9th INTERNATIONAL NURSING MANAGEMENT CONFERENCE

Leading Excellence for Sustainable Healthcare

ABSTRACT BOOK

25-27 June 2026 Ankara, Türkiye



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ISBN 978-605-73207-5-9



INVITATION

Dear Participants,

It is with great pleasure and honor that we invite you to the 9th International Nursing Management Conference, to be held in Ankara on 25–27 June 2026. We are equally excited to welcome colleagues who are committed to achieving excellence and sustainable healthcare and eager to share their valuable experiences at our congress.

The growing demands on today's health systems, limited resources, technological transformation, and global health crises once again underline the vital importance of strong and visionary leadership. Such leadership must safeguard not only the present but also the future to ensure excellence for sustainable healthcare. For this reason, the congress theme has been set as **"Leading Excellence for Sustainable Healthcare"**.

The congress sub-themes were determined as follows in relation to this theme:

- Digital Transformation and Artificial Intelligence (AI) Systems
- Future-Oriented Nursing Leadership
- Building Resilient Healthcare Systems
- Nurturing the Future Nurses for Excellence in Healthcare
- Driving Growth through Strategic Partnerships in Healthcare
- Evidence-Based Practice and Quality Improvement
- Frontline Innovations and Best Practices in Clinical Care
- Empowering the Healthcare Workforce
- Balancing Human Touch and Technology in Healthcare
- Ethics, Equity, and Policy in a Digital Era

We believe that participants will discover the power of leadership in achieving excellence for sustainable healthcare. We also hope that they will gain the skills to define strategies, design systems, and develop tools for excellence in today's ever-changing and digitalized healthcare world. During the congress, participants will not only engage in inspiring discussions on how to lead excellence for sustainable healthcare and learn from best practices, but they will also benefit from opportunities for collaboration and networking with colleagues from all around the world.

The Organizing Committee is preparing a stimulating and memorable program, featuring oral and poster presentations from participants alongside keynote speeches by distinguished international and national experts, to ensure that participants gain maximum benefit and leave with satisfaction.

In addition to the rich scientific program, participants will have the chance to explore Ankara, the capital of Türkiye and the birthplace of the Republic, renowned for its rich historical heritage, cultural diversity, and modern character. Ankara also serves as a gateway to some of Türkiye's most remarkable destinations: the mystical landscapes of Cappadocia, the spiritual city of Mevlâna—Konya, and Istanbul, one of the world's most captivating metropolises.

We warmly invite you to join us on this meaningful journey where science and culture converge.

Come and be part of the 9th International Nursing Management Conference, which will be held in Ankara on 25–27 June 2026, and whose outcomes we believe will make valuable contributions to the scientific community.

We look forward to welcoming you among us.

With our best regards,

Prof. Sergül Duygulu
Conference Chair



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* The names are listed in alphabetical order.



CONFERENCE THEME AND TOPICS

Theme:
Leading Excellence for Sustainable Healthcare

Sub-Themes:
The congress sub-themes were determined as follows in relation to this theme:
- Digital Transformation and Artificial Intelligence (AI) Systems
- Future-Oriented Nursing Leadership
- Building Resilient Healthcare Systems
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- Empowering the Healthcare Workforce
- Balancing Human Touch and Technology in Healthcare
- Ethics, Equity, and Policy in a Digital Era



SCIENTIFIC PROGRAM



PRECONFERENCE COURSES

Hacettepe University Adult Hospital Conference Hall

Day-1 **June 25, 2026** Thursday

08:30-09:00	Course Registration
09:00-12:30	**Sustainability and Climate Awareness in Healthcare Institutions: Leadership and Management Strategies for the Future*** Sergül Duygulu Seher Basaran-Acil Emine Kuruca Ozdemir
13:00-18:00	**Randomized Controlled Trials in Nursing Management**** Belgin Akın Deniz Tanyer

*The language of the course is English, and simultaneous translation will not be available during the course. Turkish translation of the presentations will be given during the course.

**The language of the course is Turkish, and simultaneous translation will not be available during the course.



CONFERENCE PROGRAM

Day-2 **June 26, 2026** Friday

08:30-09:30	Conference Registration
09:30-09:50	**Welcome Speeches** Sergul Duygulu Hacettepe University, Türkiye Suheyla Abaan Hacettepe University, Türkiye
09:50-10:30	**Plenary Lecture I** **Reimagining Nursing Leadership for Global Health: Leading the Future of Nursing in a Changing World** Michelle Gunn University of Michigan, USA
10:30-10:50	Coffee Break
10:50-11:30	**Plenary Lecture II** **Driving Growth through Strategic Partnership in Healthcare** Miaofen Yen National Cheng Kung University, Taiwan
11:30-12:45	**Concurrent Sessions (I)**
12:45-13:45	Lunch
13:15-13:45	**Nursing Research in the Digital Age: Research Resources, Evidence-Based Tools, and Artificial Intelligence Support** Uğurcan Özkan EBSCO Bölge Satış Müdürü
13:10-13:45	**Poster Sessions (I)**
13:45-14:25	**Plenary Lecture III** **Nurturing the Future Nurses for Healthcare Excellence** Sok Ying Liaw National University of Singapore, Singapore
14:25-15:05	**Plenary Lecture IV** **Empowering the Healthcare Workforce: Leadership Tools for the Classroom** Maggie Ozan Loyola University, USA
15:05-15:25	Coffee Break
15:25-18:00	**Concurrent Sessions (II)**



Day-3 **June 27, 2026** Saturday

09:00-10:00	**Symposium** **Nursing Leadership for Sustainable Healthcare Systems** **Moderator:** Emine Kuruca Ozdemir Hacettepe University, Türkiye **Human-Centered Leadership for Sustainable Healthcare Services** Linda A. Roussel UTHealth Houston, USA **Missed Nursing Care: The State of the Art of the Research** Alvisa Palese, Stefania Chiappinotto University of Udine, Italy **The Hidden Power of Nurse Managers: Shaping Financially Sustainable Healthcare Systems** Seher Başaran Açıl Hacettepe University, Türkiye
10:00-10:40	**Plenary Lecture V** **Digital Transformation and Artificial Intelligence (AI) Systems** Ronald Piscotty Oakland University, USA
10:40-11:00	Coffee Break
11:00-11:40	**Plenary Lecture VI** **Balancing Human Touch and Technology in Healthcare** Leyla Dinç Hacettepe University, Türkiye
11:40-12:55	**Concurrent Sessions (III)**
12:55-13:50	Lunch
13:00-13:50	**Poster Sessions (II)**
13:50-14:30	**Plenary Lecture VII** **Leading Evidence Based Practice and Quality Improvement** Clayton J. Shuman University of Michigan, USA
14:30-15:10	**Plenary Lecture VIII** **Using Reviws to Guide Practices** Susan Fetzer University of New Hampshire, USA
15:10-15:30	Coffee Break
15:30-17:30	**Concurrent Sessions (IV)**
17:30-18:00	**Closing Remarks** Sergul Duygulu Hacettepe University, Türkiye



ORAL PRESENTATIONS



OP-001 The Effect of Evidence-Based Organizational Culture on Evidence-Based Work Environment Among Nurses: The Mediating Role of Evidence-Based Practice Leadership

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Background: The implementation of evidence-based practice (EBP) in healthcare organizations is essential for improving care quality, patient safety, and patient outcomes. Organizational culture and leadership are among the key determinants of successful EBP implementation. Although previous research highlights the importance of these factors, the way in which an evidence-based organizational culture influences the evidence-based work environment remains unclear.

Aim: This study aimed to examine the mediating role of evidence-based practice leadership in the relationship between evidence-based organizational culture and the evidence-based work environment among nurses.

Methods: This quantitative study employed a cross-sectional and correlational design. The sample consisted of 342 nurses working in healthcare organizations across different regions of Türkiye. Data were collected online between July 2023 and August 2024 using a structured questionnaire including the Evidence-Based Practice Leadership Scale, the Evidence-Based Practice Work Environment Scale, and the Organizational Culture and Readiness for System-Wide Implementation of Evidence-Based Practice Scale. Mediation analyses were conducted using PROCESS Macro. Direct and indirect effects were tested, and coefficients of determination (R^2) were used to evaluate the explanatory power of the models.

Results: Evidence-based organizational culture had a significant positive effect on evidence-based practice leadership (β=0.696, R^2=0.485). In addition, both evidence-based organizational culture (β=0.212) and evidence-based practice leadership (β=0.684) had significant positive effects on the evidence-based work environment, with the model explaining a substantial proportion of the variance (R^2=0.715). The indirect effect of evidence-based organizational culture on the evidence-based work environment through evidence-based practice leadership was also significant and positive (β=0.476).

Conclusion: The findings suggest that evidence-based organizational culture plays a critical role in fostering an evidence-based work environment, and that evidence-based practice leadership is an important mediating mechanism in this relationship. Strengthening leadership capacity and fostering an organizational culture based on EBP principles may support the wider implementation of evidence-based practices in healthcare settings.

Keywords: Evidence-based practice, evidence-based organizational culture, evidence-based work environment, evidence-based practice leadership, nurses



OP-002 Cannulation Hit Rate as a Nursing-Sensitive Quality Indicator in Ultrasound-Guided Peripheral Intravenous Catheterization: A Multivariable Analysis

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[3]Sung Wan-Jung,Tainan Municipal An-Nan Hospital-China Medical University, Tainan,Taiwan

Background: Peripheral intravenous (PIV) catheterization is one of the most frequently performed nursing procedures across healthcare settings. Despite its routine nature, repeated failed attempts remain common among patients with difficult venous access, resulting in patient discomfort, delayed treatment, and increased nursing workload. Conventional outcome measures typically focus on procedural success or failure, which may not adequately reflect nursing technical quality.

Aim: This study aimed to evaluate cannulation hit rate as a nursing-sensitive quality indicator for ultrasound-guided PIV catheterization and to examine whether patient-related factors independently affect cannulation quality using multivariable analysis.

Material/Methods: A retrospective nursing quality improvement study was conducted in adult patients who received ultrasound-guided PIV catheterization after failed conventional attempts. Cannulation hit rate was defined as the number of successful catheter insertions divided by the number of needle punctures multiplied by 100. Multivariable linear regression was performed to assess independent associations between patient-related factors and cannulation hit rate.

Results: A total of 272 patients were included. The mean cannulation hit rate was 96.9%, and 94.1% of patients achieved a perfect hit rate. In multivariable analysis, age, sex, edema, shock, vascular characteristics, arteriovenous shunt, and obesity were not independently associated with cannulation hit rate.

Conclusion: Cannulation hit rate represents a meaningful nursing-sensitive quality indicator. Ultrasound-guided PIV catheterization enables consistently high cannulation quality regardless of patient complexity and supports a shift toward technology-enabled nursing practice.

Keywords: Ultrasound-guided peripheral intravenous catheterization, cannulation hit rate, nursing-sensitive quality indicator, multivariable analysis



OP-003 Assessment of the Quality of Life of Tracheostomy Patients With Laryngeal Cancer

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Background: In recent years in Mongolia, incidence of laryngeal cancer has been steadily increased. It often requires total laryngectomy, leaving patients with a permanent tracheostomy tube, resulting in a high mortality rate. After tracheostomy tube placement, patients experience functional losses such as nasal breathing, taste, smell, and speech, which significantly reduce their quality of life.

Aim: Assessing the quality of life in laryngeal cancer patients with tracheostomy tubes is an important indicator that affects their survival.

Material/Methods: This hospital-based cross-sectional study was conducted at the National Cancer Center of Mongolia in 2024. Data were collected using the standardized the University of Calgary tracheostomy questionnaire. The study included 12 patients with laryngeal cancer and tracheostomy tubes.

Results: The average duration of tracheostomy tube placement was 404 days. Nine participants had a permanent tracheostomy, and 3 had a temporary tracheostomy. Pain caused by tracheostomy was reported by 66.7% of all participants. Daily exercise was restricted in 66.7% of the participants. 33.4% of patients with tracheostomy tubes were unable to speak.

Conclusion: Laryngeal cancer is mostly diagnosed in men, over 60 years of age, and at an advanced stage. Most patients have undergone surgery and predominantly have tracheostomy tubes. Among the quality-of-life aspects in laryngeal cancer patients with tracheostomy, pain, changes in appearance, limitations in physical activity, and functional losses were common. The majority of the participants are dissatisfied with their tracheostomy tubes and communicate using writing boards, highlighting the need for communication aids for these patients.

Keywords: Nursing, quality of life, tracheostomy, laryngeal cancer



OP-004 Development and Psychometric Evaluation of the Nurse Managers' Digital Leadership Scale (NM-DLS): A Methodological Study

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Background: As existing digital leadership scales in the literature fail to address the clinical and managerial processes specific to nursing services, there is a need for a measurement tool tailored to this discipline.

Aim: This study aimed to develop a psychometrically robust measurement tool to evaluate the digital leadership levels of nurse managers and to examine its validity and reliability.

Material/Methods: This research was conducted as a methodological scale development and validation study. The study was carried out between August 2025 and October 2025 with a total of 1,500 nurse managers working in 16 different hospitals in Istanbul. Data were collected through face-to-face and online platforms. For psychometric analyses, the sample group was divided into independent subgroups: Exploratory Factor Analysis-EFA (n=613), Confirmatory Factor Analysis-CFA (n=466), pilot application (n=30), test-retest (n=39), and criterion validity (n=250). The item pool, generated based on the literature, was tested using content validity, construct validity (EFA, CFA, convergent and divergent validity), and reliability (Cronbach's α, item-total correlation, test-retest) analyses.

Results: The Nurse Manager Digital Leadership Scale (NM-DLS) demonstrated a high level of expert consensus for content validity (CVI=0.95). EFA results revealed an 11-item structure with three subdimensions ("Digital Vision and Organization," "Digital Culture," and "Digital Change Management") explaining 71.36% of the total variance, with factor loadings ranging from 0.641 to 0.809. CFA results confirmed that the model had excellent goodness-of-fit indices ($\chi 2/df=3.315$, RMSEA=0.071, CFI=0.99). The Cronbach's alpha internal consistency coefficients were high (EFA α=0.901; CFA α=0.913), and temporal stability (ICC=0.833) was found to be sufficient. In the criterion-related validity analysis, a strong, positive, and significant correlation was found between the scale and the Openness to Organizational Change Scale ($r=0.619$; $p<0.001$).

Conclusion: The findings indicate that the NM-DLS is a valid and reliable instrument that can be used to assess the digital leadership perceptions of nurse managers.

Keywords: Digital leadership, nursing administration, nurse manager, psychometric testing, scale development



OP-005 Development and Psychometric Testing of the Professional Reputation Management Scale for Nurses

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Background: Occupational reputation is a fundamental aspect of the nursing profession in relation to healthcare quality and public trust. However, measurement tools that adequately assess occupational reputation management among nurses remain limited, highlighting the need for a valid and reliable instrument specific to nursing.

Aim: This study aimed to develop a valid and reliable measurement tool for professional reputation management among nurses.

Material/Methods: The process of developing the professional reputation management scale for nurses was conducted using an exploratory sequential mixed design. Accordingly, qualitative interviews were first conducted and data were collected. A draft scale was developed by analysing the collected data and creating an item pool. The draft scale was developed with a sample of 734 nurses working in inpatient treatment institutions in Türkiye.

Results: Expert opinion was sought for content validity, and the content validity index was found to be 0.87. After evaluating the data, the scale item total score correlation values were found to be between 0.389 and 0.850; the KMO coefficient value was 0.949, and the Bartlett test results were found to be statistically significant. According to the factor analysis, the factor loadings ranged from 0.337 to 0.979, and the scale consists of 42 items across 5 sub-dimensions. The scale's goodness-of-fit values ($\chi 2/df = 1.44$, GFI = 0.85, AGFI = 0.83, CFI = 0.91, RMSEA = 0.04, RMR = 0.04) were found to provide acceptable fit indices, although the GFI and AGFI fit indices were low. The Cronbach's alpha reliability coefficient of the scale was determined to be 0.942. According to the Pearson test result in the test-retest analysis, there are high correlations between the responses given ($p>0.05$).

Conclusion: The analysis of the scale developed for professional reputation management among nurses revealed that it is a valid and reliable measurement tool.

Keywords: Nurse, nursing, nursing professional reputation, reputation management



OP-006 The Relationship Between Clinical Practice Attitude and Perceived Stress in Nursing Students: The Mediating Effect of Nursing Attitude

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Background: Clinical practice, one of the fundamental components of nursing education, enables students to apply their theoretical knowledge in practice, develop their professional skills, and achieve professional competence. However, students may experience stress during this period due to reasons such as fear of making mistakes, role ambiguity, and difficulty adapting to the clinical environment. The attitude of nurses toward students in clinical settings significantly affects the level of this stress and students' attitudes toward their clinical experiences. In this context, the role of nurse attitude in the relationship between nursing students' attitudes toward clinical practice and their perceived stress should be examined.

Aim: This study aims to examine the mediating effect of nursing attitudes on the relationship between nursing students' attitudes toward clinical practice and perceived stress.

Material/Methods: The research will be conducted with students participating in clinical practice at the Nursing Department of Yalova University between February 15 and April 30, 2026. Data will be collected using the Personal Information Form, the Attitude Scale Towards Clinical Practice, the Perceived Stress Scale, and the Nursing Attitude Scale. Ethical approval and institutional permission will be obtained to conduct the research. Research data will be analyzed using the IBM SPSS Statistics 23 program.

Results: Within the scope of the research, the attitudes of nursing students toward clinical practice, their perceived stress levels, and their attitudes toward nurses will be analyzed using descriptive statistics, along with the relationships between these variables. The data collection process is ongoing.

Conclusion: The results of this study are expected to contribute to the development of policies for improving educational environments by providing recommendations for clinical practices for nursing students, attitudes towards nurses, and reducing students' stress levels.

Keywords: Nursing student, nurse, stress, clinical practice



OP-007 Nurses' Burnout Levels and Patient Safety Attitudes: A Descriptive and Correlational Survey

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Background: Burnout syndrome is a common problem among nurses in the workplace Developing a culture of patient safety is an effective management strategy to reduce burnout in healthcare workers.

Aim: This study aimed to investigate the relationship between burnout levels and patient safety attitudes among nurses working in intensive care and emergency departments.

Material/Methods: A descriptive correlational design was employed and data was collected from 144 nurses working in intensive care and emergency departments at a city hospital in Turkey. Personal information form, Maslach Burnout Inventory and Safety Attitudes Questionnaire were used for data collection.

