followed by information overload at discharge, abrupt transfer of responsibility to patients, anxiety-driven barriers to learning, and underutilised work of nurses and caregivers. Design outcomes emphasised the need for clear communication, continuity of support and patient engagement. Prototyped solutions included structured informational materials aligned with the patient journey, peer-support formats and tools to support self-management.

Conclusions/Implications: Human-centered design highlighted critical gaps in the discharge process and pointed to actionable opportunities to improve information flow, support structures and care continuity. Embedding such solutions could improve patient experience and engagement after hospital discharge, and some of the proposed prototypes will be piloted.

Keywords: cardiac rehabilitation, patient experience, human-centered design, post-discharge care

Data-driven Insights for Sustainable Staffing: Optimizing Nursing Workforce Allocation for Improved Patient Care

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Background: Nurses' time allocation during shifts significantly impacts clinical outcomes and staff well-being. Despite the challenges posed by nurse shortages, optimizing nursing time remains a critical yet under-explored area. Understanding how nursing time is allocated and identifying opportunities for workflow improvements can facilitate better workforce management.

Aim: To analyze the allocation of nurses' working time during shifts in medical-surgical wards in Italy.

Methods: A cross-sectional design was employed in 5 hospitals and 13 medical-surgical wards in Italy from 2021-2024. Registered nurses were shadowed during randomly selected morning and afternoon shifts. A mobile application was used to track real time nursing activities. Four task categories were created: direct, indirect, organizational, non-patient care. The time spent on each category was recorded and analyzed.

Results: Overall, 195 shifts and 1268 working hours were observed across Italian hospitals. Nurses allocated approximately 45% of their working time to direct patient care, with an additional 24% spent on indirect care. A concerning 21% (1,5 hours) of the shift work time was consumed by non-patient care activities. Variations in time allocation were observed between medical and surgical wards and across hospitals.

Conclusions: The results underscore the urgent need for optimizing nurses' time through a strategic reassessment of task distribution within healthcare teams. Given the impending nursing shortage, it is critical for nurse managers to drive change management initiatives focused on improving workflow efficiency. Nurse managers must take proactive steps to streamline operations, implement role adjustments, and leverage support staff, reinforcing the value of nursing time as a key driver of care quality and staff satisfaction.

Keywords: nursing workforce, time allocation, sustainable staffing, tasks, patient care

Ethical Issues in Long-term Care Settings for Older Adults: An Interview Study for Nurse Managers

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Background: Nurse managers constantly face ethical issues when working with older adults in long-term care settings. They are responsible for facilitating daily care in accordance with legislation and practices in their unit. Research data on their views on ethical issues in long-term care is scarce.

Aim: To describe the ethical issues that nurse managers have encountered in their work in long-term care settings for older adults.

Methods: Nurse managers working in long-term care settings for older adults (n=23) were recruited in semi-structured focus-group interviews. The data were analyzed using inductive content analysis.

Results: Four themes including 12 sub-themes were derived from the data. The ethical issues were related to ensuring residents' right to self-determination, including awareness of the daily care provided; ethical decision-making regarding employees and processes, including the ability to prioritize, treat staff fairly, and maintain decision-making ability under pressure; fulfilling ethical leadership despite conflicting role in an organization, and defending ethical care in society.

Conclusions: In long-term care settings, nurse managers face ethical issues at different levels. They play an important role in promoting high-quality and ethical day care. They are responsible for the ethical actions and behavior of their employees, as well as for ensuring that they have adequate skills and good working conditions. Their involvement in all organizational decision-making could narrow the gap between the reality of day care and the expectations of organizations and society. Further research on the ethical competence and support needs of staff would provide valuable information for nursing management.

Keywords: nurse managers, leadership, ethical issues, older adults, long-term care, interview

Specialized Teams as the Foundation of Modern Nursing Management

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Background: Nursing in modern clinical settings requires effective organizational models that combine specialized professional expertise and teamwork to enhance care quality and patient outcomes.

Aim and methods: To present a model of nursing management based on specialized teams and continuous professional development in the Infectious Diseases Intensive Care Unit at the University Clinical Center Maribor.

Results: The Infectious Diseases Intensive Care Unit was established in June 2022. Since then, specialized teams have been implemented, including teams for wound care and pressure injury management, in-hospital resuscitation, vascular access, student mentorship during clinical training, hand hygiene, and transfusiology expertise. A mobile application for wound monitoring has improved documentation and timely risk detection, contributing to faster patient recovery. The number of pressure injuries decreased from 142 to 93. The in-hospital resuscitation team conducts regular simulations, enhancing the safety and effectiveness of resuscitation. The vascular access team performed over 500 procedures between August 2024 and February 2025. Members of the student mentorship team guide students throughout their clinical training, improving clinical education. The hand hygiene team is responsible for monitoring, guidance, and compliance with infection prevention standards. The transfusiology team oversees proper recording, monitoring, documentation, and reporting of blood product administration and adverse events.

Conclusion: Specialized teams and continuous professional development provide an effective model of nursing management in intensive care, improving patient care coordination, safety, recovery, and quality, while enhancing staff competencies, teamwork, and implementation of innovative practices.

Keywords: specialized nursing teams, patient care quality, professional development

Nursing Leadership and Care Process Management for Sustainable Healthcare: Hospital Nurses' Perspectives in Estonia over Three Decades

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Sustainable healthcare requires nursing leadership that supports care quality, patient well-being and nurses' work capacity. Over the past three decades, nursing in Estonia has shifted towards higher education, expanded professional autonomy and increasing expectations for holistic and patient-centred care, while workload intensity, staffing shortages and work environment pressures have grown. Understanding these developments from nurses' perspectives is essential for designing leadership practices and care processes that support long-term sustainability.

The aim of this study was to examine how hospital nurses in Estonia have perceived changes in nursing education, professional roles, work environment and organisational culture over three decades, and how these relate to care process quality, patient well-being and the sustainability of nursing practice.

A repeated cross-sectional survey design was used. Data were collected from hospital nurses in Estonia in 1999, 2009 and 2021. Standardised questionnaires assessed nurses' views on education, professional roles, work environment, organisational culture, nursing activities and patient well-being. Descriptive and comparative statistical analyses were conducted.

The findings show a shift from task-oriented and medically dominated nursing towards a more autonomous, holistic and patient-centred professional role. Nurses reported improved education and competence alongside increased workload and staffing pressures. Supportive organisational culture and positive work environment were associated with a greater capacity to provide holistic care and support patients' physical, psychological and social needs.

Sustainable care processes depend not only on workforce numbers but also on nursing leadership that strengthens professional autonomy, supports holistic care and fosters a positive organisational culture. Nursing leaders play a key role in enabling high-quality care and improved outcomes for both patients and staff.

Leading Nursing, Considering Ethics – Remarks for Nursing Leadership

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Background: Ethics is an inherent part of all care and thus inseparable from daily nursing leadership. Ethical issues in care are often seen as individual dilemmas, but research shows they reflect deficiencies in patient care, teamwork, and organisational shortcomings. They form a self-reinforcing cycle: nurses face ethical issues due to violations of patients' rights, unclear roles, poor communication, limited autonomy, and high workloads. This leads to moral distress, burnout, and reduced capacity to provide ethical care, causes following shortcomings in care and generates new ethical issues. Recognising ethics and ethical issues in nursing leadership as indicators of care quality improves practice, teamwork, and patient outcomes.

Aim: To examine ethical issues as signals of deficiencies in care and demonstrate how nurse leaders can use them as indicators to improve daily care and workforce sustainability.

Methods: A summary analysis from the nursing leadership perspective based on the data of the multi-method study of ethical issues in nursing conducted 2020-2021 with surveys among nurses in Estonia (n=283) and Italy (n=936) and with interviews among Estonian nurses (n=21).

Results: Ethical issues in care point to deficiencies in clinical practice, teamwork, and organisational conditions. Ethical issues arose when nurses' roles were unclear, teamwork and communication was ineffective, autonomy limited, and workloads high. Overall, ethical issues reflected structural and teamwork-related shortcomings requiring nurse leaders attention.