Results: The mean score obtained from the SAQ was 155.27±27.04. The mean scores obtained from the emotional exhaustion, depersonalization and personal accomplishment dimensions of the MBI were 26.78±7.69, 12.53±4.08 and 27.17±6.81, respectively. There was a negative and statistically significant correlation between the emotional exhaustion, depersonalization and personal accomplishment dimensions of the MBI and the scores obtained from the SAQ and its job satisfaction, teamwork climate, safety climate, perceptions of management and working conditions dimensions

Conclusion: The study found that the patient safety attitudes and burnout levels of intensive care and emergency nurses were moderate. Furthermore, patient safety attitudes of nurses decreased as their burnout levels increased. Therefore, health institutions can provide regular in-service trainings on stress management and clinic-specific practices. They can also offer regular psychological analyses for healthcare workers and form professional teams to provide necessary psychological support.

Keywords: Attitudes, burnout, nursing, patient safety



OP-008 The Relationship Between Psychological Empowerment and Nurse-Nurse Collaboration Among Nurses

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Background: The understanding that the participation of healthcare workers in decision-making increases efficiency has made the empowerment of healthcare workers significant. In this context, increasing anxiety, depression, and financial difficulties highlight the need for psychological empowerment of nurses. Psychological empowerment is concerned with the individual's motivation. The psychological empowerment of nurses is essential for the integration process. It has been determined that cooperation among nurses affects their job satisfaction levels. Lack of teamwork can lead to problems such as delays in diagnosis and treatment, decline in service quality, etc. In this context, the relationship between psychological empowerment and cooperation among nurses is examined in terms of nurses' attitudes.

Aim: This study aims to examine the relationship between nurses' psychological empowerment levels and nurse-nurse collaboration.

Material/Methods: The research will be conducted through face-to-face interviews with 400 nurses. The data will be collected using the Descriptive Information Form, the Spreitzer Psychological Empowerment Scale, and the Nurse-Nurse Collaboration Scale. Ethical approval has been The results of the study suggest that psychological empowerment of nurses contributes to collaboration. It is expected that the findings will contribute to the development of policies aimed at enhancing nurse-to-nurse collaboration based on the psychological empowerment levels of nurses. to conduct the research, and institutional permission will be obtained. Research data will be analyzed using the IBM SPSS Statistics 23 program.

Results: The study will analyze the relationships between nurses' descriptive information and the variables of psychological empowerment levels and cooperation levels. The data collection process is ongoing.

Conclusion: The results of the study suggest that psychological empowerment of nurses contributes to collaboration. It is expected that the findings will contribute to the development of policies aimed at enhancing nurse-to-nurse collaboration based on the psychological empowerment levels of nurses.

Keywords: Nurse, collaboration, empowerment, psychological empowerment

OP-009 Theses on the Education of Nurse Managers: A Document Analyses

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Background: The training of nurse managers plays a critical role in enhancing the quality of healthcare services and adapting to evolving care delivery models. The training of nurse managers has a critical impact on the organization, nurses, and patient care outcomes.

Aim: This study aims to reveal the bibliometric profile of academic studies conducted in the field of "nurse manager education" in the literature and to examine the historical development, structure, and research trends of scientific knowledge accumulation in this field.

Material/Methods: A bibliometric analysis design was employed in this study, drawing on quantitative research methods. During the data collection process, comprehensive searches will be conducted in the Web of Science (WoS), Scopus, TR Index, and YÖK National Thesis Center databases using the keywords "manager nurse," "nursing management," "leadership," and "education." As of now, the data collection phase of the study is still ongoing. VOSviewer will be used to analyze the collected data and visualize the co-occurrence networks of authors, institutions, countries, citations, and keywords.

Results: Statistical results are not available as the data collection process has not yet been completed.

Conclusion: This analysis aims to outline the intellectual structure of the nursing management education literature and identify gaps in the existing literature. It is expected that the results obtained will contribute to the field by providing a strategic roadmap for future researchers, inservice training planners in healthcare institutions, and academics developing nursing management curricula.

Keywords: Nurse, nursing managment, leadership, nurse manager



OP-010 Development and Psychometric Validation of the Multidimensional Nurses' Voice Behaviors Scale

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Background: Nurses' voice behavior plays a critical role in strengthening healthcare services and the nursing profession by expressing their opinions, suggestions, and concerns regarding the work environment and patient care. Although existing measurement tools provide important contributions to assessing this behavior, they do not adequately reflect the multidisciplinary, high-risk, and complex nature of nursing practice. Therefore, there is a need for a nursing-specific, multidimensional scale to measure voice behavior.

Aim: This study aims to develop the multidimensional nurses' voice behaviors scale (NVBS) and to test psychometric analyses.

Material/Methods: This methodological study was conducted in three phases: (1) item generation, (2) preliminary evaluation of the items, and (3) assessment of the psychometric properties of the scale. In accordance with scale development guidelines. The scale was tested using construct validity and reliability analyses following the evaluation of content and face validity. Data were collected from nurses (n = 890) between December 2024 and June 2025.

Results: The final scale was developed with three diffferent subscales, and validity and reliability analyses were conducted separately for each subscale. The first subscale consists of 30 items and five dimensions, the second includes 12 items and three dimensions, and the third comprises 10 items with a single dimension. For each subscale, the explained variance, CFA fit indices, factor loadings, convergent and discriminant validity, internal consistency and test–retest reliability demonstrated satisfactory psychometric properties.

Conclusion: The developed multidimensional scale is a valid and reliable instrument for evaluating nurses' voice behaviors across three subscales: Nurses' Voice Behaviors Topics (NVBTS), Nurses' Voice Behaviors Methods (NVBMS), and Nurses' Voice Behaviors Negative Outcomes (NVBOS).

Keywords: Nurse, nursing, nursing management, scale development, voice behavior



OP-011 Nurses' Artificial Intelligence Use, Systems Thinking, Innovative Behavior, and Innovation Outputs: Statistical and Machine Learning Approaches

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Background: No study to date has examined the relationships among nurses' use of AI, systems thinking, innovative behavior, and innovation outputs within a nursing sample. Investigating multidimensional and dynamic phenomena such as innovation in healthcare increasingly requires analytical approaches that go beyond traditional explanatory models.

Aim: This study aimed to examine the relationships among nurses' use of artificial intelligence applications, systems thinking, innovative behavior, and innovation outputs, while also assessing the mediating role of systems thinking.

Material/Methods: This cross-sectional and correlational study included a total of 441 nurses from seven geographical regions of Türkiye, selected using online snowball sampling. Data were collected using a Nurse Information Form, the Systems Thinking Scale, and the Innovative Behavior Inventory after ethical approval was obtained. Pearson correlation and mediation analyses (Hayes PROCESS macro, Model 4) were applied, complemented by machine learning–based analyses, including Random Forest regression and linear regression models.

Results: Nurses' use of artificial intelligence applications showed significant and positive direct effects on systems thinking, innovative behavior, and innovation outputs. Systems thinking positively influenced both innovative behavior and innovation outputs. Mediation analyses revealed that systems thinking partially mediated the relationships between AI use and both innovative behavior and innovation outputs. Machine learning analyses produced results consistent with traditional statistical findings.

Conclusion: The integration of artificial intelligence into nursing strengthens systems thinking and fosters innovative behavior and innovation outputs. Both traditional and machine learning analyses confirm these relationship. Health policies should integrate artificial intelligence into nursing practices as a mechanism that supports systems thinking.

Keywords: Artificial intelligence, systems thinking, innovative behavior, innovation outputs, machine learning

OP-012 Enhancing Healthcare Leadership in Oman Through Culturally Grounded Capacity Building

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Background: Effective leadership is essential for high-performing healthcare systems, yet many leadership training programs lack contextual and cultural adaptability. In Oman, healthcare leadership development has historically focused on clinical expertise rather than strategic leadership competencies. This study describes the development and implementation of

Aim: to develop and implement a culturally adapted leadership training program tailored to the needs of Omani healthcare professionals.

Material/Methods: A multiphase project-based learning approach was used to design and assess the program. A needs assessment survey was conducted among healthcare leaders to identify competency gaps. The program was then developed based on international best practices and customized to the Omani healthcare system. A rigorous selection process involved psychometric testing, personal leadership statements, and structured interviews. The eight-month program incorporated evidence-based leadership training, mentorship, and project-based labs. Evaluation was guided by the Kirkpatrick model, assessing knowledge, skills, and behavioral change. Post-program qualitative interviews explored participant experience.

Results: The needs assessment (n = 18 senior hospital managers) identified gaps in leadership competencies, particularly in strategic decision-making, crisis management, and interdisciplinary collaboration. The developed program addressed these needs through eight structured modules. A total of 177 applicants applied for the program, with 39 candidates selected through a multilevel assessment process.

Conclusion: This study demonstrates the feasibility and impact of a culturally tailored leadership development program in a healthcare setting. By integrating context-specific training with global leadership principles, this program addresses leadership gaps, develops targeted leadership competencies, and enhances organizational capacity in Oman's healthcare system. Future studies should explore the long-term impact of such programs on healthcare performance and patient outcomes.

Keywords: Healthcare leadership, leadership training, healthcare, workforce, Oman



OP-013 Operationalizing Psychological Safety: A Nursing Education and Leadership Model for Workforce Readiness

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Background: Healthy work environments and workforce sustainability remain global priorities in nursing leadership. Psychological safety has been widely associated with engagement, learning, and team performance; however, nurse leaders and educators often lack structured guidance for translating this concept into operational practice within competency and workforce development processes.

Aim: This presentation describes the development of an evidence-informed nursing education and leadership model designed to embed psychologically safe practices into onboarding, competency validation, and learner support workflows.

Review: An integrative literature review was conducted examining psychological safety, nursing education, and workforce readiness. Key themes were synthesized to identify actionable leadership and educator behaviors. These findings informed the development of a scalable model aligned with contemporary nursing professional development and leadership priorities.

Conclusion: The resulting framework identifies core operational domains including leader communication behaviors, psychologically safe feedback practices, structured learner support, and environmental signals of inclusion. The model provides nurse managers and educators with practical strategies to strengthen engagement, confidence, and help-seeking behaviors across academic and practice settings.

Operationalizing psychological safety represents a critical leadership strategy to support workforce readiness and healthy work environments. This model offers nurse leaders a feasible, evidence-informed pathway to move psychological safety from concept to measurable practice, with implications for global nursing workforce sustainability.

Keywords: Psychological safety, nurse management, workforce sustainability, healthy work environment, competency development



OP-014 Teamwork, Leader-Member Exchange, Professional Isolation, and Workplace Well-Being in Nurses: A Correlational Study

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Background: Previous studies have shown that effective teamwork can improve mental health outcomes and overall quality of life for nurses by fostering a sense of belonging and community in the workplace.

Aim: This cross-sectional and correlational study aims to examine the relationship between teamwork, leader-member exchange, professional isolation, and well-being at work among nurses.

Material/Methods: The population comprised nurses working in three hospitals in İstanbul (N=2013). The sample included 355 nurses recruited through convenience sampling. Data were collected at two time points, one month apart (March–November 2025), using the Nurse Information Form, Nursing Teamwork Survey, Leader–Member Exchange Scale, Professional Isolation Scale (Time 1), and Well-Being at Work Scale (Time 2). Descriptive and correlation analyses were performed, and hypotheses were tested using Hayes PROCESS Macro Models 1 and 4.

Results: Leader–member exchange did not show significant moderating ($p=0.861$) or mediating ($p=0.881$) effects on the relationship between teamwork and professional isolation. After removing these paths, a parallel mediation model was tested. Teamwork significantly predicted leader–member exchange ($\beta=0.510$, $p<0.001$) and professional isolation ($\beta=-0.278$, $p<0.001$). The total effect of teamwork on well-being was significant ($\beta=0.195$, $p=0.001$). The total indirect effect was significant ($\beta=0.143$, [0.067, 0.224]); however, only the indirect effect via leader–member exchange was significant ($\beta=0.123$, [0.059, 0.192]). The indirect effect via professional isolation was not significant ($\beta=0.020$, [-0.015, 0.057]). The non-significant direct effect ($\beta=0.052$, $p=0.452$) indicates full mediation through leader–member exchange.

Conclusion: The findings indicate that teamwork improves nurses' well-being through strong leader–member relationships. The study highlights the importance of a collaborative and supportive work environment and offers guidance for nursing managers to enhance nurses' well-being.

Keywords: Teamwork, leader-member exchange, professional isolation, well-being, nurses



OP-015 Comparing Project-Based and Challenge-Based Learning in Nursing Education: A Mixed-Methods Study

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Background: Identifying the effects of student-centered teaching approaches that promote active engagement is crucial for developing evidence-based strategies in nursing education.

Aim: This study aimed to comparatively and comprehensively examine the effects of project-based learning (PjBL) and challenge-based learning (CBL) models on nursing students' 21st-century skills, learning approaches, and self-directed learning.

Material/Methods: An explanatory sequential mixed-methods design was employed.This mixed-methods study employed an explanatory sequential design between September 2023 and January 2024 in Türkiye. In the quantitative phase, 104 second-year nursing students enrolled in the "Teaching in Nursing" course were randomly assigned to the PjBL (n = 52) or CBL (n = 52) group, and a 14-week instructional intervention was implemented. Quantitative data were collected pre-and post-intervention (n = 94) using the Multidimensional 21st-Century Skills Scale, Self-Rating of Self-Directed Learning Scale, and Study Process Scale. In the qualitative phase, focus group interviews were conducted with 42 students (PjBL: n = 22; CBL: n = 20). Quantitative data were analyzed using descriptive statistics and paired and independent sample t-tests, whereas qualitative data were analyzed using thematic analysis.

Results: Integrated findings indicated that PjBL and CBL supported student development in complementary ways, with PjBL more strongly enhancing 21st-century skills, self-directed and deep learning, and CBL being more effective in developing critical thinking and problem-solving, while both models promoted communication, collaboration, academic and cognitive skills, professional competence, and self-efficacy.

Conclusion: These findings suggest that both approaches promote active student engagement, foster deep learning, enhance 21st-century skills, and support self-directed learning among nursing students.

Keywords: Challenge-based learning, nursing education, project-based learning, nursing students, 21. st-century skills



OP-016 The Mediating Role of Team Empowerment in the Effect of Empowering Leadership on Nurses' Intent to Leave

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Background: Nurses' intention to leave their jobs leads to intellectual capital loss, decreased productivity, increased costs, and an increase in medical errors and falls. Leadership approaches play a decisive role in combating the intention to leave. Nursing services require teamwork rather than individual effort. It has been found that job satisfaction and organisational commitment are high in organisations with strong teamwork.

Although it is known that leaders' behaviours in hospitals affect employee outcomes, the mechanisms through which this effect occurs remain unclear. Determining whether strengthening the team as a whole, rather than empowering individuals, is a key factor in reducing turnover intention is an important research problem for developing effective strategies in nursing management.

Aim: This study aims to examine the mediating effect of team empowerment level on the impact of empowering leadership on nurses' intention to leave their jobs.

Material/Methods: Method: Data were collected through face-to-face interviews with 400 nurses working at Yalova Training and Research Hospital between February and April 2026; using the Demographic Information Form, the Sieloff-King Teamwork Enhancement Assessment Scale (SKAWTGEO-TR), the Empowering Leadership Behaviour Scale (GLDÖ), and the Nurse Turnover Intention Scale. Ethical approval for the research has been obtained, and institutional permission will be sought.

Results: The relationships between nurses' descriptive information and the variables of empowering leadership behaviour, team empowerment levels, and turnover intention will be analysed. The data collection process is ongoing.

Conclusion: The results of the research are expected to contribute to the nursing workforce by identifying variables that may buffer nurses' intention to leave. The results are expected to contribute to the development of policies for future human resource planning for nurses.

Keywords: Nurse, empowering leadership, team empowerment, intention to leave, nursing workforce



OP-017 Evaluation of the 4/B Contracted Nurse Employment Policy in Türkiye Through the Walt and Gilson Health Policy Triangle Model: A Review

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Background: Nurses constitute the core workforce of health systems. Türkiye has a lower nurse-to-population ratio compared to other OECD countries, and increasing migration tendencies in recent years necessitate the reconsideration of employment policies. In this context, contracted nurse employment has emerged as an important policy instrument in health workforce planning.

Aim: The aim of this review is to analyze the 4/B contracted nurse employment policy in Türkiye within the framework of the Walt and Gilson Health Policy Triangle model (content, context, actors, and process).

Review: This review examines the relevant legal framework, particularly Article 4/B of the Civil Servants Law No. 657 and Article 45/A of Decree Law No. 663, and evaluates the policy primarily through its normative regulations. The analysis indicates that contracted nurse employment was initially introduced to ensure service continuity in regions facing workforce shortages; however, over time it has evolved into a permanent employment model. The three-year mobility restriction, limitations on re-employment after contract termination, and status differences between permanent (4/A) and contracted (4/B) nurses are associated with job security, job satisfaction, intention to leave, and turnover rates. Contextually, the policy has developed within the framework of health transformation reforms, fiscal pressures, flexible employment practices, and the limited professional representation of nursing. From a process perspective, policy-making has largely been driven by central actors, and systematic impact evaluation mechanisms appear to be limited.

Conclusion: Overall, rather than abolishing the 4/B contracted nurse employment model entirely, it should be restructured to reduce status-based inequalities, strengthen incentive-based distribution mechanisms, and be supported by regular monitoring systems.

Keywords: 4/B contracted nurse, health policy, health reform, Walt and Gilson health policy triangle model



OP-018 Crisis Leadership Behaviors of Nurse Managers Based on the Experiences of Nurse Managers and Staff Nurses: A Phenomenological Study

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Background: The increasing number of crises around the world is a significant problem affecting healthcare institutions, the nurses and the patients in these institutions. Nurse managers play a critical leadership role in coping with crises. However there are a limited number of studies that delve deeply into crisis leadership of nurse managers.

Aim: To investigate the crisis leadership behaviors of nurse managers based on the experiences of nurse managers and staff nurses.

Material/Methods: This phenomenological study was conducted between January and February 2024 with a total of 22 nurses, including 9 staff nurses and 13 nurse managers, working at a university hospital in Turkey that has provided complex healthcare services during numerous disasters such as explosions, terrorism, pandemics, and earthquakes. Data were collected using a semi-structured face-to-face interview method. Thematic analysis was used to analyze the data.