Conclusions: Ethics is an inevital part of care quality and organisational health. Leadership should integrate ethics into quality and workforce management, strengthen role clarity and autonomy, enhance teamwork and communication, and provide support structures encouraging open, guilt-free discussion.

Keywords: Ethics, care, ethical issues, quality, leadership

Ethical and Effective Nursing Leadership for Sustainable Healthcare: Employees' Perspectives

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Background: Leadership is about processes of influence, and to promote an ethical organizational culture, the example set by the leaders is of crucial importance. Integrity among nurse leaders links ethics and efficiency, as ethical leadership is connected to both value-based and knowledge-based leadership. Integrity makes leadership visible on many levels, and part of this visibility lies in creating a unique leadership approach that responds to the diverse needs of individual staff members. Previous research has shown that ethical leadership creates favorable outcomes in healthcare organizations for patients, employees, and the leaders themselves.

Aim: The aim of this study was to explore what ethical and effective leadership means to employees in clinical nursing, and how leaders can motivate employees to work ethically and efficiently toward the organization's goals.

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

Results: The results show that ethical and effective leadership is grounded in integrity, relationships, and clinical presence. Employees seek leadership based on equality, where a genuine relationship between the leader and the employees exists in everyday work. Leadership should be based on integrity, professional competence and professional treatment, while also enabling an open dialogue. Nurse leaders need to be present in the daily work, and nurses need to feel a sense of community, meaningful work, and motivation.

Conclusions and implications: Nurse leaders' engagement in daily practice, decisiveness, and ability to motivate and involve staff in development processes appear central to sustainable leadership in nursing care. By highlighting employees' perspectives, the study provides insights that may support nurse leaders in fostering ethically grounded and sustainable healthcare organizations.

Silence Behind the Mask: Psychological Challenges of Operating Room Nurses

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Background: Operating room nurses work in highly demanding, technology-intensive environments characterised by time pressure, high responsibility, and strict safety requirements. While patient safety remains the primary focus, the psychological well-being of operating room nurses is often overlooked. Despite their essential role within surgical teams, psychological challenges related to their professional activities remain insufficiently explored in scientific literature.

Aim: To identify psychological challenges associated with the professional activities of operating room nurses.

Methods: A quantitative cross-sectional study design was applied. Data were collected using a validated questionnaire designed to assess occupational risk factors and health complaints among operating room nurses (N = 254). Data analysis was performed using descriptive statistics, correlation analysis, Student's t-test, and analysis of variance (ANOVA).

Results: The study revealed a high prevalence of psychosocial risk factors related to increased workload, time pressure, high responsibility, communication challenges within surgical teams. Psychological challenges manifested as emotional exhaustion, increased stress levels, sleep disturbances, anxiety, and reduced psychological well-being. Statistically significant correlations were identified between psychosocial risk factors and psychological health complaints, as well as significant differences according to selected sociodemographic and professional characteristics.

Conclusions / Implications: Psychological challenges experienced by operating room nurses represent a significant occupational health issue with potential consequences for both staff well-being and patient safety. Identifying and systematically addressing psychosocial risk factors is essential for creating a supportive, safe, and sustainable working environment for operating room nurses.

Keywords: operating room nurses; psychological challenges; psychosocial risk factors; professional activity; psychological well-being

The Second Victim Phenomenon among Estonian Nurses – Prevalence, Effect and Possibilities for Support Strategies

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Background: A second victim (SV) is any health care professional (HCP), directly or indirectly involved in an unanticipated adverse patient event, unintentional healthcare error, or patient injury and becomes victimized in the sense that they are negatively impacted (1). The SV experience can cause an emotional and psychological impact on HCPs that may limit their performance and thereby affect significantly the quality and safety of the patients care. The SVs among HCPs ranges from 46% to 89%, depending on their position and specialty. Research on the SV in Germany showed 60% of nurses reported experiencing the SVP (1), as well as in Austria, 47.8% of nurses reported feeling like a second victim during their careers, with clinical and non-clinical events triggering these experiences (2).

Aim: The aim of this study was to describe nurses' experiences with SV phenomenon, their perceptions of professional support and its perceived usefulness.

Methods: Data was collected using the SeViD questionnaire (3) developed in Germany, validated and culturally adapted in Estonia. Data was collected via an online survey using the REDCap platform between 19.05–30.06.2025. The convenience sample included 260 nurses recruited through professional association, social media, and the media. The study was approved by the Research Ethics Committee of the University of Tartu.

Results: 54,8% of Estonian nurses responded being SV. Given the importance of a positive safety culture and employer support, these aspects were addressed by the nurses with particular emphasis on the role of nurse managers in the development of support systems. Findings suggest that perceptions of support are not randomly distributed but vary according to individual or contextual factors.

Conclusion/implications: The role of nurse managers in fostering organizational culture and developing the necessary support mechanisms within their organizations should be emphasized. The results demonstrate that perceived support plays an important role in nurses' professional experience. High levels of perceived usefulness may contribute to improved job satisfaction, professional confidence, and overall well-being. Conversely, the presence of a smaller group expressing uncertainty or dissatisfaction highlights the need for more individualized or targeted support measures.

Keywords: nurse, second victim, adverse event

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Integrating PROMs and PREMs into Hospital Quality Management Systems: A Systematic Review and Conceptual Model Proposal

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Background: Patient-Reported Data (PRD) are essential tools for promoting person-centered care within healthcare systems. Among these, Patient-Reported Outcome Measures (PROMs) and Patient-Reported Experience Measures (PREMs) capture, respectively, perceived outcomes and the quality of care experiences. Despite well-documented benefits, their integration into hospital Quality Management (QM) systems remains limited and fragmented, revealing a significant gap between theoretical value and operational use.

Objectives: To map the state of the art on the use of PROMs and PREMs; analyze PRD implementation methods; assess their impact on decision-making processes; identify existing integration models; and propose a conceptual model for the joint integration of PROMs and PREMs within QM systems.

Methods: A systematic review was conducted following PRISMA guidelines.

Results: The literature shows that PROMs and PREMs are used separately, with implementations limited to specific clinical areas and a predominant focus on feasibility rather than integration into decision-making processes. Key barriers include data subjectivity, low digital literacy, cultural resistance, and difficulties in translating PRD into improvement actions. Key facilitators include strong leadership, timely feedback, integrated digital infrastructures, targeted training, and active patient collaboration.

Discussion and Conclusions: The review highlights that PRD are recognized as essential tools for continuous improvement, yet no model currently guides their integration into QM systems. PROMs are more embedded in clinical workflows, whereas PREMs remain confined to periodic surveys, limiting the ability to capture the complexity of care experiences. The absence of an integrated model reduces the use of PRD as prognostic tools during care transitions. A combined PROMs–PREMs model could strengthen the identification of critical issues, support data-driven decision-making, enhance change-making processes, and reinforce patient centrality within quality governance.

Keywords: Patient-Reported Data; Person-Centered Care; Transitional Care; Quality Management; PROMs; PREMs.

Patient Safety Incident Reporting as a Learning Process – Evidence and Experience from Estonia

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Healthcare institutions are responsible for the quality and safety of the services they provide. They must raise staff's safety awareness, develop a safety culture, and implement supportive technologies. The World Health Organization has recommended implementing incident reporting and learning systems over 20 years ago; however, healthcare has not become significantly safer since then. In Estonia, incident reporting at the organizational and state levels is still ongoing, but a unified strategy that comprehensively addresses patient safety progress and development is lacking. A multi-method study design was taken up to investigate how hospitals utilize incident reporting and learning. A systematic review summarized the literature on incident-related improvements; a document analysis examined associations between incidents and improvement actions; and an interview study investigated nurses' and nursing managers' experiences and perceptions of incident reports' information sharing and use for safety. According to the findings, incident reporting is a common practice in hospitals, but organizational processes vary widely. Improvements are often documented, but feedback and knowledge sharing for learning are not systematic or are missing. Documentation of improvements varies significantly by incident type, level of patient harm, and patient age, suggesting inconsistent management of incident reports. Even though incident reporting is seen as helpful in initiating improvements, a lack of resources and training in reporting and report management, as well as in overall safety, is highlighted. This knowledge deepens understanding on incident reporting and learning as a process. Institutional leaders are increasingly expected to support and prioritize safety initiatives. Patient safety specialists or teams, regular safety training, and the technical capacity to support incident reporting system updates are essential.

Keywords: incident reporting, learning, patient safety

Developing and Implementing a Nurse-led Unit in a German Maximum Care Hospital

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Background: Nurse-led units are an internationally established model of post-acute care within hospitals. In nurse-led units, registered nurses assume responsibility for patients who require specialized nursing care and are not yet suitable for discharge or transfer. Introducing a nurse-led unit to existing hospital structures and processes requires comprehensive and ongoing development work.

Aim: To develop, implement, and evaluate a novel nurse-led unit model in a German maximum care hospital.

Methods: Our cross-departmental model is grounded in international empirical evidence and needs assessments conducted with nurses, physicians, nurse managers, and therapists. In addition to a unique nursing skill mix, interprofessional case discussions, daily nursing rounds, and telephone follow-up care for discharged patients place patients at the centre of care. Responsibility for admission decisions and coordinating care lies with registered nurses. Physicians decide flexibly, in consultation with the nurses, when and how often patients are reviewed.

Results: Since September 2025, experiences from operating the 13-bed nurse-led unit in clinical practice have been available. Patients are characterized by a high number of comorbidities and age-related limitations. Internal medicine, neurosurgery, cardiology, and general surgery are among the departments most frequently requesting admissions. Working in the nurse-led unit requires nurses to possess broad clinical and methodological competencies, as well as a proactive attitude in order to establish and ensure continuity of care. Findings from staff and patient surveys indicate that our model is well suited to rethinking hospital care from a nursing-centred perspective. Conclusions/Implications: Our nurse-led unit model represents good practice for developing nursing practice in physician-led environments and supports piloting similar concepts in acute care settings.

Keywords: Nurse-led care, hospital, practice development

Towards a Holistic Safety Culture in Long-Term Care Institutions

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Safety culture is a key determinant of employee and patient safety as well as quality of care in healthcare and long-term care institutions. Previous research indicates that safety culture in nursing homes is often less developed than in other healthcare settings and remains predominantly reactive.

The aim of this thesis was to identify predictors of care workers' and patient safety and to develop a holistic safety culture framework for healthcare and long-term care institutions.

A mixed-methods approach was applied. Quantitative and qualitative data were collected using cross-sectional study designs. Safety culture was examined through safety climate, professional competence, psychosocial well-being and organisational practices.

The findings indicate that a positive safety culture in care institutions requires the systematic development of five interrelated subcultures: just culture, reporting culture, learning culture, professional competence culture and psychosocial well-being culture. The results reveal that safety culture in the studied institutions was predominantly reactive and characterised by fear of blame, under-reporting of incidents and limited learning from adverse events. Professional competences were positively associated with employees' commitment to safety and safe behaviour. Psychosocial risk management and social support were strongly related to employees' mental health, which in turn influenced safety behaviour and commitment to safety.

The study proposes a holistic safety culture framework that integrates organisational, human and environmental components and emphasises the dynamic interaction between safety subcultures. The framework can be used as an effective management tool to promote proactive safety culture, enhance employee and patient safety and support sustainable quality of care in long-term care institutions.

Keywords: safety culture, long-term care, patient safety, professional competence, psychosocial well-being

PEPPA-based Implementation of an APN Role in Shared Governance: A Developmental Project in an Austrian University Clinic

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Background: People with Parkinson's disease (PD) have complex symptoms and high needs that require coordinated, specialised nursing care. At university hospital in Graz, care gaps existed, particularly in continuous symptom management, advance planning and shared decision making for device aided therapies. Based on the PEPPA framework an Advanced Practice Nurse (APN) for PD was developed to integrate patient-centred, evidence-based care into the university clinic.

Aim: The project aimed to systematically integrate the APN role, assess feasibility and acceptance, and establish a shared governance model in which the APN co-shapes qualification mix and role clarity as an equal partner of nursing management.

Methods: From 2021, PEPPA steps 1–5 informed the identification and prioritisation of care gaps, with APN consultations starting in early 2022 alongside workflow standardisation. In 2025, evaluation using five-point Likert-scale surveys assessed patient accessibility, benefits, and satisfaction among patients or caregivers. PD-specific staff trainings were implemented and anonymously evaluated for quality assurance. PEPPA steps 5–9 guided implementation of a shared governance model, with the APN collaborating as an equal partner with nursing management and ward managers in a quarterly meetings.

Results: Over 93% patients or caregivers (n=29) found consultations helpful and knowledge-enhancing, 60% reported good accessibility, and 100% would recommend the service. Seven staff training sessions were evaluated (n=55). 92% expanded their skill, with >80% reporting high practical relevance and a 100% recommendation rate.

Conclusion: This four-year PEPPA-guided process established a sustainable APN role within a shared governance structure, achieving high patient satisfaction, enhanced staff competencies, and standardised workflows. APN implementation as a strategic management process that requires sustained collaboration, participatory governance and clinical expertise.

Implementation of Evidence Based Practice: A Pilot Study of the Leadership and Organizational Change for Implementation in Finnish Social and Healthcare Services

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Background: Successful implementation of evidence-based practice (EBP) requires strong nursing leadership and organizational support. Previous studies have identified challenges in the systematic adoption of EBP, including variability in leadership competencies, inconsistent practices, and limited staff engagement.

Aim: The aim of this study is to evaluate the feasibility and preliminary effectiveness of a Finnish-context–adapted Leadership and Organizational Change for Implementation (LOCI), implementation strategy to support the adoption of evidence-based practices within health and social care units.

Methods: This pilot study uses a one-group pre–post design with data collection at baseline, 3, 8, and 12 months. Data will be collected through validated surveys (ILS, GTL, ICS, EBPAS, AIM, IAM, FIM), focus group interviews, document analysis, and patient-record–based registry data. Study settings include psychiatric units and services for older adults. Two evidence-based practice interventions (Safety Planning, Individualised nutrition plan) will be implemented.

Results (expected): The study will produce evidence on the acceptability, appropriateness, usefulness, and fidelity of the LOCI strategy, as well as its effects on leadership competence, implementation climate, and staff attitudes. Registry data will provide initial indications of the implementation of the evidence-based practice interventions. Baseline and 3 month data will be presented.

Conclusions/Implications: The adapted LOCI strategy has the potential to strengthen EBP implementation and leadership capacity in Finnish healthcare settings. Findings may support broader regional and international transferability of implementation strategies and contribute to the development of sustainable organizational structures for evidence-based practice.

Keywords: Evidence-based practice, implementation, nursing leadership

Establishing Transitional and Nurse-Led-Units: Early Lessons from a Hospitals Care Expansion

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Background: In Germany inpatient services are increasingly shifting to outpatient settings. Since the introduction of diagnosis related groups (2004), cost reductions have been associated with nursing staff cuts. Despite the economic pressure this ongoing transformation offers the nursing management an opportunity to design patient-oriented services beyond traditional clinical pathways and to strengthen its own strategic role.

Aim: To describe the change management process required to establish a new nursing business unit and a nurse-led unit.

Method: The Hospital Bremerhaven implemented two new units: a transitional care ward with 18 beds (September 2024) and a nurse-led unit with 13 beds (September 2025). The transitional unit was developed within a strategic process as part of backward vertical integration. The nurse-led unit was implemented within the development of the nursing scope of practice, focusing on care needs and nursing phenomena rather than medical specialty affiliation.

Results: The transitional care unit was based on an upstream strategic analysis and supported by an organisational manual. Direct reporting to the clinical social care service ensured continuity of admissions and discharges. The outpatient portfolio was expanded through hotel and self-pay services. Overnight stays, occupancy rates and planned revenues exceeded expectations. Despite initial scepticism by physicians and nurses, the nurse-led unit was accepted and integrated into existing care processes.