Results: Participants had bachelor's degrees and their average age was 39.13. Seven main themes were identified, comprising 21 sub-themes reflecting the crisis leadership in nursing: (i) C-Crisis Sense-making, (ii) R-Resource Management, (iii) I-Information flow, (iv) S-Solution-Oriented Action (v), I- Inspirational and Supportive Guidance, (vi) S- Strategic and Continuous Learning, (vii) Leadership Gaps.

Conclusion: The leadership behaviors of nurse managers in crises have been identified in six dimensions under the CRISIS model, and leadership gaps and areas for improvement have also been revealed. The results of study can guide the development of education, policies, and practices aimed at strengthening the preparedness level of nurses and nurse managers for crises; supporting the continuity and quality of nursing care in chaotic crisis situations. It can provide a roadmap for implementing crisis response strategies.

Keywords: Crisis, disaster, leadership, nursing, phenomenological study

OP-019 Pediatric Nurses' Perceptions and Experiences of Missed Nursing Care: A Descriptive Qualitative Study

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Background: Missed nursing care is a significant patient safety issue, particularly for pediatric patients, who are a vulnerable group. Understanding nurses' perceptions and experiences regarding situations that lead to missed care can contribute to identifying root causes and developing effective interventions.

Aim: This study was conducted to determine nurses' perceptions and experiences regarding the causes of missed nursing care in pediatric units.

Material/Methods: A descriptive qualitative research design was employed.

Results: Six main themes were identified that explained nurses' perceptions and experiences of the causes of missed nursing care: the difficulty of maintaining care, inability to prioritize care, organizational factors in missed care, the mitigating factor of family involvement, negative consequences of missed care, and strategies to reduce missed care.

Conclusion: The findings of this study indicate that at the core of missed nursing care in pediatric units lie the inability to prioritize care and organizational barriers. In addition, family involvement in care contributes positively to maintaining care. These results indicate the necessity of improving nurses' prioritization skills, providing organizational support, fostering effective team communication, and utilizing technology to optimize resource use in order to prevent missed care problems in pediatric units.

Keywords: Missed nursing care, pediatrics, nurse, qualitative research



OP-020 Altruistic Experiences of Earthquake Victim Nurses in Türkiye: A Phenomenological Study

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Background: It is unclear what the consequences would be if nurses were unwilling to provide care services that require sacrifice during times of crisis. However, identifying nurses' experiences of care involving sacrifice in these situations is crucial for improving nurses' well-being and, consequently, the quality of patient care.

Aim: To describe the altruism experiences of nurses affected by the earthquake centered in Kahramanmaraş, recorded as the disaster of the century in Türkiye.
Design: Qualitative research design, phenomenological type.

Material/Methods: The research was conducted between November 2023 and October 2024 with 17 victim nurses who worked in the February 6, 2023 earthquake, following institutional permission and ethics committee approval. Data were collected using face-to-face semi-structured interview method. Phenomenological analysis was used to analyze data. The study was conducted in accordance with the principles of research ethics.

Results: The majority of participants were female and had a bachelor's degree. The average years of experience in profession was 7.82 and 94.12% worked in a hospital that was damaged by earthquake. Four main themes were identified, comprising 20 sub-themes reflecting altruistic experiences of nurses providing care to earthquake victims: (i) The lifesaving mission; (ii) The light of altruistic care; (iii) The weight of altruistic care; and, (iv) Balancing acts: the challenge of professional and personal life.

Conclusion: Study results highlight the experiences of nurses providing altruistic care after earthquake, revealing natural burdens and benefits that come with their professional commitment. Understanding these phenomena requires a comprehensive examination of the psychological and practical effects of this type of commitment.

Keywords: Altruism, nursing, care, earthquake, victim



OP-021 How Workplace Incivility Shapes Nurses' Productivity: Insights from a Cross-Sectional Study

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Background: Nursing is not only a technical profession but also a deeply human-centered practice shaped by daily interactions. In busy healthcare environments, experiences of workplace incivility may weaken trust, disrupt teamwork, and influence how nurses perceive their productivity and professional value.

Aim: This study aimed to explore the relationship between workplace incivility and nurses' attitudes toward productivity and to examine whether demographic characteristics are associated with these perceptions.

Material/Methods: A cross-sectional relational study was conducted with 283 nurses working in public, private, and university hospitals. Data were collected through an anonymous online questionnaire including a demographic form, the Nursing Incivility Scale, and the Attitudes Toward Productivity Scale. As the data did not meet normality assumptions, non-parametric analyses were performed.

Results: The mean incivility score was 131.44±32.47, while the productivity attitude score averaged 119.19±25.98. Moderate negative relationships were found between overall incivility and productivity attitudes ($r=-.682$, $p<.001$), particularly in teamwork, working conditions, and job demands. Higher levels of nurse-, physician-, and patient-related incivility were associated with less positive productivity perceptions. Younger nurses reported lower nurse-related incivility than older groups, whereas gender and professional experience showed no significant differences.

Conclusion: Beyond clinical skills, the emotional climate of the workplace shapes how nurses feel, collaborate, and perform. Creating respectful, supportive, and human-centered environments may strengthen professional motivation, enhance teamwork, and contribute to more sustainable and compassionate healthcare systems.

Keywords: Nurses, workplace incivility, work environment, professional productivity, interpersonal relations



OP-022 Nurses' Views on Sources of Occupational Stress: A Phenomenological Study

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Background: In modern healthcare systems, nurses are central to continuous patient care; however, this role exposes them to a significant burden of occupational stress. In an era of digital transformation and personnel shortages, the nature of stressors is evolving. Understanding these factors from the subjective perspective of nurses is vital for sustainable healthcare management and workforce retention.

Aim: This study aims to determine the stressors experienced by nurses in the current work environment through their subjective expressions, across different institutional structures and clinical units, in a comprehensive manner.

Material/Methods: The study followed a qualitative phenomenological approach. The sample included 30 nurses from public, university, and private hospitals in Istanbul, selected via maximum variation sampling. Data were collected through online individual in-depth interviews and analyzed via Colaizzi's seven-step phenomenological method. Data collection continued until saturation was reached at the 30th interview.

Results: Demographic analysis revealed that the majority of participants were female (90%, n=27), single (60%, n=18), and held a master's degree (53.3%, n=16). The mean age was 35.2 years (min–max: 23–57), and the majority (66.7%, n=20) had five or more years of professional experience. The highest institutional participation (40%, n=12) was from Training and Research Hospitals. Content analysis identified three main themes: Sources of Stress, Effects of Stress, and Coping Methods. The sub-theme of "Work-Related Stress Sources" was structured under nine categories: nature of work, organizational structure, physical environment, role definitions, interpersonal relationships, managerial processes, social perception, organizational behaviors, and career-related stressors.

Conclusion: Occupational stress in nursing is a multidimensional phenomenon encompassing individual, organizational, and societal factors. To minimize these stressors, it is recommended to optimize shift systems, clarify job descriptions, adopt merit-based management, and improve physical work environments. Enhancing professional autonomy is essential for high-quality care and organizational efficiency.

Keywords: Healthcare management, nursing, occupational stressors, online interview, phenomenological research



OP-023 Building a Healthy Oncology Nursing Workforce: Resilience and Professional Quality of Life in Oman

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Background: Oncology nursing is emotionally demanding due to repeated exposure to suffering, end-of-life care, and heavy workloads. These pressures shape nurses' professional quality of life (ProQOL), including compassion satisfaction (CS), burnout (BO), and secondary traumatic stress (STS), with direct implications for well-being, retention, and quality of care.

Aim: To assess ProQOL, resilience, and turnover intention among oncology nurses in Oman, and to examine how resilience relates to ProQOL dimensions and turnover intention (including whether resilience moderates the ProQOL–turnover relationship).

Material/Methods: Two cross-sectional studies were conducted among 456 oncology nurses working in Oman's two national cancer centers. Data were collected using validated measures: ProQOL, Connor–Davidson Resilience Scale, Brief Nursing Stress Scale, and Turnover Intention Scale. Descriptive and association/prediction analyses were used to explore relationships among study variables.

Results: Nurses reported high CS (M = 43.2, SD = 5.6), moderate BO (M = 25.0, SD = 5.0), and low-to-moderate STS (M = 24.1, SD = 8.3). Resilience was moderate (M = 27.2, SD = 7.0) and predicted higher CS and lower BO and STS. Turnover intention was moderate (M = 2.5, SD = 0.9) and was negatively associated with resilience and CS, and positively associated with BO and STS. Resilience independently reduced turnover intention but did not moderate the effect of ProQOL on turnover intention.

Conclusion: Strengthening a healthy oncology nursing workforce requires combined individual and organizational action. Resilience-building initiatives (training, mentorship, coping skills) alongside workplace strategies (workload management, supportive team culture, clear development pathways) may improve ProQOL, reduce burnout-related risk, and support retention and continuity of cancer car

Keywords: Healthy workforce, oncology nurses, resilience, professional quality of life



OP-024 Reality Shock in Newly Qualified Nurses: A Bibliometric Analysis of Studies from 2000 to 2024

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Background: Reality shock can seriously affect the professional identity and job satisfaction of newly qualified nurses.

Aim: The aim of this bibliometric study is to identify and illustrate the studies published between 2000 and 2004 on the reality shock that newly qualified nurses face and to present the trends thereon.

Material/Methods: The keywords "newly qualified nurse" AND "reality shock" OR "transition shock" were searched for bibliometric data in the Web of Science Core Collection database on August 14, 2024. Data from 155 publications were used to analyze the study. The VOSviewer software was used for performance analysis, scientific mapping, and bibliometric analysis.

Results: The analysis showed that the most frequently searched keywords in the Web of Science category were "transition shock", "transition", "reality shock", "qualitative research". The journal with the highest number of publications (n=13) was "Nursing Education in Practice" and the highest number of articles (n=22) were published in 2023, the most active institution (n=7 articles) was "Edith Cowan University", the country with the most publications was "the United States of America" (n=35 articles). The most common publication type was articles (n=155); and the most common publication language was English (n=151),the institution that provided the most funding was "National Natural Science Foundation of China Nsfc" (n=3), and the author with the most publications was "Kim EY" (n=5).

Conclusion: The results of this study showed that the reality or transition shock of newly graduated nurses has sustained its importance for almost a quarter of a century and has been on the rise again after the pandemic. The results indicate that there is a need for more interventional studies at individual, educational, and administrative levels to alleviate transition shock and its impact rather than studies aimed at defining reality or transition shock.

Keywords: Newly qualified nurse, reality shock, transition shock, vosviewer, bibliometric



OP-025 A Way to Improve Empowerment in Nursing: Resilience Strategies

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Background: Power and empowerment in nursing are key to delivering high-quality and safe care in healthcare organizations. This competence, which should be developed beginning from nursing education, needs to be addressed together with resilience due to the numerous crises experienced in today's conditions.

Aim: The aim of this review is to structure the development of empowerment in nursing through resilience strategies.

Review: Empowerment in healthcare is defined as granting employees authority and responsibility and enabling them to contribute to decision-making processes. The empowerment process supports leadership development and enhances nurses' professional capacity by increasing their participation in decision-making mechanisms. Resilience in nursing plays a critical role in enabling nurses to manage their responses to adverse conditions such as burnout, stress, and intention to leave, and in protecting them from their consequences. In nursing, there are strategies to enhance resilience at the individual, organizational, policy, and educational levels. At the individual level, these strategies include strengthening social support systems, mindfulness, and work–life balance; at the organizational level, developing institutional support mechanisms and increasing participation in decision-making processes; at the policy level, institutionalizing empowerment programs and adopting approaches that prioritize nurses' well-being and integrate interdisciplinary collaboration into policy processes; at the educational level, teaching communication and stress-coping skills in educational programs and addressing multidimensional resilience approaches in ways that can be adapted to different contexts.

Conclusion: Interventions aimed at enhancing resilience will contribute to the development of empowerment in order to retain nurses, increase their job satisfaction, and reduce burnout levels. Therefore, strong and resilient nurses, as members of the profession who develop themselves, support their leadership skills, and enhance their competencies, will ensure safe patient care; at the same time, with the satisfaction of providing high-quality care, their organizational commitment will increase and their intention to leave will decrease.

Keywords: Nursing, empowerment, resilience

OP-026 Experience and Needs of Relatives of Intensive Care Patients

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Aim: This study aimed to identify the experiences and needs of families of intensive care patients.

Material/Methods: This descriptive cross-sectional study was conducted with family members (N=219) of patients hospitalized in the intensive care units of Ankara University Ibni Sina Hospital between 02 November 2022 and 02 March 2023. Data were collected face-to-face using the Intensive Care Patient Relatives' Experiences Survey and the Critical Care Family Needs Inventory. Analyses were performed using IBM SPSS 25. Descriptive statistics were calculated. Data normality was assessed using the Shapiro–Wilk test. When the normality assumption was met, the Independent Samples t-test was used; otherwise, the Mann–Whitney U test was applied. The Kruskal–Wallis test was used to compare three or more independent groups, and Post Hoc Bonferroni tests determined group differences.

Results: Relatives generally knew their patients' diagnoses and visited them within the first 24–48 hours. Visiting restrictions were reported to negatively affect patients; however, most relatives did not report negative emotions related to their patient's intensive care admission. Participants stated that they were informed about their patients' conditions and did not experience major communication problems with staff. The most frequently requested suggestion was receiving more information about the patient's condition. Items most frequently rated as "very important" included knowing the improvement in the patient's condition, being confident that staff care for the patient, not worrying when leaving the hospital, knowing what was done to the patient, and receiving information once daily. Participants who experienced communication problems with health professionals had higher total scores. A statistically significant negative and low-level relationship was observed between age and the scale total score.

Conclusion: Health professionals should communicate more effectively with relatives and provide regular information about the patient's condition. Future multicenter studies with larger samples are recommended to better determine the needs of patients' relatives.

Keywords: Intensive care, patient relative, experience, needs, nursing



OP-027 Investigation of the Relationship Between Intensive Care Patients' Perception of Nursing Care, Satisfaction and Trust in Nurses

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Background: Examining how patients in intensive care units perceive the care they receive, their level of satisfaction, and their trust in nurses is critically important for improving healthcare services provided to intensive care patients.

Aim: This research was conducted as a descriptive and correlational study to examine the relationship between intensive care patients' perceptions of nursing care, their satisfaction and their trust in nurses.

Material/Methods: Using the Patient Descriptive Characteristics Form, Patients' Perception of Nursing Care Scale, Newcastle Nursing Care Satisfaction Scale and Trust in Nurses Scale. Data obtained in the research were transferred to IBM SPSS 26 program and analyzed. While evaluating the data, frequency distributions for categorical variables, descriptive statistics for numerical values, "Mann-Whitney U", "Kruskal-Wallis" and Bonferroni analysis were used.

Results: Intensive care patients' perceptions of nursing care, their satisfaction levels and their trust in nurses were found to be high. It was determined that there was a moderately positive and meaningful linear relationship between intensive care patients' perception of nursing care and their satisfaction level with nursing care, and a moderately positive and significant linear relationship between the trust score in nurses. In addition, there was a moderately positive and significant linear relationship between the satisfaction score of the patients and the score of trust in nurses.

Conclusion: The research results reveal the relationship between the perception of nursing care and satisfaction and trust, it is advised to conduct further research that will include a larger sample group to examine the factors affecting the perception of nursing care and satisfaction level and to improve the perception of care positively.

Keywords: Intensive care, perception of care, patient satisfaction, nursing care, trust



OP-028 Technostress and Job Satisfaction: New Challenges Facing Healthcare Workers

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Background: The rapid digital transformation in healthcare delivery has introduced "technostress" as a critical occupational hazard. While technology aims to enhance efficiency, its complexity can Paradoxically undermine the well-being and professional fulfillment of healthcare providers. Understanding the interplay between technological pressures and job satisfaction is essential for sustainable human resource management in modern clinical settings.

Aim: This study aimed to examine the levels of technostress and job satisfaction among healthcare workers and to determine the predictive relationships between these two variables, focusing on specific technostress dimensions.

Material/Methods: A descriptive and correlational research design was employed. The sample consisted of 188 healthcare workers. Data were collected using validated instruments to measure technostress and job satisfaction levels. Statistical analyses included descriptive statistics, Pearson correlation to identify inter-variable relationships, and multiple linear regression models to assess the predictive power of technostress dimensions on job satisfaction.

Results: Healthcare workers reported above-average levels of both technostress and job satisfaction. Significant positive correlations were found among the sub-dimensions of technostress. Notably, "techno-complexity" was identified as a significant negative predictor of intrinsic job satisfaction. Conversely, "techno-uncertainty" showed a positive correlation with extrinsic satisfaction, suggesting a nuanced reaction to technological change. Multiple regression analysis indicated that technostress, particularly the techno-complexity dimension, significantly predicted job satisfaction, accounting for 8.6% of the total variance ($R = 0.086$).

Conclusion: High levels of technostress partially and negatively impact the job satisfaction of healthcare professionals. Specifically, the perceived complexity of new technologies reduces internal motivation and satisfaction. Healthcare managers should implement strategies to reduce techno-complexity—such as user-friendly interface designs and continuous technical support—to preserve workforce morale and organizational commitment during digital transitions.

Keywords: Technostress, job satisfaction, healthcare workers, techno-complexity, digital health management

OP-029 The Role of Emotional Intelligence as A Safety Barrier in the Use of Artificial Intelligence in Healthcare: A Review

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Emotional intelligence is considered a critical mechanism that bridges the gap between artificial intelligence and humans, acting as a protective buffer between these two fields. The increasing use of AI in healthcare represents not only a technological transformation but also a need for a new ethical perspective. Ethical decision-making processes in healthcare are often shaped by emotional awareness, empathy, and human-specific reasoning abilities. While AI systems can be programmed according to certain ethical principles, they often lack the capacity to make flexible, contextually sensitive, and compassionate decisions in unexpected clinical situations, in cases involving patients' emotional vulnerabilities, or in situations involving cultural differences. In such cases, emotional intelligence emerges as a fundamental factor that connects AI with ethical values and helps maintain balance in healthcare practices. Emotional intelligence enables healthcare professionals to recognize patients' emotional needs, communicate empathetically, and make ethically responsible decisions. The integration of AI into healthcare may, in some cases, risk relegating empathetic communication and emotional labor to the background. However, a well-developed capacity for emotional intelligence can function as an ethical safeguard supporting the preservation of human values in technologically advanced care settings. In this context, emotional intelligence provides a crucial dimension of awareness that enables healthcare professionals to identify potential ethical blind spots in AI systems. The safe and effective use of AI in healthcare depends not only on the reliability of the algorithms but also on the ethical sensitivity and emotional intelligence levels of the professionals using these technologies. Therefore, in addition to designing AI systems in accordance with ethical principles, strengthening the emotional intelligence capacities of healthcare professionals is extremely important for ensuring patient safety, improving the quality of care, and maintaining the sustainability of human-centered healthcare. This review addresses ethical risks and discusses emotional intelligence as a potential ethical safety barrier.

Keywords: Artificial intelligence, emotional intelligence, health, nursing



OP-030 Translation and Validation of the Traditional Chinese Turnover Decision Scale for Nurses

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Background: Sustaining the nursing workforce has become a priority as health systems face increasing demands for healthcare services. Turnover is recognized as a multi-stage process; however, most measures used in nursing research focus primarily on turnover intention. This narrow focus limits our ability to comprehensively understand and effectively manage the nursing workforce in rapidly evolving work environments.

Aim: (1) To integrate and translate four short scales related to turnover decision into the Traditional Chinese Turnover Decision Scale. (2) To examine the factor structure and psychometric properties of the translated scale.

Material/Methods: The 13-item scale underwent forward–backward translation, review by seven bilingual experts, and consensus by an expert committee. A total of 379 clinical nurses in Taiwan completed an online survey including demographics, workplace bullying, turnover decision, and 6-month turnover possibility. Confirmatory factor analysis and reliability testing were conducted using SPSS 29.0 and AMOS 29.0.

Results: Item 11 demonstrated a low factor loading (.33) and a low standardized regression weight (.106) and was therefore removed. The final 12-item scale demonstrated excellent internal consistency (Cronbach's α =.933) and acceptable test–retest reliability over two weeks (r =.750, p <.001). The measurement model showed acceptable fit (χ^2/df = 2.595, CFI =.982, GFI =.948, RMSEA =.065, RMR =.060, SRMR =.036). Concurrent validity was supported by significant correlations with workplace bullying (r =.462, p <.001) and 6-month turnover possibility (r =.674, p <.001).

Conclusion: The Traditional Chinese Turnover Decision Scale provides a culturally adapted and comprehensive measure of the turnover decision process among nurses, capturing both internal and external factors influencing turnover decisions. This instrument may assist organizations and policymakers in understanding the complexity of turnover and developing more effective strategies to manage the nursing workforce.

Keywords: Clinical nurses, nurse turnover, psychometric validation, turnover decision



OP-031 The Effect of Nurses' Attitudes to Environmental on Green Organizational Behaviors

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Background: Today, the reckless and excessive consumption of energy and natural resources, along with the negative impacts of factors such as industrialization, technology, and globalization, can lead to the gradual disruption of ecological balance, the emergence of environmental problems, and a rapid increase in health issues. To prevent these problems from arising, it is essential to be environmentally conscious both as an individual and as a working professional, to develop environmental awareness, and to recognize the importance of environmental issues. It is also crucial for nurses, as both individuals and professionals, to develop environmental sensitivity, support positive environmental behaviors, and demonstrate green organizational behavior.

Aim: The purpose of this study is to determine the effect of nurses' attitudes to environmental on their green organizational behaviors.

Material/Methods: This cross-sectional and correlational study included nurses working in Turkey as its population. A non-probability haphazard sampling method was used to select the sample. The study was completed with 332 nurses who voluntarily participated. Data were collected using a Personal Information Form, an Attitude Scale to Environmental, and a Green Organizational Behavior Scale. Descriptive statistics, Cronbach's Alpha coefficient, Pearson correlation analysis, and regression analysis were used to analyze the data.

Results: The study results revealed that nurses had high levels of attitudes to environmental (4.36±0.59) and green organizational behavior (4.06±0.94). The effect of nurses' attitudes to environmental on their green organizational behavior levels was found to be statistically very low (R2=0.018; F=6.018; p=0.015). Furthermore, in a multiple linear regression model established with variables that showed a difference between nurses' descriptive characteristics and their mean scores on the Green Organizational Behavior Scale, age, position, years of nursing experience, and weekly working hours were identified as predictors with very low effects on green organizational behavior levels (R2=0.044; F=3.726; p=0.006).

Conclusion: This research concluded that nurses' attitudes to environmental has a very low impact on their level of green organizational behavior.

Keywords: Environmental consciousness, attitudes to environmental, nurse, green organizational behavior



OP-032 Role of Compassion Fatigue on the Relationship Between Self-Compassion and Work-Family Conflict in Nurses

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Background: Nurses working under conditions of heavy workload and constant attentional demands may experience difficulties in balancing their professional roles with family responsibilities. Research on self-compassion, compassion fatigue and their relationships with work-family outcomes, is still in the nascent stages.

Aim: This study aims to examine the mediating role of compassion fatigue in the relationship between self-compassion and work–family conflict among nurses, within the framework of Conservation of Resources Theory (Hobfoll, 1989).

Material/Methods: This cross-sectional study included 261 nurses with at least one year of professional experience, selected using a convenience sampling method. Data were collected between March and April 2025 via an online survey platform. A four-section, 53-item questionnaire was used, consisting of a Personal Information Form, the Self-Compassion Scale, the Compassion Fatigue Scale, and the Work–Family Conflict Scale. Ethical committee approval (Date: March 25, 2025; Number: 2025-40161-055), permissions for the use of the scales, and informed consent from participants were obtained. Descriptive statistics, Pearson correlation, and regression analyses were conducted using SPSS 30.0. Hayes PROCESS macro and the Sobel test were used to test the research model and mediation effect.

Results: The mean score of Self Compassion Scale was 36.53±6.73, Compassion Fatigue Scale was 59.15±25.28, and Work-Family Conflict Scale was 25.29±8.31. The findings revealed a significant negative relationship between self-compassion and both compassion fatigue ($r=-0.455$; $p<0.001$) and work–family conflict ($r=-0.281$; $p<0.001$). A significant positive relationship was found between compassion fatigue and work–family conflict ($r=0.470$; $p<0.001$). The results further indicated that compassion fatigue fully mediates the relationship between self-compassion and work–family conflict.

Conclusion: This study provides a perspective in the mechanism through which reduced compassion fatigue helps buffer work–family conflict.The findings suggest that compassion fatigue should be considered a key target for interventions, including self-compassion–based approaches, aimed at reducing work–family conflict.

Keywords: Conservation of resources theory, compassion fatigue, nurses, self compassion, work-family conflict



OP-033 The Relationship of Positive Work Environment with Individual and Team Performance in Nursing

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Background: The global level, the shortage of nurses and the continuous increase in healthcare service demands have brought the improvement of both individual and team performance of nurses to the forefront. The work environment constitutes a critical driving force for nurse and team performance. Nurse leaders are therefore required to create a positive work environment and develop appropriate strategies to enable their nurses and teams to achieve the desired level of performance.

Aim: To determine the relationship between a positive work environment in nursing and individual as well as team performance.

Material/Methods: The study was conducted using a cross-sectional and correlational design. The population of the study consisted of nurses working in three hospitals in Istanbul: a foundation university hospital, a public training and research hospital, and a city hospital (N=1900). The sample comprised 550 nurses (n=550) who were employed at the selected hospitals and met the inclusion criteria, determined through a convenience sampling method. Data were collected between April and June 2025, following the approval of the ethics committee and institutional permissions.

Results: The model tested using structural equation modeling demonstrated acceptable fit indices. The findings indicated that nurses' perceptions of a positive work environment had a significant and positive effect on team performance, and that nurses' team performance had a significant and positive effect on individual performance. However, no direct effect of a positive work environment on nurses' individual performance was identified. Mediation analysis revealed that team performance had a full mediating role in the effect of a positive work environment on nurses' individual performance.

Conclusion: The results of the study indicate that improving nurses' work environments has a direct effect on team performance and an indirect effect on individual performance.

Keywords: Individual performance, nurses, positive work environment, team performance



OP-034 Professional Identity Development in Nursing

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Background: Professional identity is a dynamic construct that develops over time and encompasses the values, beliefs, knowledge, and skills associated with a professional role. It is considered a key component of social identity, and Social Identity Theory provides a useful framework for understanding how individuals develop a sense of belonging within their professional group.

Aim: This review aims to examine professional identity development in nursing from a theoretical and conceptual perspective and to identify the factors influencing this process and its outcomes.

Review: Professional identity development in nursing is closely related to the process of professional socialization, which begins prior to formal education and continues throughout the professional lifespan. This complex and multifaceted process is influenced by various factors, including education, role models, clinical experiences, workplace environment, and professional values. In nursing, professional identity shapes nurses' thoughts, behaviors, and interactions with patients. A strong professional identity is associated with improved patient outcomes, higher job satisfaction, and increased professional commitment. In contrast, a weak professional identity may lead to role confusion, increased stress, and higher turnover intentions.

Conclusion: Professional identity development in nursing is not only an individual process but also a shared responsibility of educational institutions and healthcare organizations. Supporting this development is essential for enhancing the quality of nursing care, strengthening professional commitment, and advancing the nursing profession.

Keywords: Nursing, professional identity, professional socialization, social identity theory



OP-035 The Turkish Adaptation Study of the Narcissistic Leadership Behaviors Scale of Nurse Managers

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Background: Narcissistic leadership behaviors demonstrated by nurse managers significantly influence nurses, patients, and healthcare institutions. Therefore, a valid and reliable instrument for evaluating such behaviors is essential.

Aim: This study examined the cultural suitability and psychometric properties of the Narcissistic Leadership Behaviors Scale of Nurse Managers, originally developed by Labrague et al. (2020), in a Turkish nursing context.

Material/Methods: This methodologically driven study employed a sample of 100 nurses from a university hospital. In addition to the scale's descriptive statistics, reliability analyses included Cronbach's alpha coefficient, item-total score correlation, and scale response bias. Validity analyses included language, content, construct, concurrent, and known-group validity.

Results: The Cronbach's alpha coefficient for the Narcissistic Leadership Behaviors Scale of Nurse Managers was calculated as 0.93. The item-total score correlations were between 0.68 and 0.89 ($p<0.01$). Confirmatory factor analysis showed acceptable goodness-of-fit indices after five modifications, excluding the AGFI index. The single-factor structure of the scale was confirmed by the confirmatory factor analysis. For concurrent validity analysis, the scale had a strong positive correlation with the Workplace Perceived Dark Leadership Scale scores ($r=0.833$, $p=0.000$). For predictive validity, a regression model was constructed to examine the extent to which each independent variable predicted nurse managers' narcissistic leadership behaviors, and the results indicated that the model demonstrated acceptable levels of fit.

Conclusion: The study findings demonstrated that the Turkish version of the Narcissistic Leadership Behaviors Scale of Nurse Managers is a valid and reliable instrument for assessing narcissistic leadership behaviors among clinical nurses. The validated scale, when utilized in leadership evaluations, may contribute to healthier work environments, improved nurse retention, and better patient care outcomes.

Keywords: Validity, reliability, nursing, narcissistic leadership, nurse managers



OP-036 Nurses' Experiences with the Use of Artificial Intelligence-Supported Decision-Making Systems and Their Ethical Dimensions: A Qualitative Study

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Background: The use of artificial intelligence-supported decision support systems in intensive care units not only improves the quality of care but also supports clinical decision-making processes. However, this transformation raises new ethical issues in nurses' professional roles, ethical responsibilities, and human-technology interaction.

Aim: This study aims to examine in depth the experiences of intensive care nurses regarding the use and ethical dimension of artificial intelligence-supported decision support systems.

Material/Methods: The study was conducted as a descriptive qualitative research. Data were collected online through semi-structured in-depth interviews and analysed using thematic analysis.The study was conducted with 9 nurses who use or have previously used artificial intelligence decision-support systems in hospitals in XXX and have at least 2 years of experience in intensive care.

Results: The participants' experiences served as the primary data source for understanding how AI-based systems are integrated into the care process and the ethical issues that arise.Analysis of the interviews revealed four contexts and fourteen themes. The contexts included "advantages of system use," "limitations," "effects of the system on clinical decision-making autonomy," and "ethical dimension of system use."

Conclusion: The integration of artificial intelligence into nursing is not merely a technological innovation but a significant transformation that reshapes the profession's role and responsibilities. When designed in alignment with nursing values, artificial intelligence can support clinical decision-making, reduce workload, and enhance patient safety. However, preserving professional autonomy, ethical responsibility, and the human dimension of care must be a fundamental priority throughout this process.

Keywords: Care, ethics, decision support systems, intensive care, artificial intelligence



OP-037 AI-Guided Interview Simulation to Improve Employability and Reduce Anxiety in Final-Year Nursing and Midwifery Students: A Quasi-Experimental Study

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Background: Job interviews cause considerable anxiety for nursing and midwifery students entering professional roles. AI-powered tools may offer a flexible alternative for interview preparation, but their effectiveness remains underexplored.

Aim: To examine the impact of a structured AI-guided job interview simulation on perceived employability and job interview anxiety among final-year nursing and midwifery students.

Material/Methods: This quasi-experimental pretest-posttest study was conducted in the Spring 2024 to 2025 semester with 90 final-year nursing and midwifery students from three universities in Türkiye. Participants were allocated to an intervention group that completed an individual AI-guided job interview simulation or a control group that received no intervention. The simulation was based on professional competency frameworks and Social Cognitive Career Theory and included 40 structured prompts across nine thematic areas. Data were collected using the Perceived Future Employability Scale and the Measure of Anxiety in Selection Interviews. Analyses included descriptive statistics, chi-square tests, independent and paired samples t-tests, and effect sizes in SPSS 28.0. The study followed TREND guidelines, was registered on ClinicalTrials.gov (NCT07061132), and received ethical approval (2025.203.IRB3.080).

Results: The intervention group had significantly higher post-test scores in networking (p =.008), labour market knowledge (p =.022), skills (p =.001), and total perceived employability (p =.039) than the control group, with experience also improving significantly within the intervention group (p =.030). Interview anxiety did not differ significantly between groups after the intervention (p =.698). Participants evaluated the simulation positively for clarity, comfort, realism, helpfulness, and willingness to integrate similar digital tools into education.

Conclusions: AI-guided job interview simulation appears promising for improving perceived employability among nursing and midwifery students. Although it did not significantly reduce interview anxiety, it increased confidence in skills, labour market knowledge, and networking, and was perceived as realistic, comfortable, and useful.

Keywords: AI-powered simulation, anxiety, nursing, midwifery, professional transition



OP-038 Examining the Relationship Between Professional Values and Professional Attitudes of Nursing Students

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Background: The nursing profession is a healthcare discipline grounded in ethical principles and professional values. It is of great importance for nursing students to embrace these professional values and develop a professional attitude in line with them, as this contributes to improving the quality of care. Therefore, examining the relationship between students' professional values and their professional attitudes can contribute to the development of nursing education.

Aim: This study was conducted to examine the relationship between nursing students' professional values and their professional attitudes toward the profession.

Material/Methods: This descriptive and correlational study was carried out with 202 students. Data were collected using the "Nurses' Professional Values Scale (NPVS-3)" and the "Professional Attitude Scale for Student Nurses." Descriptive statistics, independent samples t-test, Mann–Whitney U test, one-way analysis of variance (ANOVA), Kruskal–Wallis test, Pearson and Spearman correlation analyses, and simple linear regression analysis were used for data analysis.

Results: The mean total score of the NPVS-3 was 109.44±18.98, and the mean total score of the Professional Attitude Scale was 100.14±12.24. It was determined that students' professional values and professional attitudes were generally at a positive level. Students who chose the nursing profession willingly and those who were satisfied with their profession had significantly higher scores in both professional values and professional attitudes ($p<0.05$). Correlation analysis revealed a positive, weak, and statistically significant relationship between professional values and professional attitudes ($r=0.343$; $p<0.001$). Regression analysis indicated that professional values significantly predicted professional attitudes and explained 11.8% of the total variance ($R^2=0.118$; $p<0.001$).

Conclusion: There is a significant relationship between nursing students' professional values and their professional attitudes. Enhancing professional values may positively influence students' professional attitudes. Therefore, strengthening value-based approaches in nursing education is recommended.

Keywords: Nursing students, professional values, professional attitude, nursing education

OP-039 Nurse Migration From Turkey to Germany: A Qualitative Study

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Background: Nurse migration remains a critical global health workforce challenge, creating significant shortages in source countries.

Aim: This study examined the migration experiences of Turkish nurses working in Germany using a phenomenological approach, exploring motivations influencing migration decisions, lived experiences of working and adapting, and how these are interpreted

Material/Methods: Thirty Turkish nurses were recruited between November 2025 and March 2026 via multi-channel sampling (Instagram, personal networks, snowball). Data were collected with a structured open-ended interview form and analysed using thematic analysis with MAXQDA2020.

Results: Mean age was 30.4 years (range 20–42) and mean professional experience was 8.1 years. Analysis yielded 487 codes and six major themes: migration motivations, work experience in Germany, evaluation of conditions in Turkey, challenges abroad, return intentions, and policy recommendations. Within migration motivations (n=29, 96.7%; 79 codes), financial inadequacy, unrecognized labour, workplace violence, mobbing, incompetent management, and concerns about children's future were the most prominent drivers. Language barriers were identified as the foremost challenge by 73.3% of participants, described as a multidimensional obstacle affecting professional identity, self-confidence, and advocacy (72 codes). Working conditions in Germany were generally evaluated positively, though status loss and starting from scratch were emphasized. Conditions in Turkey were characterized as demanding, unjust, and exploitative. The majority (83.3%, n=25) did not intend to return to Turkey; those considering return associated it with family, career, or exceptional circumstances. Policy recommendations constituted the highest-frequency theme (n=27, 90%; 97 codes), with fair remuneration, regulation of working hours, prevention of workplace violence, and merit-based promotion highlighted.

Conclusion: Turkish nurse migration is shaped by multidimensional and mutually reinforcing factors. The vast majority's lack of return intention indicates a trend toward permanent migration. Improving working conditions, ensuring fair pay, enhancing professional recognition, and implementing effective measures against violence are considered priority areas for workforce retention strategies.

Keywords: Brain drain, nurse migration, migration motivation, germany, turkey



OP-040 Mapping the Evidence on Digital Competence in Interprofessional Education Among Healthcare Students: A Scoping Review

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Background: As healthcare systems become increasingly digitalized, healthcare students must be prepared not only with technical skills but also the ability to collaborate effectively in a digitally mediated interprofessional environment. However, the conceptual understanding of digital competence in IPE remains fragmented and unclear. This scoping review explored how digital competence is conceptualized in IPE among healthcare students.