Conclusion: Both units expand the hospitals portfolio, stabilise nursing care across the classic acut care boundary and contribute to economic diversification. The earlier implementation of the transition unit helped to reduce some prejudices. Nevertheless is was internal communication and transparency of economic effects that were pivotal for organisational acceptance.

Keywords: Outpatient transformation; Nurse-led unit; Change management; Strategic Management

Towards Sustainable and Decent Care Work – Research Project Results

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Background: The future of care work is threatened by a shortage of employees, an aging workforce, and precarious work that harm employee well-being and patient safety. Precarious work has grown due to globalization, neoliberal economic policies, and employers' increasing demands for flexibility. The counterforce to precarious work is humanly, socially, and economically sustainable and decent work. The concept of decent work is defined by full and productive employment, workers' rights, social protection, and the promotion of social dialogue.

Aim: The aim of the project was to identify the dimensions of decent work in care work and examine their relationship to care workers' well-being and commitment, as well as to develop a model of decent work.

Methods: The study combined results from a systematic review (n=18 studies), qualitative written data (n=101 respondents), and a longitudinal survey study (T1=2023, n=4574; T2=2025, n=1018). These data were used to form an overall picture of decent work and its connections to care workers' well-being and commitment.

Results: Decent work was built at individual, community, and organizational levels. Key factors included permanent employment, shared rules, open communication, stability within the work community, human-centered leadership, and opportunities for recovery. The results showed that decent work predicted better mental health and reduced burnout. In addition, it strengthened psychological safety, social support, and work engagement. Cohesion within the work community and the quality of leadership emerged as decisive factors.

Conclusions: Decent work does not arise from individual efforts but from collective practices and fair leadership. Cohesion within the work community, clear rules, and stability create the foundation for well-being and commitment. Leaders' presence and interactive, transparent use of power are essential for the realization of decent work.

Keywords: Decent work, care work, well-being, commitment

Nurse Managers' Perspectives on Working with Newly Graduated Nurses: A Qualitative Study

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Background: Working with newly graduated nurses is a strategic and challenging process that offers a dynamic workforce opportunity and requires clinical integration and support management.

Aim: This study aims to determine nurse managers' opinions and experiences regarding working with newly graduated nurses.

Methods: A descriptive, qualitative design was used in this study. The study was conducted with 15 top, middle, and lower-level nurse managers working in state, foundation, and private hospitals in a metropolitan city in Türkiye between January and July 2025. Directed content analysis was done to analyse the data collected from semi-structured individual interviews.

Results: The nurse managers reported that they had "difficulties" when working with newly graduated nurses due to the "risky aspect," "generational difference," "serious loss of labour and time," and "need for speed and change". On the contrary, they also indicated that they "look forward to" newly graduated nurses and prefer them rather than an experienced nurse. The characteristics of newly graduated nurses were coded into positive and negative categories. It was observed that negative characteristics were more prevalent than positive characteristics. Suggestions for the adaptation of newly graduated nurses to working life were categorised under three sub-themes: "For nursing undergraduate education," "For orientation training," and "For placement and nurse employment."

Conclusions/implications: There are many multifaceted problems associated with working with newly graduated nurses. Intergenerational differences are also one of the main causes of these problems. Multidimensional approaches should be applied to prepare new graduates for their new roles. Creating an ecosystem to facilitate the transition of new graduates into their new roles, implementing adaptation programs, and providing mentor support are important strategies for the post-graduation period.

Keywords: newly graduated nurses, transition shock, reality shock, generational difference, nurse manager

This study was funded by the Scientific and Technological Research Council of Türkiye (TÜBİTAK) 2224-A Grant Program for Participation in Scientific Meetings Abroad.

Digital Tools Supporting Frontline Leadership in Home Health Care

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Background: Home health care managers and supervisors face unique leadership challenges stemming from distributed fieldwork, limited resources, new technology adoption, and complex client needs, among other factors. Across two research projects, we developed digital tools to strengthen leadership capacity and support decision-making in this context.

Aim: We aimed to support leadership and decision-making processes with digital data analysis and competence development tools that addressed everyday issues related to leading frontline operations. We introduce two such tools and reflect on their value for leadership processes.

Methods: We employed participatory and qualitative methods in co-creating these digital tools with key stakeholders such as frontline supervisors, managers, employees, and clients. The project collaboration took place in the context of wider data-based decision-making and leadership practices of two public home health care organizations in Finland.

Results: The first tool is a data analysis tool to support everyday decision-making of home care supervisors and managers. This tool visualizes team operational status on a shift-by-shift level. The tool proved useful in facilitating supervisors' and managers' situational awareness and supporting cross-team collaboration and decision-making on daily staff allocation. The second tool was a qualitative self-assessment tool supporting competence development in remote home care settings. This tool was perceived by supervisors to increase the awareness, trust, and competence of home care personnel regarding the value of remote care services for stakeholders.

Conclusion/Implications: Co-creating digital solutions together with frontline stakeholders can introduce new ways of supporting everyday leadership and decision-making in the context of home health care.

Keywords: home health care, leadership, digital tools, data-driven decision-making, team collaboration, evidence-based nursing management

Patient-identified Needs and Safety Recommendations in the Perioperative Journey

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Background: Surgical patients have a higher risk of complications, many of which are preventable. As most adverse events occur outside the operating room, safety must be addressed across the full perioperative journey.

Aim: To explore patients' experiences and safety-related recommendations along the perioperative journey.

Methods: Adult patients from Tartu University Hospital and North Estonia Medical Centre who underwent elective hip arthroplasty, cholecystectomy, or peripheral vascular surgery participated in semi-structured interviews 3–8 weeks post-surgery. Data were collected from December 2023 to March 2024 and analysed using thematic content analysis. The study was part of SAFEST, a European initiative aimed at standardising perioperative care.

Results: Twenty-two patients aged 48–84 years participated. In the pre-hospital phase, they requested clearer information on treatment options, surgery, and pre-operative restrictions, and wished for greater involvement in decision-making. The pre-operative nurse consultation was highly valued. During hospitalisation, patients sought more consistent communication about the procedure, postoperative expectations, and recovery, as well as emotional support and assistance with transport. Many perceived nurses as overworked and suggested increasing staffing. After discharge, patients needed more guidance on wound care and recovery timelines.

Conclusions: Patients emphasised the need for clear communication, emotional support, and continuity across all care phases. Strengthening staff counselling and communication skills, improving staffing levels, and ensuring smoother transitions between hospital and primary care may enhance patient safety across the surgical journey.

Keywords: Perioperative care, patients' safety, surgical journey, patients' experiences

Optimising Nursing Resources for a Sustainable Workforce: A Magnet Recognized Centre's Innovation in Internal Mobility

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Background: Following the 2023 health and social services reform, Helsinki University Hospital (HUS) shifted to a budget-based funding model requiring financial adjustment measures. In this context, the Heart and Lung Centre initiated a development project to improve flexible and competence-appropriate allocation of nursing resources and support the productivity programme aiming to reduce agency staff use.

Aim: The aim was to reintroduce a shift-based internal mobility model enabling staff to float between units, optimise resources during sudden staffing changes, reduce personnel costs, and identify further development needs.

Methods: A participatory co-creational approach with nursing staff and managers was used to refine the model. Operational guidelines and an Excel tool were created to monitor shift-level staffing, mobility needs, available capacity, solutions used, and staff feedback. Operational summaries (6–12/2024) and agency staffing and overtime cost data (Q1–Q4/2024) were analysed.

Results: Situations where sudden staffing changes caused shortages varied between units and months. Most needs (84%, n=483) were covered internally through shift-based reallocations or handovers. After implementation, agency staff costs decreased by 76.5% (€226,837 to €53,417) and overtime payments by 23.8% (€348,677 to €265,601), without reducing care availability or bed capacity. Development needs concerned documentation, real-time visibility, and staff orientation, while competence assurance was emphasised.

Conclusion: The model increased staffing flexibility and supported rapid coverage of acute shortages while reducing agency staff use. Its effectiveness relied on clear procedures, daily decision-making, digital tools, and verified competence. Sustainability requires standardised cross-training and strengthened cross-unit collaboration. Development continues in 2026 with a digital coordination tool and updated mobility and staffing guidelines.

Supporting Nurse and Midwife Leaders to Stay, Thrive, Lead and Transform

Greta Westwood

Florence Nightingale Foundation, United Kingdom

Nurses and midwives are critical to safe, effective,, and sustainable healthcare systems, yet increasing workforce pressures require stronger investment in leadership development. This presentation showcases how the Florence Nightingale Foundation supports nurses and midwives to stay, thrive, lead and transform throughout their careers through scholarships, leadership programmes, coaching, mentoring, peer learning and professional networks.

Drawing on the Foundation's UK and international experience, the presentation highlights growing global demand for leadership development, including 167 applications from 31 countries and 34 scholarships awarded across 13 countries between 2021 and 2025. It explores the refreshed FNF Global Senior Scholars Programme, featuring innovation, digital leadership, artificial intelligence, political acumen, equity, and policy development.

The session demonstrates how investment in individual leaders creates a ripple effect, strengthening teams, improving organisations, and influencing health systems. It concludes with opportunities for ENDA members in international collaboration, shared learning and leadership development through the FNF Academy.

A Longitudinal Study on the Impact of Digital Care Planning (PAI) in Enhancing Nursing Decision-Making and Professional Value

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Background: Electronic health records (EHRs) improve patient safety, reduce errors, enhance efficiency, and lower healthcare costs. The digitalized Nursing Care Planning system (PAI), based on Standardized Nursing Language (SNL), supports nursing documentation in the personalization of care and nursing decision-making. Longitudinal qualitative studies examining nurses' perceptions of IT systems for documentation are lacking.

Aim: To investigate nurses' perceptions before and after the use of PAI in nursing decision-making.

Methods: A longitudinal qualitative study was conducted in 2025. Nurses working at a hospital in Italy, participated on focus groups, before and after the transition to digital nursing documentation. Participation was voluntary. Meetings were audio-recorded and transcribed verbatim. Inductive content analysis, based on Elo & Kyngas' methodology, was performed.

Results: The study included 51 nurses. The adoption of PAI was perceived as professionally rewarding and intuitive, with clear and well-structured screens. Key benefits included better traceability, thorough documentation, and improved communication, enhancing care quality and nurses' professional value. Challenges included time-consuming data entry and difficulties transitioning from patient assessment to diagnosis due to ingrained habits and insufficient training. Experienced nurses felt confident in prioritizing diagnoses, while others expressed a need for additional training.

Conclusions: PAI represents a significant advancement in the professionalization and safety of nursing care. To maximize its effectiveness, targeted training and consistent application of nursing diagnoses are essential. These findings underscore the importance of digital tools in nursing decision-making, and the adaptation of SNL in nursing leadership.

Keywords: digitalization, nursing care plan, longitudinal qualitative study, nursing documentation, standardized nursing language, decision-making

Guiding the Way: Mentoring as a Strategy for Sustainable Nursing Leadership Development

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Background: Unit leaders play a key role in care quality, team stability and staff retention. Increasing role complexity and workforce challenges underline the need for structured leadership development approaches that support sustainable nursing leadership beyond formal training.

Aim: The aim was to design, implement and evaluate a structured mentoring programme to support nurses transitioning into leadership roles, strengthen leadership competence and confidence, and promote leadership continuity and workforce stability.

Methods: A twelve-month mentoring programme was implemented at a German university hospital as part of a Magnet-oriented leadership development strategy. Experienced nurse leaders mentored newly appointed unit leaders outside the direct supervisory line. Programme components included mentor training, regular mentor–mentee meetings, group coaching, peer exchange and evaluations after six and twelve months. A mixed-methods design combined online surveys and qualitative feedback.

Results: Evaluation data from eleven mentors and fourteen mentees indicate high acceptance and satisfaction with the programme. Participants reported increased leadership confidence, improved role clarity and effective transfer to daily leadership practice. Key topics included conflict management, self-management, professional identity and team leadership. Mentors also reported personal learning effects. Early findings suggest strengthened leadership capacity and contributions to leadership continuity.

Conclusions / Implications: Structured mentoring is a sustainable leadership development strategy that supports nurses in complex leadership roles, strengthens leadership capacity and contributes to workforce stability. Embedding mentoring within organisational leadership frameworks may support leadership continuity, care quality and staff outcomes.

Keywords: nursing leadership, mentoring, sustainability, leadership development, workforce stability

Beyond Single Leadership: Plural Leadership for Sustainable Nursing and Quality

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Background: Increasing clinical complexity, workforce shortages and regulatory demands challenge traditional single-leader models in nursing management. Sustainable healthcare systems require leadership structures that distribute responsibility, integrate complementary expertise and strengthen shared governance at unit level.

Aim: The aim was to develop and implement a plural leadership model to strengthen nursing leadership by integrating clinical, educational and managerial expertise and fostering shared decision-making. The model also aimed to support quality development, innovation and a learning-oriented team culture while ensuring leadership continuity.

Methods: A plural, triadic leadership model was implemented at unit level in a German university hospital, with clinical, educational and managerial leadership roles collaborating as equal partners. The model included defined expertise-based and shared responsibilities, structured communication formats and mutual role substitution. A twelve-month mentoring and coaching programme supported role clarification and collaborative practice. Twenty units participated.

Results: Initial findings indicate emerging role clarity, increased clinical visibility of nursing leadership and more structured decision-making. Qualitative and quantitative feedback suggests unit-specific quality development, strengthened innovation capacity and improved educational activities. High acceptance and satisfaction with the model were reported, alongside improved team communication, reduced burden on individual leaders and increased recognition of academic nursing expertise.

Conclusions / Implications: Plural leadership strengthens shared governance, builds leadership capacity and supports resilient nursing work environments. Integrating complementary expertise contributes to workforce sustainability and leadership continuity.

Keywords: nursing leadership, sustainability, quality development, plural leadership, workforce development

How Authoritarian Leadership Shapes Nurses' Mental Well Being: Evidence from a Longitudinal Study

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Background: Nurses' mental well-being and authoritarian leadership are topics of growing concern. Both have been associated with adverse events, turnover intentions, work engagement and job satisfaction. However, longitudinal evidence on nurses' mental well-being and how authoritarian leadership shapes these outcomes remains sparse and fragmented.

Aim: The aim of this research was to explore the effect of authoritarian leadership style on nurses' mental well-being as well as the mediating roles of social support and calling over time.

Methods: A total of 854 nurses participated in surveys conducted in 2023 and 2025. A structural equation model (SEM) was employed to investigate the longitudinal effect of authoritarian leadership on mental well-being, mediated by low peer support and low calling, enabling the examination of both direct and indirect effects over time.

Results: Participants' mental well-being improved from 2023 to 2025, whereas no significant change was observed in levels of authoritarian leadership over the same period. Authoritarian leadership had both direct and indirect negative effects on nurses' mental well-being, although the levels of authoritarian leadership were within a moderate range. Low social support and low calling mediated the effect of authoritarian leadership on nurses' mental well-being over time.

Conclusions: Organisations should introduce strategies and mechanisms for the early identification of authoritarian leadership to prevent the negative consequences for both staff and patients. In addition, leadership development that promotes relational leadership is crucial. Organizations should also strengthen protective factors such as social support and the development of open and supportive organizational culture.

Keywords: Authoritarian leadership, mental well-being, nurses, calling, social support, mediation, longitudinal study

European Public Strategies for Nurse Workforce Retention: Generation and Age-Specific Approaches

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Background: European countries face persistent nurse workforce shortages driven by demographic changes, rising care demands, and challenges in retaining nurses at different career stages. Although evidence on effective age-specific retention strategies is increasing, integration into policy and practice remains uneven. There is a need to bridge this gap by identifying successful public strategies, including those from national nursing associations, and translating them into actionable, age-responsive policy recommendations to support nurse retention across the WHO EURO region.