Material/Methods: A scoping review was conducted following the Arksey and O'Malley framework and reported in accordance with the PRISMA-ScR checklist. Seven databases, including Embase, MEDLINE, Cochrane Library, CINAHL, Scopus, Web of Science, and ERIC, were systematically searched using a strategy combining controlled vocabulary and free-text terms related to digital competence, interprofessional education, and healthcare students. Search terms and syntax were adapted for each database in consultation with a medical librarian. Records were imported into EndNote 2025 for duplicate removal and screened in Rayyan. Title, abstract, and full-text screening were conducted independently by two reviewers using predefined eligibility criteria based on the Population, Concept, and Context framework, with disagreements resolved through discussion and consultation with a third reviewer when needed. Data were charted using a structured extraction form and synthesized through descriptive and thematic analysis to identify key frameworks and themes related to digital competence in interprofessional education among healthcare students.

Results: Thirty-one eligible studies were included, revealing five key domains of digital competence in IPE: (1) access to shared digital learning environments, (2) accountability in professionalism, ethics, and safety, (3) interaction through collaborative communication and coordination, (4) integration of technology in collaborative clinical reasoning, and (5) adoption of digital interprofessional practice readiness.

Conclusion: This review reflects the evolution of digital competence as a developmental trajectory within interprofessional education. This review maps the current evidence and proposes a structured domain-based framework to inform curriculum development and future research in digitally integrated interprofessional healthcare education.

Keywords: Digital competence, digital collaboration, healthcare students, interprofessional education, scoping review



OP-041 The Effect of Artificial Intelligence-Based Clinical Decision Support Systems on Nurses' Workload and Patient Care Outcomes: A Systematic Review

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Background: Artificial intelligence-based clinical decision support systems are increasingly being integrated into nursing practice to support clinical decision-making processes, optimize workflows, and improve patient outcomes. However, evidence regarding the combined effects of these systems on nurses' workload and patient outcomes is limited.

Aim: The objective of this systematic review is to evaluate the effects of artificial intelligence-based clinical decision support systems on nurses' workload and patient outcomes in clinical settings.

Material/Methods: A systematic literature review was conducted in the PubMed, Scopus, and Web of Science databases for studies published between 2015 and 2025. Inclusion criteria include studies conducted in a clinical setting, involving nurses, utilizing artificial intelligence or machine learning-based Clinical Decision Support Systems, and reporting quantitative findings regarding workload and patient outcomes. A total of 247 studies were identified, and 9 were included.

Results: The included studies consist of randomized controlled trials, quasi-experimental studies, cohort analyses, and quality improvement projects. It has been found that artificial intelligence -based Clinical Decision Support Systems consistently have a positive impact on clinical practice. Although direct measurements of workload are limited, improvements have been reported in indirect indicators such as reduced cognitive load, a decrease in the number of clinical visits, increased task efficiency, and optimized resource utilization. In the vast majority of studies, improvements in patient outcomes were observed; reductions in mortality, length of hospital stay, and emergency department visits were reported, along with increased adherence to clinical guidelines and effective symptom management. In particular, it has been found that large-scale predictive analytics systems can detect clinical deterioration early and have a significant impact on patient survival.

Conclusion: Although direct measurement of workload is limited, consistent improvements in indirect indicators and positive effects on clinical outcomes demonstrate that these systems provide meaningful benefits.

Keywords: Artificial intelligence, clinical decision support systems, nursing, patient outcomes, workload



OP-042 The Role of Artificial Intelligence in Empowering Nurses: A Contemporary Review

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Background: Nurses play a critical role in healthcare systems, directly influencing patient safety, care quality, and overall service effectiveness. Recently, artificial intelligence (AI) applications have emerged as tools that can support nursing practice, enhance professional development, and strengthen decisionmaking capabilities.

Aim: This review aims to explore the current state and potential impact of AI in empowering nurses.

Material/Methods: A literature search was conducted for studies published between 2020 and 2025 using PubMed, Scopus, and Web of Science. Keywords included "nursing empowerment," "artificial intelligence in nursing," "clinical decision support," and "workforce development." Peer-reviewed articles with accessible full texts that addressed AI applications for nursing empowerment were included. Data were synthesized to identify practical strategies and emerging trends.

Results: Findings indicate that AI applications can reduce workload, enhance clinical decision-making, and support professional growth. For example, AI-based patient monitoring systems automate routine data entry, allowing nurses to dedicate more time to direct patient care. Similarly, AI-driven simulation and educational platforms provide safe environments for nurses to practice and strengthen clinical decision-making skills. Integrating AI with ongoing digital literacy and training programs further enhances nurses' competence, confidence, and overall effectiveness in patient care.

Conclusion: Overall, AI is not merely a technological tool but also a strategic means to empower nurses. By supporting workload management, decision-making, and professional development, AI applications contribute to higher job satisfaction, improved care quality, and stronger workforce resilience. Future integration of AI into nursing practice holds significant potential to enhance healthcare sustainability and promote excellence in patient-centered care.

Keywords: Nursing, artificial intelligence, empowerment



OP-043 Nurses' Roles and Views in Earthquake Disaster Relief Efforts: A Qualitative Study

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Background: Nurses' critical roles and responsibilities in disaster management and response differ significantly from usual nursing settings.

Aim: This study aimed to examine the roles and responsibilities performed by nurses who participated in disaster relief efforts after the 2023 earthquake in Türkiye.

Material/Methods: In this qualitative and descriptive study, semi-structured interviews were conducted with 18 nurses from the western region of Türkiye who participated in disaster relief efforts following the 2023 Türkiye earthquake. Data were analyzed using inductive content analysis.

Results: Content analysis revealed four main themes: Roles and responsibilities after an earthquake, challenges in fulfilling nursing roles, lessons learned from the nursing experience after a disaster, and suggestions for improvement in disaster relief nursing competence

Conclusion: The results of the study highlight the vital roles of nurses in disaster response and provide important evidence for nurse managers regarding the planning and execution of nursing services after a disaster. The results may aid nurse educators and policy makers in improving disaster nursing training and implementing legal regulations regarding nurses' roles and responsibilities in disaster relief provision and organization.

Keywords: Disaster nursing, nurse, nursing roles, earthquake



OP-044 The Role of Nursing Students in Climate Change Mitigation and Sustainable Healthcare: A Targeted Narrative Review

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Background: Climate change represents a critical public health crisis, demanding systemic interventions within the healthcare sector. Nursing students, as future healthcare leaders, are uniquely positioned to drive climate change mitigation through environmental stewardship within clinical environments.

Aim: This targeted narrative review explores the evolving role of nursing students in sustainable healthcare, identifying specific pedagogical strategies, institutional barriers, and administrative management dimensions required to foster effective eco-friendly clinical practices.

Review: The synthesis of twenty high-impact studies indexes a significant global paradigm shift, demonstrating that contemporary nursing cohorts maintain high environmental awareness and an internalized ethical commitment to sustainability. Although students frequently experience climate change anxiety, they channel this distress into proactive professional motivation rather than behavioral avoidance. However, a deep knowledge-practice gap restricts their clinical agency. While students accurately identify resource inefficiencies, clinical waste mismanagement, and excessive single-use plastic consumption during clinical rotations, their capacity to intervene is severely constrained by rigid institutional hierarchies, curriculum overload, and a lack of formal mentorship. Furthermore, longitudinal mapping across sequential training stages indicates that student support for planetary health integration peaks in the early semesters but declines sharply by the final year, highlighting a critical pattern of knowledge attrition within traditional educational structures.

Conclusion: Integrating environmental literacy into nursing education is a fundamental mandate for clinical excellence and nursing service administration. To combat knowledge attrition and build carbon-neutral health systems, traditional elective modules must be replaced with a continuous spiral curriculum that embeds planetary health across all clinical specialties. Furthermore, healthcare executives must actively sponsor student-led green audits and leverage digital health informatics to empower the incoming workforce as autonomous change agents within complex hospital environments.

Keywords: Nursing students, nursing education programs, climate change mitigation, planetary health, environmentally sustainable healthcare



OP-045 Sustainability in Nursing Management: Green Nursing Practices and the Role of Leadership

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Background: Given the rising pressure of climate change on healthcare, "Green Nursing" has emerged as a strategic solution. This framework focuses on reducing the environmental footprint of care delivery, optimizing resource efficiency, and establishing ethically grounded clinical models that prioritize planetary health alongside patient safety.

Aim: This study examines the green nursing approach and the leadership responsibilities of nurse managers in this transformation. It explores how resource efficiency and ethical care constitute the core of sustainable nursing management.

Review:A structured literature review was conducted to identify sustainability trends. Studies published between 2021 and 2026 were screened in PubMed, Scopus, and Google Scholar. Inclusion criteria included full-text availability, English or Turkish language, and a focus on nursing management and environmental sustainability.

Results: Findings indicate that nurses play a central role in waste segregation, contributing to environmental protection and cost savings. While nurse managers' financial competencies are critical, barriers like budgetary constraints and strategic deficits persist. Green leadership is the primary catalyst for the organizational change needed to overcome these obstacles.

Conclusion: Healthcare resilience requires integrating sustainability into clinical and administrative processes. Nursing leaders must develop expertise in green procurement and carbon management. Future education should prioritize decarbonization to foster evidence-based green policies.

Keywords: Green nursing, sustainable healthcare, nursing management, green leadership, waste management



OP-046 The Effect of Practicing Primary Nursing Model: A Quasi-Experimental Study

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Background: Nursing care delivery systems determine how patient care is organized, how tasks are distributed among nurses, and who is accountable for patient care outcomes.

Aim: This study was conducted to compare the effects of the primary nursing method with the case method on nurses' roles and competencies, job satisfaction, missed nursing care, and patients' satisfaction with nursing care.

Material/Methods: In the study, nurses completed the Nurse Demographic Information Form, MISSCARE Survey, Nurses' Roles and Competencies Scale, and Job Satisfaction Scale for Clinical Nurses, while patients completed the Patient Demographic Information Form, Newcastle Satisfaction with Nursing Care Scale, and MISSCARE Survey-Patient Version. Following the baseline assessment of nurses and patients in both experimental and control groups, primary nursing implementation was initiated in the experimental group wards. Measurements were repeated at the 3rd and 6th months of the implementation. Data were analyzed using descriptive statistics (frequency, percentage, mean, standard deviation, minimum, maximum) and non-parametric tests. The Mann-Whitney U test was used to compare differences between two independent groups for non-normally distributed quantitative data, while the Friedman test was employed for comparisons among more than two groups.

Results: The second MISSCARE Survey test scores of nurses in the control group were significantly higher than those in the experimental group ($p<0.05$). The second MISSCARE Survey test scores of experimental group nurses were significantly lower than their pre-test scores ($p<0.05$). The MISSCARE Survey-Patient pre-test and first test scores of patients receiving care from control group nurses were significantly higher than those of patients receiving care from experimental group nurses ($p<0.05$). No significant differences were found in patient satisfaction, nurses' roles and competencies, or nurses' job satisfaction.

Conclusion: The primary nursing method was found to be effective in reducing missed nursing care.

Keywords: Nursing care delivery methods, primary nursing, missed care, nurse satisfaction, patient satisfaction



OP-047 Beliefs About Mental Illness and Ethical Attitudes Toward Psychiatric Patients Among Nursing Students

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Background: Mental disorders are highly prevalent worldwide, and individuals with mental illness continue to face stigma and social exclusion. Negative beliefs may drive avoidance, discrimination, and poorer treatment adherence and reintegration. Psychiatric settings are characterized by frequent ethical dilemmas, including autonomy, confidentiality, and involuntary treatment. In this context, nurses are central to delivering ethical, patient-centered care, while the beliefs formed during nursing education play a critical role in shaping future professional and ethical practice.

Aim: This study aimed to examine the relationship between nursing students' beliefs about mental illness and their ethical attitudes toward psychiatric patients,and to evaluate how educational and clinical experiences influence these beliefs and attitudes.

Material/Methods: This descriptive and correlational study was conducted with 254 nursing students at a university. Data were collected online using a Personal Information Form, the Beliefs Toward Mental Illness Scale,and the Ethical Attitude Scale Toward Psychiatric Patients. Descriptive statistics, independent samples t-test, one-way ANOVA, and Pearson correlation analysis were used. Ethical approval was obtained from the Human Research Ethics Committee of the university, and all participants provided informed consent and participated voluntarily.

Results: The mean age of participants was 21.65±2.57 years, and 76.38% were female. The mean belief score toward mental illness was 56.34±16.27, and the mean ethical attitude score was 66.33±11.42. Students who had not received psychiatric education, clinical training, or patient care experience had significantly higher negative belief scores ($p<0.001$). A significant difference was found according to class level, with third-year students having higher scores ($p=0.006$). A moderate, positive, and statistically significant relationship was found between beliefs about mental illness and ethical attitudes toward psychiatric patients ($r=0.37$, $p<0.001$).

Conclusion: Negative beliefs about mental illness are associated with more rigid and less patient-centered ethical approaches among nursing students. Increasing psychiatric education and clinical exposure may contribute to reducing stigma and promoting more ethical and patient-centered care

Keywords: Mental illness, ethical attitude, nursing students, stigma, psychiatry



OP-048 The Relationship Between Intuitive Judgement of Patient Deterioration and Clinical Decision-Making Among Surgical Nurses

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Background: Surgical clinics are care environments where patients can experience rapid and sudden physiological changes in the postoperative period, the risk of complications is high, and clinical decision-making takes place under time pressure. Because they are in constant and close contact with patients, surgical nurses are among the most critical healthcare professionals who can recognize nonverbal cues, behavioral changes, and deteriorations in overall appearance early on.

Aim: This study aimed to examine the relationship between the intuitive judgments of nurses working in surgical clinics regarding the early detection of clinical deterioration in patients and their level of clinical decision-making.

Material/Methods: This study is a descriptive, correlational, cross-sectional study. Nurses working in surgical clinics at a university hospital were invited to participate. The Nurse Demographic Form, the Nurse Decision-Making Scale, and the Nurse Intuition Scale Regarding Patient Worsening were used to collect data. Data were analyzed using SPSS software.

Results: A total of 39 nurses participated in the study. When the scale scores were examined, the mean score on the Nurse Clinical Decision-Making Scale was 75.08±18.62, and the mean score on the Nurse Intuition Scale regarding patient deterioration was 10.97±4.06. No significant relationship was found between the Nurse Intuition Scale regarding patient deterioration and the Nurse Decision-Making Scale ($r=-0.201$, $p>0.05$).

Conclusion: Nurses' intuitive assessments are a crucial component in many stages of the clinical decision-making process, and the combined use of both analytical and intuitive cognitive processes is important. Intuition in nursing care should not be seen merely as an instinctive feeling; it should be a form of clinical assessment based on knowledge, experience, and pattern recognition processes, and structured training should be provided accordingly.

Keywords: Intuition, decision making, perioperative nursing, surgical nursing



OP-049 Nursing Students' Experiences of Patient Safety Education: Perspectives of Nurse Educators, Nurse Managers, and Final-year Undergraduate Nursing Students: A Qualitative Descriptive Study

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Background: Nursing students' experiences of patient safety education are shaped by both theoretical courses and experiences gained in clinical learning environments. However, most studies examine patient safety education from a single perspective, highlighting the need for a more holistic approach that includes the views of students, nurse managers, and nursing educators.

Aim: This study explored nursing students' experiences of patient safety education in academic and clinical learning environments from the perspectives of nursing educators, nurse managers, and final-year undergraduate nursing students.

Material/Methods: A qualitative descriptive design was used. Between September and October 2025, four semi-structured focus group interviews were conducted with 39 participants (nine nurse managers, nine nurse educators, and 21 students). The interviews lasted a total of 228 minutes. The study explored how nursing students' experiences regarding patient safety education are shaped within academic and clinical settings and how these experiences can be improved. Data collection continued until thematic saturation was reached, and the data were analyzed using inductive content analysis.

Results: Four main themes and six subthemes emerged: "Lack of Holistic Patient Safety Education in Theory and Practice," "Supportive Learning Experiences," and "Weak Institutional Safety Culture" and "Limitations of the Clinical Learning Environment." Patient safety education in theoretical courses has been found to be fragmented, with limited teaching methods and inconsistencies between theory and practice. While guidance, interactive learning, and academic support facilitated learning in clinical settings, hierarchical pressure, conformity expectations, and structural limitations hindered students' ability to maintain safe care practices.

Conclusion: Patient safety education is shaped not only by theoretical content but also by teaching methods, clinical guidance, institutional safety culture, and the structural characteristics of practice environments. Strengthening theory–practice alignment, promoting supportive learning environments, and reinforcing institutional safety culture may enhance students' safe practice competencies.

Keywords: Patient safety, nursing students, education, clinical learning environment, qualitative research



OP-050 The Effect of Motivation Levels of Newly Hired Nurses on Their Intention to Leave

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Background: The need for nurses is increasing worldwide. In this process, organizations expect high performance from their employees in order to function effectively and efficiently. Employee motivation and their desire to remain within the organization play a significant role in meeting these expectations.

Aim: This study was conducted to evaluate the impact of motivation on the turnover of newly hired nurses.

Material/Methods: The study was conducted with 110 newly hired nurses at a university hospital located in the Black Sea Region. Data were collected using a 'Sociodemographic Data Form', a 'Multidimensional Job Motivation Scale', and a 'Turnover Intention Scale'. The data were analyzed using SPSS software.

Results: The mean total score on the turnover intention scale was calculated as 1.63±0.80, and the mean score on the multidimensional work motivation scale was 75.97±12.42. A correlation analysis between turnover intention and multidimensional work motivation revealed a significant negative relationship between the two variables ($r=-0.313$, $p<0.01$). When examining the effect of multidimensional work motivation on turnover intention, regression analysis results showed that the model was statistically significant overall. Furthermore, multidimensional work motivation was found to explain 9% of turnover intention ($F=11.761$, $p=0.00$; $R^2=0.090$).

Conclusion: Newly hired nurses have a moderate level of motivation and a low intention to leave their jobs. This indicates that as employee motivation increases, their tendency to leave their jobs decreases.

Keywords: Intent, motivation, nurses, nurse managers

OP-051 Occupational Fall Injury in a Nurse: A Case Report

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Background: Healthcare workers are at high risk of occupational accidents due to demanding working conditions and environmental hazards. Slip- and fall-related injuries among nurses constitute an important occupational safety concern.

Aim: This study aims to present a case of a fall-related occupational accident involving a nurse and to discuss contributing risk factors in light of the literature.

Case/Experience: This study is a case report. The incident occurred in the surgical intensive care unit of a tertiary hospital during the COVID-19 pandemic. Case data were evaluated based on the nurse's clinical experience and medical records and compared with relevant literature. The case involves a 28-year-old nurse with two years of professional experience. During the pandemic, the intensive care unit increased its bed capacity, leading to a heavier workload. The nurse worked more than 100 hours of overtime per month and was responsible for three patients during a 24-hour shift. She slipped and fell in a wet corridor outside the intensive care unit where no slippery floor warning sign was present. Following the fall, she developed severe lower back pain, shortness of breath, and numbness in the lower extremities. Medical evaluation revealed nerve compression associated with cervical and thoracic disc herniation. The nurse received physical therapy and rehabilitation; however, due to permanent mobility limitations, she was unable to continue working in the intensive care unit and was transferred to another unit two years later.

Conclusion: This case highlights that fall-related occupational accidents among healthcare workers are associated not only with individual factors but also with systemic factors. Long working hours, increased workload, staff shortages, and environmental safety deficiencies may contribute to such incidents. Developing policies that strengthen occupational safety, reducing environmental risks, and ensuring reporting of occupational accidents are critical for both healthcare worker safety.

Keywords: Occupational accident, worker safety, nurses, fall injury, intensive care unit



OP-052 Bureaucratic Barriers in Specialty Certification Despite Doctoral Education in Nursing: A Case Series

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Background: The Turkish Nursing Law No. 6283 regulates that nurses may obtain the title of "specialist nurse" by completing postgraduate education related to their profession. However, in practice, applications of nurses who completed their master's degree in a non-nursing field but obtained a doctoral degree in nursing are rejected.

Aim: This study aims to examine the administrative processes encountered by three doctoral-level nurses during specialty certification and their consequences.

Material/Methods: This qualitative study was designed as a multiple case study. The application processes of three nurses whose specialty certification requests were rejected were analyzed through document analysis, including institutional correspondences, rejection justifications, and relevant legislation.

Results: Applications were found to be rejected on the grounds that the master's degree was not related to the profession and that the specialist nurse position had not been formally established. This situation resulted in nurses being unable to benefit from additional financial rights defined in the 7th Term Collective Agreement (increase in special service compensation) and from exercising their priority rights in managerial appointments. However, existing judicial decisions emphasize that postgraduate education should be evaluated as a whole and that a doctoral degree encompasses a higher level of professional competence. In contrast, current practice appears to rely on a narrow interpretation based primarily on the field of the master's degree.

Conclusion: Findings indicate that the term "postgraduate education" is interpreted narrowly in practice. Clear and standardized regulations are needed to recognize doctoral education in nursing as sufficient for specialty certification, regardless of the field of the master's degree. Such an approach would support academic hierarchy and strengthen merit, equality, and legal certainty. Establishing explicit criteria aligned with academic hierarchy is essential for maintaining professional standards and ensuring legal clarity in nursing management.

Keywords: Doctoral education, specialty certification, administrative barriers, health policy, legal framework



OP-053 Revolution In Management Paradigms: Turquoise/Teal Organizations

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Background: Organizational evolution spans five paradigms, reflecting shifts in consciousness and management. These progress from the power-based Red Paradigm (Wolf Pack) and the hierarchical Amber Paradigm (Army) to the meritocratic Orange Paradigm (Machine) and the value-driven Green Paradigm (Family). The Turquoise Paradigm (Living Organism) represents the latest stage, prioritizing self-governance and evolutionary purpose.

Aim: To examine the Turquoise Paradigm through the Buurtzorg model in healthcare, evaluating how autonomous, self-managed nursing teams provide a radical alternative to traditional, mechanized care services.

Review: The Buurtzorg model utilizes empowered teams of 10–12 nurses who holistically manage all neighborhood care processes, from patient admission to budgeting, without formal leaders. Traditional centralized control is replaced by non-authoritative coaching and the Buurtzorgweb platform to facilitate collective intelligence. Operational data indicates this approach reduces care time by 40%, lowers emergency room visits by one-third, and shortens hospital stays. By shifting from strict supervision to a culture of trust, the model elevates nurses from implementers to autonomous decision-makers.

Conclusion: The Buurtzorg model proves that organizational productivity is rooted in trust rather than hierarchy. However, its long-term sustainability relies on employees' capacity for high individual responsibility and their willingness to operate without traditional hierarchical safety nets.

Keywords: Organization, administration, self-management, community health nursing, nursing



OP-054 The Impact of Perceived Supervisor Support and Empowerment on Nurses' Job Satisfaction

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Background: Perceived supervisor support plays a significant role in nurses' job satisfaction. In the light of the ICN 2026 theme, "Empowered Nurses Save Lives," identifying the relationship between perceived supervisor support and the perception of empowerment, and their impact on job satisfaction, is crucial.

Aim: The aim of this study is to examine the impact of nurses' perceived supervisor support and empowerment perception on their job satisfaction.

Material/Methods: This descriptive, cross-sectional stud was conducted with 127 nurses with at least six months of professional experience who was working in a city hospital. Data were collected using a four-section, 47-item online questionnaire. The Personal and Professional Characteristic Form, the Supportive Supervisory Scale, the Perception of Empowerment Scale, and Job Satisfaction Scale were used for data collection. Descriptive statistics, Pearson correlation, and regression analyses were conducted using SPSS 30.0.

Results: The mean score of the participants' perception of empowerment scale was 3.29±0.82, indicating a moderate level. Among its sub-dimensions, responsibility had the highest mean score (4.12±1.06). The mean score for perceived supervisor support was 3.18±1.14, while the mean score for job satisfaction was 2.96±0.94. Furthermore, a positive and statistically significant relationship was found between nurses' perceived empowerment and both perceived supervisor support and job satisfaction. The regression analysis revealed that both perceived supervisor support (β =.442, $p<.001$) and empowerment perception (β =.353, $p<.001$) significantly predicted job satisfaction, explaining 51% of the variance. Perceived supervisor support emerged as the stronger predictor.

Conclusion: These findings underscore that strengthening managerial support and organizational structures is pivotal for enhancing nurses' job satisfaction and sustaining high-quality healthcare delivery. Healthcare organizations should prioritize strengthening transformational nursing leadership, participatory decision-making, and fair organizational systems to systematically enhance nurses' job satisfaction and workforce retention.

Keywords: ICN2026, empowerment, job satisfaction, perceived supervisor support



OP-055 Smartphone Addiction Among Nursing Students and Its Reflection on Clinical Practice

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Background: Smartphones are essential tools for nursing students, facilitating rapid access to information. However, uncontrolled use can lead to risks such as addiction and distraction.

Aim: This study aimed to determine the smartphone addiction levels of nursing students and their perspectives on smartphone use in clinical practice.

Material/Methods: This descriptive and cross-sectional study was conducted with 530 nursing students at a public university. Data were collected using a Personal Information Form and the Smartphone Addiction Scale-Short Form (SAS-SF), which was validated in Turkish by Noyan et al. (2015). Descriptive statistics, independent groups t-test, and one-way ANOVA were used for data analysis.

Results: Of the participants, 81.1% were female and 40.6% were first-year students. The mean SAS-SF score was 32.12 ± 9.77. While no significant difference was found in addiction scores according to GPA, a significant difference was observed based on class level ($p=.034$), with first-year students having the highest addiction risk. It was found that 76.6% of the students used smartphones in clinical practice. Addiction scores were significantly higher ($p<.001$) among students who believed that smartphone use in clinical practice hinders practice, threatens patient safety, causes distraction, and does not facilitate rapid decision-making compared to those who did not perceive these risks.

Conclusion: Nursing students' smartphone addiction was at a moderate level, and the risk increased as the class level decreased. A notable finding is that students with higher smartphone addiction scores reported more negative effects (distraction, patient safety risks, etc.) in clinical settings. Accordingly, awareness training on conscious technology use, attention management, and patient safety is recommended, particularly for students in the early stages of their education.

Keywords: Nursing students, smartphone addiction, clinical practice, patient safety, academic performance



OP-056 Development of the Organizational Learning Scale for Nurses

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Background: Organizational learning is important for improving quality of care, supporting professional development, and strengthening nursing practice in complex healthcare settings. However, there is a lack of nurse-specific instruments to assess organizational learning in a comprehensive way.

Aim: To develop the Organizational Learning Scale for Nurses and evaluate its validity and reliability.

Material/Methods: A methodological study design was used, and the research was conducted between 2023 and 2025. An initial item pool was generated through a literature review, inductive approaches, and in-depth interviews with 20 nurses working in various clinical settings and roles. After expert reviews (n=12) and a pilot study (n=30), validity and reliability were tested on 600 nurses at a university and a private hospital in Ankara. Data suitability was assessed via KMO and Bartlett's tests. Exploratory (EFA) and confirmatory factor analyses (CFA), Pearson correlation, independent t-tests, and Cronbach's alpha were utilized.

Results: EFA revealed a 34-item structure with three dimensions: "individual-level," "group-level," and "organizational-level learning." CFA goodness-of-fit indices were $\chi 2/df=3.138$, SRMR=.0607, GFI=.735, CFI=.90, NFI=.85, and RMSEA=.085. Cronbach's alpha was 0.969 for the entire scale (0.870, 0.973, and 0.953 for the dimensions, respectively). Item discrimination was high ($p<0.05$), test-retest correlation was >0.95, and item-total correlations ranged from 0.32 to 0.72.

Conclusion: The findings indicate that the scale is a valid and reliable tool for the nursing sample. It can be used to measure organizational learning levels among nurses and evaluate the effectiveness of organizational learning efforts. Validating the scale in different nursing samples is recommended.

Keywords: Organizational learning, nurse, validity, reliability, scale development



OP-057 Evaluation of Nursing Students' Attitudes Towards Sustainability

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Background: In an era of increasing environmental degradation, sustainability and sustainable development have become key global concerns. The integration of sustainable nursing practices into clinical care depends on nurses' knowledge and attitudes. Therefore, assessing nursing students' attitudes toward sustainability and identifying influencing factors are essential for shaping effective educational strategies.

Aim: This study was conducted to evaluate nursing students' attitudes towards sustainability in nursing.

Material/Methods: This descriptive and cross-sectional study was conducted in March 2026 using an online questionnaire created via Google Forms. A total of 496 nursing students voluntarily participated in the study. Data were collected using the Individual Identification Form and the Sustainability Attitudes in Nursing Questionnaire, which is based on a 7-point Likert scale. The internal consistency of the scale was high (Cronbach's $\alpha = 0.877$). Ethical approval and informed consent were obtained. Data were analyzed using descriptive statistical methods.

Results: Among participants, 71% were female and 29.2% were third-year students. While 71% had heard of sustainable development, 54% reported insufficient knowledge, and 84.3% had not received formal education on sustainability. Nevertheless, 83.7% reported engaging in environmentally friendly behaviors, and 50% expressed willingness to participate in sustainable healthcare practices. The mean age was 21.92±4.499, and the mean scale score was 43.18±8.705. Significant differences ($p <= 0.05$) were found based on variables such as academic year, type of university, curriculum content, awareness of environmental sustainability, observation of medical waste segregation, and engagement in sustainable practices.

Conclusion: Although nursing students demonstrate positive attitudes toward sustainability, the lack of formal education represents a significant gap. Integrating sustainability as a requirement into the nursing curriculum and empowering students as agents of change is essential for advancing sustainable healthcare practices.

Keywords: Attitude, nursing students, sustainability



OP-058 Digital Stress in Nursing Students

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Background: With the increasing reliance on digital platforms in education, students are exposed to prolonged screen time and heightened academic demands. Nursing students, due to the nature of their training, frequently use digital technologies, which may increase their digital stress levels.

Aim: This study aimed to determine the digital stress levels of nursing students.

Material/Methods: This descriptive and cross-sectional study was conducted in March 2026 using an online survey via Google Forms. A total of 480 nursing students voluntarily participated in the study. Data were collected using the Individual Identification Form and the Digital Stress Scale, a 5-point Likert-type instrument. The scale demonstrated high internal consistency (Cronbach's $\alpha = 0.936$). Ethical approval and informed consent were obtained. Data were analyzed using descriptive statistics.

Results: Among participants, 72.3% were female, 29.6% were third-year students, 61.5% lived in dormitories, and 77.9% attended public universities. Additionally, 59% reported using the internet for 4–6 hours daily, and 68.5% primarily used smartphones for educational purposes. While 55.2% occasionally attended online courses, 44.4% reported difficulty managing frequent notifications during study periods. The mean age was 21.99±4.455 years, and the mean Digital Stress Scale score was 62.10±16.926, indicating slightly above-average stress levels. Significant differences ($p <= 0.05$) were found based on gender, type of university, clinical experience, difficulty adapting to new technologies, living arrangements, and patterns of internet and social media use.

Conclusion: Digital stress among nursing students is slightly above average and is associated with intensive social media use, excessive notifications, and difficulties in adapting to new technologies. Integrating digital well-being and technostress management into nursing curricula is essential. A multidimensional approach, including improving awareness, self-regulation, and social support, is necessary to enhance students' well-being and prepare them for managing technology-related stress in professional practice.

Keywords: Nursing, nursing students, digital stress



OP-059 Influencing Tactics and Affecting Factors Used by First-Line Nurse Managers from Nurses' Perspective

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Background: The ability of first line nurse managers to influence the nurses they work with is cruical for improving the quality of nursing services and achieving their goals and objectives.

Aim: This descriptive study aimed to identify the influence tactics used by first-line nurse managers on nurses and the factors affecting these tactics.

Material/Methods: The study was conducted in three hospitals in Ankara: a university, a training and research, and a private hospital. The sample included 450 nurses. Data were collected via an Introductory Information Form and the Influence Behavior Questionnaire (IBQ). Descriptive statistics (frequency, percentage, mean, SD) were used. ANOVA and t-tests were applied for normally distributed data; Kruskal-Wallis and Mann-Whitney U tests for non-normal data. Spearman's rho was used to assess correlations due to non-normal distribution.

Results: Nurse managers most frequently used soft and rational influence tactics such as legitimating, rational persuasion, appraising, and ingratiation to affect nurses, while hard tactics like pressure and coalition were least used ($p<0.05$). The use of these tactics varied significantly based on nurses' demographic and work-related factors including age, gender, marital status, education, unit, professional experience, previous employment, tenure in the current institution and unit, duration working with a senior nurse manager, weekly hours, work style, job satisfaction, and the leadership style and fairness of nurse managers ($p<0.05$).

Conclusion: Nurse managers should be aware that the influence tactics they use to affect nurses vary according to the socio-demographic and work-related features. Nurse managers should consider that the use of pressure and the tactics used may vary depending on the duration of working together. It is recommended that first line nurse managers use soft and rational influence tactics and avoid using hard influence tactics. By integrating influence tactics into nursing education, future nurses should be empowered and nurtured in this area.

Keywords: Influence, influence tactics, hospital, nurse, nurse manager



OP-060 Perceptions of Decent Work Among Nursing Students

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Background: Decent work-encompassing safety, healthcare access, adequate wages, and value alignment-is increasingly relevant in nursing research. However, little is known about how students perceive these factors before entering the profession.

Aim: This study aimed to examine nursing students' future decent work perceptions in relation to their academic year, gender, and occupational choice motivation.

Material/Methods: A descriptive cross-sectional design was conducted at Trakya University with 298 nursing students from all four academic years. Data were collected using the Future Decent Work Scale. Analysis included one-way ANOVA, independent samples t-tests, and Bonferroni post-hoc comparisons to evaluate differences between groups and statistical significance.

Results: Overall decent work perceptions were at a moderate-to-high level. "Health services access" was the highest-rated dimension, while "adequate wages" received the lowest, indicating financial concerns for the future. Academic year was a significant predictor ($p<.001$); first-year students held markedly more positive expectations than seniors. This downward trend suggests that increased clinical exposure progressively tempers idealized professional expectations. Furthermore, female students reported significantly higher perceptions than males ($p<.001$), particularly regarding safety and value alignment. Occupational choice motivation emerged as the strongest predictor ($p<.001$); students who voluntarily chose nursing demonstrated substantially more positive perceptions than those who entered the program reluctantly.

Conclusion: Decent work perceptions are shaped by a convergence of experiential, demographic, and motivational factors. The systematic decline across academic years underscores the need for structured reflective mentorship during clinical training to manage professional expectations. These results suggest that fostering intrinsic motivation and addressing career choice at the recruitment stage are pivotal for sustaining a positive professional outlook in the future nursing workforce.

Keywords: Decent work, nursing students, academic year, gender differences, occupational motivation



OP-061 Empowering Leadership in Clinical Nursing: A Qualitative Study of Nurses' Experiences

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Background: Empowering leadership is recognized as a key factor in enhancing nurses' professional autonomy, job satisfaction, and quality of care. However, existing studies have predominantly focused on structural aspects of empowerment, with limited attention to how nurses experience empowering leadership in clinical settings.

Aim: This study aimed to explore nurses' experiences of empowering leadership practices in clinical environments.

Material/Methods: This study was conducted using a qualitative descriptive design. Data were collected through semi-structured in-depth interviews with 28 nurses working in different clinical settings within a private healthcare group. Participants were selected using a purposeful sampling strategy with maximum variation. Data were analyzed using Braun and Clarke's thematic analysis approach. Ethical approval and institutional permissions were obtained.

Results: Six main themes were identified: relational and psychological empowerment, participative and autonomy-supportive leadership, developmental and mentorship-oriented leadership, clinically embedded and supportive leadership, problem-solving and coordinative leadership, and organizational justice and structural conditions. Participants emphasized that empowering leadership extends beyond managerial roles and is embedded in daily clinical practice. Leaders' active involvement in patient care, support during crises, and contribution to workload management were identified as key empowering factors.

Conclusion: Empowering leadership in clinical settings is a multidimensional construct shaped by relational, structural, and practice-based elements. Findings suggest that active leader involvement in clinical processes plays a critical role in nurses' empowerment. Nurse managers should adopt leadership approaches that integrate relational support, participative decision-making, and fair working conditions.

Keywords: Empowering leadership, clinical nursing, qualitative study



OP-062 Exploring Sustainability in Nursing Science: A Bibliometric Analysis of the Literature

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Background: Sustainability in nursing encompasses upholding ethical responsibilities, fostering environmental awareness, and integrating sustainable practices into clinical care processes. This approach aims to minimize environmental harm by prioritizing the effective and efficient use of resources. Examining how the concepts of nursing and sustainability are reflected in scientific research can help determine the current state of the literature, identify knowledge gaps in the field, and guide future studies.