Aim: The RetainNursesEurope project aims to explore and synthesise age-specific public strategies for nurse workforce retention across Europe. Its goal is to produce evidence-informed, practical recommendations that strengthen national and European policies, address generational needs, and promote sustainable and equitable workforce retention.

Methods: This developmental, multi-phase project includes: a mapping study of public policies and national nursing association strategies; a scoping review following JBI methodology on age-specific and generational retention interventions; and a survey targeting EFN and national nursing societies to identify best practices and case examples across the WHO EURO region. Findings will be integrated into an actionable policy brief.

Results: The mapping study and survey are ongoing, with results expected by the end of June 2026. These outputs will underpin a policy brief offering tailored, evidence-based strategies to strengthen retention across diverse European health systems. A summary will be presented at the conference.

Conclusions: The project will enhance nurse workforce governance by translating evidence into practical policy recommendations. Its findings aim to improve workforce stability, wellbeing, and sustainability across European health systems.

Keywords: Nurse workforce, age-specific retention, nurse generations, nurse leadership

Organisational Climate and Job Satisfaction Among Nursing Staff: An Integrative Literature Review for Sustainable Nursing Leadership

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Background

Organisational climate plays a central role in shaping job satisfaction, workforce stability, and quality of care within healthcare systems. In nursing practice, leadership approaches, communication patterns, and organisational support strongly influence the work environment. A positive organisational climate is increasingly recognised as a key prerequisite for sustainable healthcare, yet evidence regarding leadership-related determinants of nurses' job satisfaction remains fragmented across settings.

Aim: The aim of this integrative literature review is to synthesise current evidence on the relationship between organisational climate and job satisfaction among nursing staff, with particular emphasis on implications for sustainable nursing leadership.

Methods: An integrative literature review methodology was applied to allow the inclusion of both empirical and theoretical studies. A systematic search of international databases was conducted. Peer-reviewed articles published in English were analysed and thematically synthesised to identify leadership-related organisational factors influencing job satisfaction and workforce sustainability in nursing.

Results: The review identified leadership style, managerial support, communication, teamwork, workload, staffing adequacy, and opportunities for professional development as key components of organisational climate. Transformational and participative leadership approaches were consistently associated with higher job satisfaction, a more positive organisational climate, and improved workforce sustainability. In contrast, excessive workload, inadequate staffing, and limited leadership support were linked to dissatisfaction and increased intention to leave.

Conclusions / Implications: Organisational climate represents a modifiable leadership factor that is essential for sustainable healthcare systems. Nurse leaders have a critical role in fostering supportive, participative, and resilient work environments. Strengthening leadership competencies and investing in staff development may enhance job satisfaction, staff retention, and long-term sustainability in nursing.

Keywords: organisational climate; job satisfaction; nursing leadership; sustainability; integrative review

Precarious Employment Among Estonian Registered Nurses: A Cross-Sectional Study

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Background: Precarious employment (PE) refers to low-quality employment relationships and encompasses multiple dimensions, including contract issues and workplace rights, imbalances in wages and working contributions, and authoritarian leadership. PE manifests among registered nurses in limited collective bargaining power, low pay, temporary contracts, irregular working hours, work overload, authoritarian management, and limited career prospects. As a result of PE, nurses experience vulnerability, powerlessness, and insecurity, which diminish their health and well-being and reduce the quality of care.

Aim: To describe precarious employment among Estonian registered nurses.

Methods: A cross-sectional study was conducted using a self-administered electronic questionnaire distributed to Estonian care professionals in spring 2024. In this study, we analyzed data from registered nurses (n = 511). Data were collected using the Belgian adaptation of the multidimensional Employment Precariousness Scale (EPRES-BE), culturally adapted to the Estonian context. The scale ranges from 0 to 1, where 0 indicates the least PE and 1 indicates the most PE. Data were collected via nine Estonian care professionals' associations, supplemented by snowball sampling.

Results: The total PE mean score was M = 0.22, with the highest scores in the dimension 'disempowerment' (M = 0.41) and the lowest in 'temporariness' (M = 0.08). Participants in non-managerial roles reported significantly higher PE than managers (M = 0.23 vs. 0.20), and those working in multiple positions perceived higher PE than nurses holding a single position (M = 0.25 vs. 0.22).

Conclusions/Implications: Organizations should foster work environments where registered nurses feel heard and involved in decision-making by strengthening managers' competencies and enabling them to access structural empowerment, including information, resources, support, and opportunities.

Keywords: precarious employment, registered nurses, EPRES-BE

Poster presentations

Development of an Enhanced Recovery After Surgery (ERAS) Programme for the Perioperative Period of Patients Undergoing Endovascular Abdominal Aortic Repair at North Estonia Medical Centre

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Enhanced Recovery After Surgery (ERAS) programmes are widely used across many surgical specialties internationally and in Estonia; however, a structured ERAS pathway had not previously been established for vascular surgery at North Estonia Medical Centre. ERAS programmes span the entire perioperative period, from preoperative preparation to hospital discharge and are based on consistent core principles across specialties. These programmes are associated with improved coordination of multidisciplinary care and faster patient recovery. The aim was to develop an ERAS programme for the perioperative management of patients undergoing endovascular abdominal aortic aneurysm repair at North Estonia Medical Centre. It was conducted as a development project consisting of three components: (1) a theoretical review covering abdominal aortic aneurysm, ERAS principles, benefits, and evidence-based perioperative benchmarks; (2) a methodological framework describing the project design; and (3) the planning, implementation, and evaluation of the ERAS programme. An evidence-based ERAS pathway for endovascular abdominal aortic aneurysm repair was developed and implemented. Following implementation, interdisciplinary collaboration became more efficient and patient counseling improved. The developed ERAS programme supports standardized, evidence-based perioperative care for vascular surgery patients and contributes to improved multidisciplinary teamwork and patient preparedness, promoting smoother recovery and return to normal daily activities.

Keywords: abdominal aortic aneurysm, enhanced recovery after surgery, vascular surgery, guideline, development project

Development and Implementation of the Swiss Nurse Leaders Leadership Model – A Participatory Approach to Strengthening Nursing Management in Switzerland

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Background: The job description for nursing directors in Switzerland was last updated in 2005. In view of current challenges in the healthcare system and the world of work, there was a need for a fundamental revision. The aim was to develop a future-oriented, evidence-based, and practical leadership model that reflects the diversity of the role and serves as a reference for job descriptions, further training, and strategic positioning. The model was published in 2019 and has been in use ever since. Swiss Nurse Leaders also teach it at universities.

Aim: The Leadership Model Swiss Nurse Leaders aims to provide nursing leaders with a common language and content-related orientation. It takes current and future requirements into account, promotes interprofessional collaboration, and strengthens the posi-tioning of nursing at the strategic, political, and operational levels.

Methods: The model was developed in a multi-stage, participatory process: literature research, expert workshops, member surveys (N=320, response rate 30%), and sounding boards in all language regions of Switzerland. The five central areas—influence in strategy and politics, role modeling, processes and projects, clinical setting, and every-day leadership—were identified and operationalized in iterative steps. Linguistic and cultural characteristics were taken into account.

Results: The model comprises the five areas mentioned above, each with four key elements that can be used in a modular and context-dependent manner. It serves as a building block for job descriptions, self- and external evaluation, and to support controversial discussions. Practical application shows that the model strengthens leadership skills, promotes patient safety, and improves cooperation between nursing, management, and politics.

Conclusions/implications: The Leadership Model Swiss Nurse Leaders provides an evi-dence-based foundation for the further development of nursing leadership. It supports the professionalization of the profession, promotes interprofessional

collaboration, and can serve as a best practice example for other countries. Its participatory development ensures acceptance and practical relevance.

Keywords: Nursing management, leadership model, participatory development, profes-sional profile, healthcare system;

Building Sustainable Nursing Leadership through Unit Councils and Shared Governance

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Background: Sustainable healthcare systems require leadership structures that involve clinically practising nurses in decision-making. Shared governance strengthens professional autonomy, quality development and staff engagement. Unit Councils provide a structured approach to embed shared governance at unit level and promote nursing leadership.