Aim: This study aims to identify research trends, focal points, and areas for development by examining publications addressing the concepts of nursing and sustainability using bibliometric analysis methods.

Review: In this study, the concept of sustainability in nursing was examined using a bibliographic analysis method in the Scopus database. Publication year, country, keywords, and co-authorship relationships were analyzed, and the findings were visualized.

It was observed that studies in this field showed a rapid increasebetween 2020 and 2024 and reached their peak in 2025. The United States leads in scientific research in this field, while collaborative studies reveal that many countries are conducting national-level research in this area. The keyword network analysis, meanwhile, has been grouped into three core axes in the field of nursing and sustainability: “clinical practice and quality improvement,” “education and environmental/system-level sustainability,” and “healthcare workers’ well-being.”

Conclusion: The study’s findings reveal that the topic of sustainability in nursing is becoming increasingly visible and that interest in this field is growing. Future research is expected to develop greater collaboration, interdisciplinary approaches, and innovative proposals aimed at strengthening sustainability in nursing practice. In this regard, it is anticipated that studies focusing on sustainability in nursing will continue to contribute both to improving the quality of healthcare services and to achieving environmental and social sustainability goals.

Keywords: Health, sustainability, nursing, bibliometric analysis



OP-063 Predictive Effect of Empowerment Perception on Intention to Leave Among Nurses Transitioning from Novice to Expert

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Background: The transition from novice to expert is a challenging process that may increase nurses' intention to leave. Empowerment may play an important role in supporting retention during this period.

Aim: This study aimed to examine the predictive effect of empowerment perception on intention to leave among nurses transitioning from novice to expert.

Material/Methods: A descriptive, cross-sectional research design was used. The study was conducted with 212 nurses working in the fourth year of employment after completing three full years at a university hospital. The Sociodemographic and Work Characteristics Form, the Structural Empowerment Scale, and the Psychological Empowerment Scale were used for data collection. Intention to leave the unit, institution, and profession was also assessed. Data were analyzed using descriptive statistics and logistic regression analysis.

Results: A total of 57.08% of the nurses frequently considered leaving their unit, 63.21% frequently considered leaving their institution, and 55.19% frequently considered leaving the profession. The "Support", "Resources", and "Informal Power" dimensions of structural empowerment explained 15% of the variance in nurses' intention to leave the institution. In addition, the "Support" dimension of structural empowerment and the "Autonomy" dimension of psychological empowerment explained 15% of the variance in intention to leave the unit. The "Access to Information" and "Support" subdimensions of structural empowerment explained 10% of the variance in intention to leave the profession.

Conclusion: This study showed that both structural and psychological empowerment are important predictors of intention to leave among nurses transitioning from novice to expert.

Keywords: Novice nurse, perception of empowerment, nursing administration, intent to leave



OP-064 Predictive Management of Sustainable Nursing Workforce:A Proactive and Multilevel Approach for Nurse Managers

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Background: The global nursing workforce crisis is often addressed in terms of staff shortages and unfavorable working conditions, while existing approaches largely remain limited to reactive strategies focused on managing emerging problems. This perspective frames sustainability as an outcome of delayed interventions rather than a dynamic and predictable process.

Aim: This study aims to reconceptualize sustainable nursing workforce management from a predictive perspective and to redefine the role of nurse managers accordingly. In this context, nurse managers are positioned as strategic system managers who continuously monitor key workforce indicators, identify early warning signals through data-driven approaches, and implement adaptive interventions across multiple levels. This approach is based on a synthesis of contemporary theoretical frameworks and empirical evidence.

Results: The proposed framework conceptualizes sustainability as a dynamic and cyclical system consisting of three core components: (1) early warning and data-driven risk monitoring (such as burnout indicators, turnover intention, and workload imbalance), (2) multilevel adaptive leadership interventions (such as individualized support, flexible work allocation, team-based restructuring, and feedback), and (3) system-level strategies that enhance organizational resilience (such as psychological safety, participatory management, and continuous learning). These components operate within a feedback loop, enabling continuous system adaptation.

Conclusions: This approach positions the nursing workforce not as a static condition but as a dynamic system that can be continuously monitored and proactively managed at individual, team, and organizational levels. The study offers a predictive, system-oriented perspective that provides an integrative conceptual contribution to the literature.

Keywords: Sustainable nursing workforce, nurse managers, predictive management, proactive leadership, organizational resilience



OP-065 Enhancing Ethical Sensitivity in Medical Education Students Through A Generative AI-Integrated Movie Reflection (AIFR) Teaching Strategy: A Mixed-Methods Study

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Background: Professional ethics is a cornerstone of nursing and healthcare competency. Ethical sensitivity is a prerequisite for effective ethical decision-making. In Allied Health Education and Digital Learning departments, students often come from diverse backgrounds, with only about 30% having a clinical healthcare foundation. It is crucial for these students to develop ethical sensitivity to design instructional materials that meet the practical needs of clinical staffs.

Aim: The purpose of this study was to developed and evaluate the "AI-Integrated Film Reflection" (AIFR) teaching strategy to enhance undergraduate students' ethical sensitivity.

Material/Methods: A mixed-methods research design was employed. A total of 20 students participated in the quantitative phase, and 14 students underwent one-on-one qualitative interviews. Research instruments included a demographic questionnaire, the Ethical Sensitivity Scale, and the Reflection Scale.

Results: Quantitative results indicated that after implementing the AIFR model, students' post-test scores for ethical sensitivity were significantly higher than their pre-test scores ($t = 2.453$, $p < .05$). However, no significant difference was found in reflection tendency ($t = 1.597$, $p > .05$). Qualitative analysis yielded four core themes: (1) Deepening ethical internalization and perspective-taking; (2) Refining ethical logic through AI interaction; (3) Visualized scenarios and realism; and (4) Overcoming technical challenges during production.

Conclusion: Both quantitative and qualitative findings suggest that the AIFR strategy effectively enhances students' ethical sensitivity, although its impact on reflection tendency requires further longitudinal investigation. As an innovative pedagogical approach, this study provides a framework for integrating AI into ethics education. Future research should expand the sample size and encourage broader faculty adoption to further validate its long-term educational efficacy.

Keywords: Generative AI, ethical sensitivity, nursing ethics, movie-based learning, medical education



OP-066 The Effect of Green Hospital Awareness on Sustainable Environmental Behaviors Among Nurses

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Background: The increasing use of single-use medical materials in healthcare services has led to a significant rise in hospital waste and environmental burden. This situation has rendered green hospital practices a critical component of sustainable healthcare systems. Nurses, due to their central role in patient care processes, occupy a pivotal position in the implementation of these environmentally sustainable practices.

Aim: This study aims to examine the relationship between nurses' levels of green hospital awareness and their environmental behaviors.

Material/Methods: This research was conducted using a descriptive and cross-sectional design. The sample consisted of 399 nurses. Data were collected using a socio-demographic information form, the Environmental Behavior Scale, and the Green Hospital Awareness Scale. Statistical analyses were performed using IBM SPSS Statistics version 25.0, including descriptive statistics and correlation analyses. The level of statistical significance was set at $p < 0.05$.

Results: Of the participants, 87.5% were female, 62.2% were married, and 68.2% held a bachelor's degree. The majority were employed in public institutions (76.7%) and worked as bedside nurses (87.5%). Only 24.1% of the participants reported prior awareness of the green hospital concept. The mean total score of the Environmental Behavior Scale was 66.97 ± 9.84, with the highest subdimension being responsible citizenship and the lowest being environmental activism. The mean score of the Green Hospital Awareness Scale was 3.51 ± 0.80, with the highest score observed in environmental quality and the lowest in water efficiency. Correlation analysis revealed a moderate, positive, and statistically significant relationship between environmental behavior and green hospital awareness.

Conclusion: There is a significant relationship between nurses' environmental behaviors and green hospital awareness. However, to enhance the translation of awareness into practice, the development of institutional policies, leadership support, and targeted educational programs is essential.

Keywords: Green hospital, environmental behavior, nurse, sustainability



OP-067 The Relationship Between Nurse Managers' Leadership Styles and Nurses' Adaptive Performance: The Mediating Role of Basic Psychological Needs Satisfaction

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Background: The increasing complexity of healthcare systems has made nurses' adaptive performance a critical indicator of effectiveness. Although leadership styles are known to influence employee outcomes, the psychological mechanisms underlying this relationship remain underexplored.

Aim: This study aimed to examine the mediating role of basic psychological needs satisfaction (autonomy, competence, and relatedness) in the relationship between nurse managers' leadership styles (employee-oriented, production-oriented, and change-oriented) and nurses' adaptive performance.

Material/Methods: The study is conducted using a cross-sectional and correlational design. The study included 480 certified healthcare professionals working in general and/or specific health sectors, reached through a snowball sampling method. Data were collected online using an official information form, the Leadership Behavior Scale, the Basic Psychological Needs Scale, and the Individual Adaptation Performance Scale. Data were analyzed using descriptive statistics, distribution analysis, and units of structural freedom. Mediation relationships were assessed using the bootstrapping (type 5000) method.

Results: Participants were predominantly female (88.1%), aged 26–30 years (38.5%), and held a bachelor's degree (62.7%). Most worked in state hospitals (35.8%), inpatient units (35.6%), and shift systems (72.1%). Leadership behaviors were perceived at moderate levels, while adaptive performance was high, particularly in emergency responsiveness and interpersonal adaptability. Basic psychological needs were moderately high. Employee-oriented leadership was significantly associated with autonomy, competence, and relatedness. Structural model results indicated that leadership styles did not directly influence adaptive performance; instead, their effects were fully mediated by basic psychological needs satisfaction.

Conclusion: Nurse managers' leadership styles influence adaptive performance indirectly through the fulfillment of basic psychological needs. Employee- and change-oriented leadership enhance adaptive performance, whereas production-oriented leadership may have adverse effects on certain dimensions. Strengthening need-supportive leadership practices may improve nurses' adaptability.

Keywords: Leadership, nurse, adaptive performance, basic psychological needs



OP-068 The Effect of ICN Disaster Nursing Core Competency Training on Nurses' Disaster Preparedness and Psychological Resilience

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Aim: This study aimed to examine the effect of ICN disaster nursing core competency training on nurses' disaster preparedness and psychological resilience.

Material/Methods: This randomized controlled experimental study was conducted with 70 nurses working in a training and research hospital in Istanbul. Participants were randomly assigned to intervention (n=35) and control (n=35) groups..Ethical approval was obtained, and the study followed ethical principles. The study was registered at ClinicalTrials.gov (Registration No:NCT07263568). The intervention group received a structured ICN-based training program consisting of six sessions over two days, while the control group participated in routine disaster trainings provided by the Ministry of Health. Data were collected using a Descriptive Information Form, the Disaster Preparedness Competency Scale, and the Brief Resilience Scale. Measurements were conducted as pre-test and post-test in both groups, and additionally at 1-and 3-month follow-ups in the intervention group. Data were analyzed using descriptive statistics, chi-square test, and mixed ANOVA. Participant flow was reported using a CONSORT diagram.

Results: Baseline sociodemographic characteristics were similar between groups ($p>0.05$). Compared to the control group, the intervention group showed significant improvements in disaster preparedness ($p=0.003, \eta^2=0.119$), disaster response ($p<0.001, \eta^2=0.210$), and total competency scores ($p<0.001, \eta^2=0.209$). No significant changes were observed in the control group. No statistically significant difference was found between groups in psychological resilience ($p>0.05$). Follow-up findings indicated that although competency scores showed a slight decline over time, they remained above baseline levels. Comparisons across time showed significant differences between pre-test and post-test, while changes between post-test and follow-up measurements were more limited. Changes in psychological resilience were relatively modest.

Conclusion: These findings suggest that ICN-based disaster nursing training may improve nurses' disaster preparedness and response competencies. However, its effect on psychological resilience appears to be limited. Periodic reinforcement training may be beneficial to support the sustainability of training effects.

Keywords: Disaster nursing, preparedness, psychological resilience, training, randomized controlled trial



OP-069 The Effect of a Risk Management Program Developed Specifically for the Intensive Care Unit on Indicators Related to Nurses' Working Hours

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Background: Although the qualifications of intensive care units, the standards they must meet, and the staffing requirements are regulated by law, there are challenges in maintaining appropriate patient-to-nurse ratios, and nurses are forced to work long hours.

Aim: To identify risks associated with working hours among nurses in an adult intensive care unit and to evaluate the impact of a risk management program developed to address these risks on indicators related to working hours.

Material/Methods: This study was conducted as an interventional study using a pre-test–post-test design in the intensive care units between 2023-2025. This study was conducted in two phases. In the first phase, a literature review was conducted to identify risks associated with working hours, records related to workplace risks were examined, and nurses' opinions were solicited to identify existing risks related to nurses' working hours in the intensive care unit and a risk management program has been developed. In the second phase, the risk management program developed in relation to working hours was implemented, and the program's impact on indicators related to nurses' working hours was evaluated.

Results: The study found that the risk management program had no statistically significant effect on the rate of injuries from sharp instruments, the rate of exposure to blood and body fluids, the rate of patient falls, medication errors, or the mortality rate. However, it was found that the patient-to-nurse ratio had a statistically significant effect on the rate of healthcare-associated infections (rate of urinary catheter-associated urinary tract infections, rate of central line-associated bloodstream infections, rate of ventilator-associated events), and the rate of pressure ulcers in the intensive care unit.

Conclusion: Mitigating these identified risks has been effective in ensuring patient and staff safety in clinics and in laying the groundwork for a healthy work environment.

Keywords: Intensive care unit, nurse, risk management program, working hours



OP-070 The Effect of Infection Prevention Strategies on Patient Participation and Hand Hygiene Behavior

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Background: Infection prevention in healthcare settings depends not only on the practices of healthcare workers but also on patients' active participation in safety protocols. While the literature has generally addressed patient participation in care practices, it has not evaluated patients' participation in patient safety practices such as hand hygiene.

Aim: This study aims to examine the impact of infection prevention strategies on patients' level of participation and hand hygiene behaviors.

Material/Methods: This quasi-experimental and observational study was conducted at a university hospital in Turkey between May 2021 and July 2025. A total of 58 patients were included in the study, and 696 observations were recorded. Data were collected using the Demographic Characteristics Questionnaire, the Patient Participation in Patient Safety Practices Scale (infection subscale), and the Hand Hygiene Observation Form. Data were analyzed using descriptive statistics, the Cochran Q test, and the McNemar test, with a significance level of $p<0.05$.

Results: Following the intervention, a significant increase was observed in patients' levels of participation in patient safety practices. It was determined that post-test scale scores were higher than pre-test measurements. Observational findings indicated significant improvements, particularly in hand hygiene steps requiring technical accuracy (rubbing palms together, rubbing between fingers, rubbing fingers in a bent position against the other palm, rubbing the thumb against the palm of the other hand, and rubbing fingertips against the palm) ($p<0.05$).

Conclusion: Structured strategies that promote patient participation can be effective in fostering safe behaviors aimed at preventing infections. Encouraging patients to actively participate in safety practices, such as hand hygiene, can help strengthen patient safety and infection prevention practices in healthcare settings.

Keywords: Infection prevention, patient participation, hand hygiene, patient safety, infection control



OP-071 Patient Safety Practices Awareness Scale for Patients: Development and Psychometric Evaluation of a Scale

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Background: Patient awareness of safety practices is essential for promoting safe care. Ensuring patient awareness in patient safety practices improves both individual patient experiences and enhances the overall safety of the healthcare system. However, there is a gap in validated instruments to assess this awareness.

Aim: This study aimed to develop and evaluate the psychometric properties of a scale to evaluate patient awareness of safety practices.

Material/Methods: This methodological study was conducted between December 2022 and January 2024 in a training and research hospital. The study included 438 inpatients. An introductory information form consisting of 10 questions was used in the first part of the study, and the Patient Safety Practices Awareness Scale for Patients (PSPASP) was used in the second part. The descriptive data were analyzed via numbers, percentages, and means, and the psychometric analysis of the scale included content validity, explanatory and confirmatory factor analysis, Cronbach's alpha, item–total correlation, and split–half analysis. The validity of the scale was examined via explanatory and confirmatory factor analysis.

Results: The scale consists of 18 items and 3 subscales. Cronbach's alpha coefficient was 0.85 for the whole scale, 0.72 for the first subscale, "Awareness of Causes", 0.83 for the second subscale, "Knowledge and Awareness", and 0.79 for the third subscale, "Participation and Risk Management". The scale explains 50.73% of the total variance. The first subscale explains 6.28% of the total variance, the second subscale explains 25.63%, and the third subscale explains 9.42%. Exploratory and confirmatory factor analyses revealed that all the factor loadings were >0.30. In the confirmatory factor analysis, all fit indices were >0.80, and the RMSEA was <0.08.

Conclusion: The results of the study revealed that the developed scale is a valid and reliable measurement instrument that can be used to determine patients' levels of safety awareness.

Keywords: Patient, patient safety, patient involvement, awareness, risk management



OP-072 Social Norms, Psychological Power, and Professional Self: Multilevel Effects of Conformity in Nursing

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Background: Conformity, which develops as a result of organizational hierarchy and normative pressures, can weaken nurses' critical thinking and professional autonomy. Individuals' levels of psychological empowerment are predicted to be effective in developing resistance against these conformist tendencies

Aim: The aim of this study is to examine the mediating role of psychological empowerment in the relationship between nurses' conformist tendencies and their professional self-concept.

Material/Methods: The population of this descriptive and cross-sectional study consists of nurses working in hospitals in Turkey for at least one year. The minimum sample size was calculated as 384, and the research was completed with the participation of 396 nurses reached through the virtual snowball sampling method. Data were collected online using the Introductory Information Form, Conformity Scale, Spreitzer Psychological Empowerment Scale, and Professional Nursing Values Scale. Pearson Correlation and the SPSS PROCESS Macro with a 5000-resample "bootstrapping" test will be used for data analysis

Results: The data collection process of the research has been completed by reaching the targeted sample size, and the statistical analysis phase has been initiated in accordance with the planned project schedule. The findings to be obtained from the analyses will be presented at the congress.

Conclusion: The findings obtained from the analyses will be presented at the conference.

Keywords: Conformity, psychological empowerment, professional identity, nursing



OP-073 Adaptation of Maslow Need Satisfaction Scale in Nurses into Turkish: Validity and Reliability Study

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Background: Nurses constitute a vital part of the workforce in the effective delivery of healthcare services. Meeting their physical, psychological, and social needs plays a critical role in providing holistic care. According to Abraham Maslow's hierarchy of needs theory, the fulfillment of individuals' needs has a direct impact on motivation and performance. In this context, meeting nurses' needs and maintaining well-being are essential for improving quality of work life and ensuring healthcare sustainability.