Aim: The aim was to design and implement Unit Councils as a shared governance structure to strengthen nursing leadership, promote nurse participation in clinical and organisational decision-making, and support unit-based quality development.

Methods: Unit Councils were introduced at a German university hospital as part of a leadership and practice development strategy. Elected bedside nurses without formal leadership roles met regularly during protected working time to address unit-specific topics related to care quality, nursing education and team culture. Councils were supported through onboarding, training and coaching. A pilot phase was launched across several units, with a mixed-methods evaluation planned.

Results: During implementation, Unit Councils enabled structured nurse participation, practice-based problem identification and locally driven improvement initiatives. Early observations indicate increased staff engagement, improved dialogue between teams and leadership, and growing ownership of quality and educational topics at unit level. Evaluation of effects on quality development and leadership sustainability is ongoing.

Conclusions / Implications: Unit Councils represent a shared governance structure that strengthens nursing leadership, supports continuous quality development and fosters shared responsibility. Embedding Unit Councils within organisational leadership frameworks may enhance staff engagement, leadership sustainability and organisational resilience.

Keywords: shared governance, unit councils, nursing leadership, sustainability, quality development

Workplace Health Promotion in the Acute Hospital: Measures to Promote Mental Health and Strategies to Increase the Satisfaction of Nursing Staff

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Background: This thesis examines in depth the options for designing workplace health promotion in acute care hospitals with the overarching goal of sustainably strengthening the mental health and job satisfaction of nursing staff. The starting point is the increasing burden on nursing personnel, which results from intensified work processes, high quantitative and emotional demands and profound structural changes in the healthcare system. These developments are associated with growing psychological strain, increased staff turnover, rising sickness absence and, ultimately, impaired quality and continuity of patient care. Against this backdrop, workplace health promotion is considered a central strategic field of action for stabilising and improving working conditions in nursing.

Aim: The aim of the thesis is to explore how workplace health promotion in acute care hospitals can be designed in a needs-based and sustainable manner from the perspective of nurses. Specifically, work-related strains, subjective experiences and concrete suggestions for improvement regarding workplace health promotion are examined, as well as central factors influencing employee satisfaction. The study seeks to identify both individual-level and organisational-level levers that can contribute to strengthening mental health and increasing job satisfaction among nursing staff.

Methods: Within the framework of a qualitative study, twelve nurses from acute care hospitals in Styria at four different locations were interviewed using problem-centered interviews. This approach allows for a detailed recording of everyday stresses, perceived resources and wishes for change from the perspective of those directly affected. The study considers individual measures, such as supervision, exercise programmes and offerings to promote relaxation and regeneration, as well as organisational strategies, including the optimisation of work organisation, staffing levels and leadership culture, and the creation of health-promoting working conditions. The interviews were analysed systematically in order to work out recurring patterns, needs and action perspectives for workplace health promotion in acute care hospitals.

Results: The results show that nurses are exposed to a wide range of physical, psychological and emotional demands in their everyday working lives, which are often experienced as cumulative and difficult to compensate for. Measures of workplace health promotion are evaluated very differently: some interventions are perceived as helpful, supportive and relevant to everyday work, while others are considered hardly

effective or not sufficiently tailored to actual needs and structural conditions. Regular team-building activities and supervision are described as making an important contribution to mental well-being, as they strengthen cohesion, offer space for reflection and reduce feelings of being alone with burdens. In addition, transparent communication, recognition of performance and participatory decision-making processes at ward and organisational level emerge as central factors in promoting job satisfaction. Among the most effective measures mentioned are a positive and supportive team climate, flexible working time models adapted to life phases, sufficient time for interprofessional exchange and cooperation, and the targeted promotion of physical activity and a balanced diet in everyday work.

Conclusion: The findings suggest that needs-based and sustainable workplace health promotion measures can demonstrably improve the mental health and satisfaction of nursing staff in acute care hospitals. Particularly crucial is the active involvement of nurses in the planning, implementation and evaluation of interventions, in order to ensure a high degree of practical relevance and acceptance. Furthermore, the continuous adaptation of measures to the dynamic demands and framework conditions of everyday work in acute care hospitals is essential so that workplace health promotion is not perceived as an additional burden but as real relief and support.

Keywords: workplace health promotion, acute care hospital, stress factors in nursing, job satisfaction

Nurses' Professional Values and Professionalism in Interprofessional Collaboration: Implications for Sustainable Healthcare Leadership

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Background: Sustainable healthcare depends on nursing that adamantly supports ethical practice and effective collaboration across varied professions. Professional values guide nurses' decision-making and may strengthen professionalism in collaboration, job satisfaction, and workforce sustainability. Evidence on these links in Finnish nursing research heretofore is limited.

Aim: To describe the professional values of nurses, midwives, and public health nurses and examine their association with perceived professionalism in interprofessional collaboration and job satisfaction.

Methods: A descriptive correlational cross-sectional survey from 2022 among nurses, midwives, and public health nurses working in Finnish healthcare. Data were collected with an online questionnaire including background factors, a validated scale of professional values in nursing, and a validated scale of professionalism in interprofessional collaboration. Leadership and organisational support for ethical practice and overall job satisfaction will be assessed with structured items from the survey.

Results: The study will report levels and profiles of professional values and interprofessional professionalism, and their relationships with leadership support and job satisfaction. Firmer leadership support and stronger professional values are expected to be associated with higher professionalism in collaboration and higher job satisfaction.

Conclusions/Implications: Results will inform healtcare leaders on how to strengthen an ethical climate and interprofessional collaboration to improve patient and staff outcomes. Supporting professional values and ethical practice may contribute to sustainable staffing through improved job satisfaction and retention.

Experiences of Novice Radiographer in Managing Patients' Emergency Health Conditions

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Radiology service processes must be prepared for rare but high-risk patient deterioration. In these moments radiographers, often novices, may be the first responders. Limited exposure, time pressure and variable on-site support can compromise confidence, escalation and teamwork, influencing both patient safety and staff wellbeing. The aim was to explore novice radiographers' experiences of managing patients' emergency health conditions during imaging, and to identify service process factors that increase the need for support to improve patient and staff outcomes. Semi-structured interviews were conducted with purposively selected radiographers with up to three years of independent work experience. Data were analysed using qualitative content analysis.

Reported emergencies included contrast allergic reactions, breathing difficulties, loss of consciousness, seizures and hypotension. Participants described emergencies as infrequent but emotionally intense. First critical incidents were associated with insecurity, high stress and fear of "missing something," especially when medical help was not immediately present. Participants emphasised that knowing protocols was not enough: effective action depended on rapid role allocation, clear escalation pathways and immediate access to competent support. Lack of structured mentorship and limited opportunities to practise increased perceived risk and stress. Supportive factors included a calm experienced colleague, clear communication, rehearsed checklists and post-incident debriefing. To improve outcomes, radiology departments should strengthen care processes around emergencies by ensuring early-career support: structured mentorship, regular simulations and interdisciplinary crisis drills, standardised algorithms and routine debriefings after events. These process improvements can reduce stress, enhance readiness and support safer emergency management.

Keywords: novice radiographer; emergency management; mentorship; patient safety

Nursing Through Children's Eyes: Strengthening Sustainable Professional Identity and Leadership Perspectives

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Background: Sustainable healthcare systems depend on professional identity, public trust and workforce retention in nursing. Leadership development often focuses on organisational structures, while patient perspectives receive less attention. Children's perspectives may offer experience-based insights into nursing practice.

Aim: The aim was to explore how children with hospital experience perceive nursing practice and how these perspectives may contribute to strengthening professional identity and sustainable nursing leadership.

Methods: In a nationwide drawing initiative, children aged 6 to 14 years with hospital experience depicted nursing from their perspective. Drawings were collected at several university hospitals and analysed using qualitative image analysis in independent interpretation rounds, focusing on nursing activities and symbolic representations. Ethical approval and parental consent were obtained.

Results: The drawings show a predominantly positive and contemporary image of nursing. Nurses are portrayed as competent and friendly, combining caring support with technical expertise. Frequently depicted activities include communication, organisation, technical procedures and basic care. Symbolic elements such as hearts and rainbows represent care, safety and hope, while occasional traditional imagery points to persisting stereotypes.

Conclusions / Implications: Children's perspectives present nursing as technically competent and human-centred and offer an underused resource for strengthening professional identity. As experience-based patient feedback, these insights can support nursing leadership in promoting positive professional narratives. Integrating such perspectives into leadership development and organisational communication may strengthen professional pride and workforce sustainability.

Keywords: professional pride, professional identity, sustainability, children's perspectives, qualitative research

Strengthening Nursing and Midwifery Leadership in Malawi

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Malawi's health system operates in a context of high demand, workforce pressures and limited access to structured leadership development opportunities for nurses and midwives, who play a central role in service delivery across settings. Strengthening nursing and midwifery leadership is increasingly recognised as important for supporting service quality, workforce experience and the effective implementation of improvement initiatives.

This paper presents the evaluation of a tri-partite leadership development partnership between a UK-based organisation, the Nursing Council of Kenya, and the Nurses and Midwives Council of Malawi. The programme was designed to strengthen leadership capacity among mid-level nurses and midwives through a combination of residential leadership development, mentorship, quality improvement support and peer learning, delivered in collaboration with Malawian institutions and stakeholders. The evaluation draws on mixed methods, including baseline and post-training participant surveys, programme monitoring data, mentorship and quality improvement records, and qualitative feedback from participants, mentors and faculty, to assess progress at individual and programme level.

Findings indicate that participants reported increased leadership confidence, skills and readiness to apply learning in their roles, particularly in relation to communication, mentoring and quality improvement planning. The evaluation also highlights the value of leadership development that is locally contextualised and delivered through collaborative partnerships, while recognising ongoing challenges related to sustainability, scale, and the translation of individual leadership development into longer-term organisational and system-level change.

Keywords: Leadership; global health partnerships; Malawi; low and middle-income countries (LMICs); bi-directional learning

The Nurse as a Professional, Leader, and Architect of Sustainable Healthcare: The Ethical Environment and the Role of Communication

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Background: The ethical environment, the image of the nursing profession, and effective communication are critical aspects determining healthcare quality, patient safety, and staff well-being. While a positive image is vital for recruitment amidst global shortages, nurses frequently face moral distress, systemic hurdles, and communication barriers that can lead to professional burnout and attrition.

Aim: To explore and compare the perspectives of various groups (nurses, patients, and nursing students) regarding the ethical work environment, the nursing professional image, and the quality of mutual communication in the healthcare process.

Methods: A quantitative cross-sectional study was conducted using three samples (n=196; n=426; n=377). Data were collected via validated instruments (EthCo, NPIS, and surveys) and analyzed using SPSS.

Results: Over two-thirds of nurses have considered leaving due to moral distress. Patients perceive the profession's status and appearance more positively than students. A communication gap exists: nurses rate their skills higher than patients, especially in emergencies ($p=0.006$), and perceive emotional and physical barriers more intensely ($p<0.001$).

Conclusions/Implications: Insufficient ethical support and communication gaps necessitate targeted empathy training and systemic reforms. Reducing administrative burdens and addressing stereotypes are essential for staff retention and aligning the nursing image with modern reality.

Keywords: ethical environment, nursing profession, communication, healthcare, moral distress, patient perceptions, barriers, professional experience.

Global Talent, Local Impact: Retaining Excellence, Developing Leaders, and Learning from the Internationally Educated Nurse and Midwife Workforce

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Internationally educated nurses and midwives (IENMs) have been central to UK health and care delivery for decades. While international recruitment has helped address workforce shortages, national policy is increasingly focused on strengthening domestic workforce sustainability. At the same time, challenges relating to retention, progression, and inclusion risk limiting the contribution and long-term impact of the internationally educated workforce already in the system.

This project examined how internationally educated nurses and midwives are supported to stay, thrive, progress and transform the UK health and care system, and identified practical actions to improve retention, inclusion, leadership development and ethical global workforce practice. A mixed-methods, UK-wide approach was used, including an evidence and policy review, a national survey of internationally educated nurses and midwives and those who work with them, stakeholder interviews, roundtables and workshops, and case studies of effective practice.

The findings highlight the importance of supportive workplace cultures, equitable access to development and leadership opportunities, and effective onboarding and preceptorship in shaping retention and belonging. They also demonstrate the need for regulatory action to better recognise prior learning and experience, particularly in relation to progression and advanced practice.

The findings inform employer practice, workforce policy, preceptorship and induction models, and the Nursing and Midwifery Council's(uk N&M regulator) reviews of revalidation and advanced practice, supporting a shift from recruitment-led approaches towards long-term workforce sustainability and inclusive leadership.

Keywords: Internationally educated nurses and midwives; workforce retention; leadership development; inclusion and belonging; global health workforce.

Opportunities and Challenges of Telerehabilitation in the Recovery of Older Adults After Femoral Neck Fracture and the Role of Nurses in This Process: An Integrative Literature Review

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Background: Femoral neck fracture is a common and severe injury among older adults, often leading to decreased functional independence and reduced quality of life. Continuity of rehabilitation is essential for recovery, and telerehabilitation (TR) has emerged as a potential solution to support rehabilitation in the home environment through digital technologies.

Aim: This integrative literature review aimed to describe TR interventions used in the recovery of older adults after a femoral neck fracture, identify challenges in their implementation, and examine the role of nurses in digital rehabilitation.

Methods: The literature search was conducted in PubMed, EBSCOhost, and ScienceDirect databases. Based on predefined inclusion and exclusion criteria, 16 scientific articles published between 2015 and 2025 were selected for analysis, and the GRADE, COREQ-32, and JBI critical appraisal tools were used.

Results: The findings indicate that TR interventions, including video-based exercise programs, mobile applications, and remote monitoring, are effective and safe in post-fracture recovery. Improvements were observed in mobility, functional independence, and performance of activities of daily living. TR supported continuity of care in the home setting. Nurses played a central role in patient monitoring, exercise guidance, technological support, motivation, and caregiver involvement. Key challenges included limited digital competence, limited access to technology, data protection concerns, and fragmented systems.

Conclusions: TR is an effective and patient-centred approach to rehabilitation after femoral neck fracture in older adults. Successful implementation requires standardised protocols, technical support, and the development of nurses' digital competencies to ensure safe and effective care delivery.

Keywords: telerehabilitation, telemedicine, femoral neck fracture, nursing, elderly, tasks, challenges, opportunities, risks, recovery

Lessons to Learn from No-harm Incidents: The Consequences for Staff and the Organisation Detected in the Patient Safety Incident Reporting System

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No-harm incidents and near misses can provide valuable input for organisational learning and improvements of care and service processes. When systematically analysed, they help identify risks by providing leaders with information on organisational resources, service quality, and staff well-being.

This study aimed to detect and describe the consequences of no-harm patient safety incidents and near misses for staff and the organisation, as well as the characteristics of improvement actions planned.

The study analysed all no-harm patient safety incidents and near misses (n=920) reported during 2018 and 2019 in the incident reporting system of the Tartu University Hospital in Estonia. A document analysis method was used. Data were collected using a structured protocol and analysed using descriptive statistics, deductive and inductive content analysis.

Of all analysed incidents, 46% were classified as no-harm incidents and 24% as near misses. No-harm incidents were mostly related to patient behaviour, while near misses were more often related with clinical care and service processes. Staff-related consequences involved personal injury, increased workload and work-related dissatisfaction, whereas organisational consequences involved increased time and resource use. Improvement actions were mainly focused on staff-level interventions, such as conversation with staff and recommendations. System-level changes, such as change in work organisation or developing new guidelines were less described.

No-harm patient safety incidents and near misses may have notable implications for staff outcomes and organisational performance. The limited emphasis on system-level improvement actions highlights the need for stronger leadership initiatives that would support organisational learning, sustainable service process improvement, and save staff and the organisation from harm.

Keywords: concequences, leadership, no-harm incidents, organisation, staff