Aim: This study aimed to adapt the Nurse Need Satisfaction Scale, developed by Hwa Jin Kim and Sun Hwa Shin (2020), into Turkish and evaluate the validity and reliability of the Turkish version.

Material/Methods: This methodological study was conducted with nurses working in hospitals in the city center of Konya. In methodological studies, it is recommended that the sample size be 5–10 times the number of scale items. Since the adapted scale consisted of 30 items, a minimum sample size of 300 was targeted; data were collected from 273 nurses. Data were collected online between June and August 2024 using a Descriptive Information Form and the Maslow Needs Satisfaction Scale for Nurses. Construct validity was assessed using confirmatory factor analysis (CFA), while reliability was evaluated using Cronbach's alpha and McDonald's omega coefficients.

Results: CFA findings confirmed the five-factor structure of the scale and indicated a good level of model fit. Cronbach's alpha values ranged between.78 and.89, and McDonald's omega values ranged between.79 and.89, demonstrating acceptable to high internal consistency. Item-total correlations were above.30, indicating adequate discrimination.

Conclusion: The Turkish version of the Maslow Needs Satisfaction Scale for Nurses was found to be a valid and reliable tool. It can be used to assess nurses' needs and improve their quality of work life. Regular monitoring of nurses' needs and development of supportive workplace practices are recommended.

Keywords: Nurses, need satisfaction, validity and reliability, Maslow's hierarchy of needs



OP-074 Analysis of Artificial Intelligence Courses in Training Future Nurses

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Background: As a result of technological developments around the world and in our country, nurses are the groupof healthcare professionals who use artificial intelligence applications the most, given their high workforce capacity.Based on this, courses related to artificial intelligence applications should be included in the curriculum of nursingstudents' undergraduate education.

Aim: The research was conducted to analyze artificial intelligence courses included in the curriculum of nursingprograms at public and foundation universities in Turkey.

Material/Methods: This descriptive study was conducted between January 10 and March 5, 2026, using dataobtained from the official website of The Council of Higher Education Council (YÖK) Undergraduate Atlas. Nursingdepartments offering education at universities were included in the study. No sample selection was made, and theaim was to reach the entire population. The data were evaluated the SPSS 25.0 program.

Results: According to YÖK Atlas data, 67.79% of nursing programs in Turkey are offered at public universities,while 32.21% are offered at foundation universities. It was determined that Artificial Intelligence courses areincluded in the curriculum of 56.44% of nursing programs and that 85.96% of these courses are planned aselectives and offered in all semesters. It was determined that 92.10% of these courses were conducted face-to-face, 75.43% were given for 2 hours per week, and 39.47% were worth 3 European Credit Transfer andAccumulation System (ECTS) credits.

Conclusion: The number of courses related to artificial intelligence, which is becoming increasingly common innursing programs in Turkey, is rising. In light of this data, elective courses offered in nursing departments shouldbe made mandatory and supported by laboratory applications, as required by the needs of the times. Nursingprograms with best practices can contribute to the development of this process by sharing their data with otheruniversities' nursing programs as a guide.

Keywords: Artificial intelligence, nursing, undergraduate education



OP-075 Nurses' Experiences of Work Environments and Organizational Challenges in Primary Care: A Descriptive Qualitative Study

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Background: Primary care nurses play a critical role in the delivery of community-based healthcare services. However, their working conditions are often shaped by organizational structures, workforce arrangements and policy frameworks. Understanding how nurses experience their work environments is important for identifying structural and policy-related factors that influence workforce sustainability and quality of care.

Aim: This study aimed to explore nurses' experiences of their work environment in family health centers, which constitute the primary care setting in Türkiye.

Material/Methods: A descriptive qualitative study was conducted using semi-structured online interviews with 16 nurses working in family health centers between May and June 2025. Data were analyzed using inductive content analysis. The study was reported in accordance with the Consolidated Criteria for Reporting Qualitative Research (COREQ).

Results: Content analysis identified five main themes and fifteen sub-themes related to nurses' work environments. The five main themes were: i. physical conditions; ii. teamwork, communication, and appreciation; iii. safety and social rights; iv. workload; and v. development and training.

Conclusion: The findings emphasize the importance of clearly defined roles, adequate physical conditions, protection of nurses' professional rights and safety, and improved access to training opportunities in developing healthy work environments. Effective nursing management in primary care plays a critical role in establishing, supporting, and sustaining healthy work environments. These findings highlight the need to strengthen nursing leadership to improve nurses' work environments and to address structural constraints within physician-led primary care systems.

Keywords: Family health centers, primary care, work environment



OP-076 Effectiveness of Digital Resilience Interventions Among Healthcare Workers: A Systematic Review of Randomized Controlled Trials

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Background: With the increasing digitalization of healthcare systems, healthcare workers are exposed to higher levels of stress and burnout, highlighting the need for resilience-based interventions.

Aim: This study aimed to evaluate the effectiveness of digital resilience interventions on burnout, psychological well-being, and work-related outcomes among healthcare workers.

Review: This systematic review was conducted in accordance with the PRISMA guidelines. Randomized controlled trials published within the last 10 years were systematically searched and evaluated. Included studies comprised web-based interventions, mobile applications, and online training programs. A total of seven studies conducted across different countries were included. Interventions consisted of programs such as WISER, mindfulness-based digital interventions, digital resilience training, and online mentoring-supported programs. Outcome measures included the Maslach Burnout Inventory (MBI), Brief Resilience Scale (BRS), Depression Anxiety Stress Scale (DASS-21), and work–life balance scales.

Most of the included studies demonstrated positive effects of digital interventions. The WISER program significantly improved burnout, depression, and work–life balance. Digital resilience training interventions were associated with increased resilience and work engagement, while mindfulness-based web interventions reduced stress, anxiety, and depression levels. Studies conducted among healthcare workers indicated that these interventions were feasible and acceptable. However, some studies did not find statistically significant differences between intervention and control groups, although positive trends were observed.

Conclusion: Digital resilience interventions appear to be effective in enhancing psychological well-being and reducing burnout among healthcare workers. Nevertheless, there is a need for more randomized controlled trials specifically targeting diverse healthcare worker populations.

Keywords: PRISMA, digital resilience, healthcare workers, web-based intervention, randomized controlled trial



OP-077 Evaluation of SBAR Technique in Nursing Students Based on the Kirkpatrick Model: A Quasi-Experimental Study

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Background: The provision of unsafe patient care remains a significant global health issue. It is crucial for nursing students to develop communication skills and gain early experience in patient handover prior to assuming clinical responsibilities.

Aim: This study aims to enhance nursing students' SBAR communication competencies by applying the four stages of the Kirkpatrick Model.

Material/Methods: The research employed a single-group, pretest-posttest quasi-experimental design. Conducted with 30 senior students from a university's nursing department, the study utilized a Personal Information Form, SBAR Knowledge Form, Affective Awareness Scale for Instruction, Training Satisfaction Evaluation Form and SBAR Perception Form. Descriptive statistics were complemented by a paired t-test for normally distributed data and the Wilcoxon test for non-normally distributed data. Analyses were performed using JASP (v0.96) software.

Results: The mean age of participants was 21.69 years, with 69% being female. Of the students, 62% reported never having participated in patient handover in clinical settings, 79% had never received a handover from nurses, and 83% had never given a handover. A statistically significant increase was observed in students' SBAR knowledge levels (W = 11.00, z =-3.863, p <.001, Rank-Biserial Correlation=-.920). Furthermore, there was a significant enhancement in affective awareness levels (t (28) =-3.343, p =.002; Cohen's d: -.621). The highest scores in training satisfaction were attributed to the instructor and learning outcomes. Finally, students indicated that SBAR training contributed to their professional development and expressed a desire to employ this technique in their future clinical practice.

Conclusion: The study concluded that the SBAR technique, evaluated within the framework of the Kirkpatrick model, is effective in augmenting students' knowledge and affective awareness levels. The implementation of the SBAR technique in clinical practice appears to be a potent tool for acquiring competence in the patient handover.

Keywords: Communication, competency, nursing students, patient safety, training



OP-078 The Effect of Nurses' Level of Cross-Cultural Awareness on Their Perceptions of Nursing Care

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Background: Taking patients' cultural characteristics into account contributes to the provision of individualized care and enhances the effectiveness of healthcare services.

Aim: The purpose of this study is to determine the effect of nurses' levels of cross-cultural awareness on their perceptions of nursing care.

Material/Methods: This study is descriptive and cross-sectional in nature. Data were collected from 276 nurses via an online survey using the snowball sampling method between February and April 2026. The data collection tools used were the "Nurse Information Form," the "Cross-Cultural Awareness Scale," and the "Nursing Behavior Scale-24 (NBS-24)." SPSS 26.0 software was used for data analysis; descriptive statistics, Cronbach's alpha coefficient, independent samples t-test, Pearson correlation analysis, and regression analysis were applied. Ethical committee approval (Decision No. 2024/10-10) was obtained for the study.

Results: The participants' age average was 22.89; their average years of experience was 7.63, 81.9% were women, 32.2% were single, and 81.6% held a bachelor's degree. The mean score on the Cross-Cultural Awareness Scale was 34.02 ± 4.57 ($\alpha = 0.95$), while the mean score on the Caregiving Behaviors Scale-24 (CBS-24) was 127.28 ± 11.44 ($\alpha = 0.70$). Cross-cultural awareness explained 2% of the variance in care behaviors, and this relationship was found to be statistically significant ($B=113.71$; $\beta=0.159$; $p<0.05$).

Conclusion: It was determined that individuals with high levels of cross-cultural awareness exhibit more positive caregiving behaviors. However, this relationship is limited in scope, and other variables that may influence caregiving behaviors should also be examined.

Keywords: Nursing care, cross-cultural awareness, nurse



OP-079 Conscientious Leadership: The Influence of Nurses' Quiet Quitting and Compulsory Citizenship Behaviour on Quiet Firing

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Background: Conscientious leaders help to develop norms and behaviours by encouraging active participation in the improvement of work processes. Quiet quitting, quiet firing and compulsory citizenship behaviour constitute a complex dynamic. This situation leads to negative outcomes for nurses.

Aim: To determine the relationship between nurses' perception of conscientious leadership and quiet quitting, quiet firing and compulsory citizenship behaviour.

Material/Methods: A correlational and cross-sectional research design was employed.

Results: The mean scores for nurses were 3.63 ± 0.59 for conscientious leadership; 2.44 ± 0.88 for quiet quitting; 2.59 ± 1.07 for quiet firing; and 3.22 ± 1.08 for compulsory citizenship behaviour. A significant and negative relationship was found between conscientious leadership and quiet quitting, quiet firing, and compulsory citizenship. Conscientious leadership accounts for a portion of the variance in quiet quitting, quiet firing, and compulsory citizenship behaviour. Regarding the scale's sub-dimensions: superior professional ethics influences quiet quitting; social sensitivity, superior professional ethics, and ethical values influence quiet firing, social sensitivity influences compulsory citizenship in a significant and negative manner.

Conclusion: Organisations should prioritise conscientious dimensions such as 'superior sense of duty' and 'social sensitivity' in leadership development programmes. Developing these competencies may reduce productivity losses caused by quiet quitting and issues arising from quiet firings.

Keywords: Conscientious leadership, quiet quitting, quiet firing, compulsory civic behaviour, nurse



OP-080 Bridging the Gap Between Education and Practice: A Qualitative Study on Job Satisfaction and Professional Identity Among Specialist Nurses

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Background: Although postgraduate education is the cornerstone of professional development in nursing globally, clinical nurse specialists often encounter systemic barriers that hinder their professional roles. While a legal definition for "specialist nurses" exists in Türkiye, the integration of Advanced Practice Nursing (APN) roles remains in a transitional phase

Aim: To investigate the job satisfaction levels and influencing factors among nurses holding a master's degree in nursing in Turkey, and to explore the perceived applicability of the Advanced Practice Nursing (APN) model.

Material/Methods: A qualitative study utilizing a descriptive phenomenological approach. Three focus group interviews were conducted with 18 specialist nurses working in a university hospital. The data were analyzed using "Classical Content Analysis." The study was conducted in accordance with the COREQ (Consolidated Criteria for Reporting Qualitative Research) guidelines.

Results: Four main themes emerged: (1) Factors increasing professional satisfaction (e.g., tasks aligned with expertise, patient outcomes), (2) Factors decreasing satisfaction (e.g., role ambiguity, non-nursing tasks), (3) Challenges in working conditions (e.g., inadequate pay, legal loopholes), and (4) The applicability of the APN model (e.g., debates on prescribing authority, physician-centered barriers). Participants highlighted a "specialization paradox," where intrinsic motivation derived from clinical success is undermined by "hygiene factors" such as administrative burdens and a lack of autonomy.

Conclusion: Specialist nurses in Türkiye experience high intrinsic motivation through specialized clinical care, yet they suffer from significant dissatisfaction due to systemic and organizational barriers. A transition to a full APN (Advanced Practice Nursing) model requires not only legislative amendments but also a cultural shift to overcome physician-centered healthcare hierarchies.
Relevance to Clinical Practice: Healthcare administrators should redefine specialist nursing roles to focus on clinical leadership and patient management rather than administrative tasks. Establishing clear professional boundaries and providing institutional support are essential for retaining high-quality nursing talent in clinical settings.

Keywords: Job satisfaction, professional identity, specialist nurses, qualitative study



OP-081 An Examination of Intergenerational Differences in Nurses' Attitudes Toward Artificial Intelligence

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Background: The rapid integration of artificial intelligence into healthcare systems is transforming clinical decision-making, care delivery, and organizational structures. In this process, nurses' attitudes toward artificial intelligence play a critical role in the effective adoption and utilization of these technologies in clinical practice.

Aim: This study aimed to comparatively evaluate intergenerational differences in nurses' attitudes toward artificial intelligence in Turkey.

Material/Methods: This descriptive study was conducted with 255 nurses between February and March 2026. The sample was determined using the snowball sampling method. Data were collected using the "Sociodemographic Information Form" and the "Artificial Intelligence Attitude Scale for Nurses." Ethical approval and necessary permissions were obtained before data collection. Data were analyzed using nonparametric statistical methods.

Results: The mean total scale score was 75.24±14.9. Of the participants, 52% were from Generation Y, 47% were female, 63% were married, and 80% held a bachelor's degree. Additionally, 32% had 6–10 years of experience, and 32% worked in intensive care units. Significant differences were found across generations in total scores and all sub-dimensions (χ^2=13.949–28.040; $p<0.001$). Post-hoc analyses showed that Generation Z scored higher than Generation X, while Generation Y differed from Generation X in some sub-dimensions (Bonferroni-adjusted $p<0.0167$). Male nurses had higher scores in nursing care, organization, artificial intelligence readiness, and total scores ($p<0.05$), with no significant difference in the ethics sub-dimension. No significant differences were found according to marital status or education level ($p>0.05$). Less experienced nurses had higher scores across all dimensions ($p<0.01$). A significant difference was observed only in the artificial intelligence readiness sub-dimension among nurses working in internal medicine clinics (χ^2=22.865; $p<0.001$).

Conclusion: Nurses' attitudes toward artificial intelligence differ by generation, gender, and professional experience. Generation Z and less experienced nurses exhibit more positive attitudes, emphasizing the need for generation-specific adaptation strategies in artificial intelligence integration.

Keywords: Nurse, attitude, artificial intelligence



OP-082 Determining the Relationship Between Organizational Silence and Ethical Leadership Among Nurses

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Background: Organizational silence is undesirable in institutions. Ethical leadership breaks this silence, enabling the identification and resolution of problems at their very early stages. Examining the relationship between organizational silence and ethical leadership is vital for understanding not only the efficiency of institutions but also their ethical sustainability and capacity to retain human resources.

Aim: The relationship between organizational silence and managerial ethical behavior among nurses has not been determined.

Material/Methods: This study was conducted as a descriptive and correlational study.The study was conducted with nurses (N=496) working in two hospitals in one province; participation was voluntary, and the sample consisted of 277 nurses.Data were collected using a 14-question sociodemographic information form, the Organizational Silence Scale, and the Managerial Ethical Behaviors Scale.

Results: The participants' mean Organizational Silence score was found to be 2.49±0.74 (moderate). The most common reasons for nurses' silence were, in order: managerial and organizational reasons (2.60), work-related issues (2.56), and fear of damaging relationships (2.54), all rated as "above average".

Conclusion: Organizational silence was found to be negatively and moderately correlated with managerial ethical behaviors.

Keywords: Nurse, organizational silence, ethical behaviors



OP-083 The Development of Specialization in Operating Room Nursing: Global Approaches and the Current State in Türkiye in Terms of Education, Certification, and Management

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Background: Within surgical nursing, operating room nursing has evolved beyond a technical support role into a multidimensional specialty encompassing surgical patient safety, clinical decision-making, care coordination, and the safe management of perioperative processes.

Aim: This review aims to evaluate specialization in the operating room within surgical nursing through global competency frameworks and the current structure in Türkiye, and to identify strengths and areas for improvement in education and certification, operating room nursing management, leadership, and quality management.

Review: This study is a review based on international guidelines, competency frameworks, education and certification approaches, and national regulations related to perioperative care processes. International competency frameworks are developed by global professional organizations that establish standards for perioperative nursing and provide guidance in defining roles, responsibilities, and competency domains in operating room practice. These frameworks conceptualize specialization as a structured model supported by education and certification. In Türkiye, although roles are defined at the regulatory level, variations in clinical practice across institutions and limitations in evaluating educational outcomes are evident. This highlights the need for role clarity, competency-based task allocation, traceable education processes, and systematic monitoring of quality indicators. The advancement of specialization directly influences management processes, particularly in team coordination, leadership, and standardization of care. Additionally, digital systems enhance the traceability of education and surgical processes, supporting safe care management.

Conclusion: Specialization in the operating room within surgical nursing requires an integrated approach involving education and certification, regulation, clinical practice, and quality management. Operating room nursing management plays a strategic role in ensuring patient safety, standardizing care processes, and sustaining quality improvement.

Keywords: Continuous quality management, education, operating room nursing, patient safety, professional competence



OP-084 Preserving the Human Touch in Digital Health: Nursing Students' Perceptions of Readiness to Deliver Compassionate Care

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Background: The increasing use of digital technologies in healthcare has transformed nursing care delivery. Although these innovations improve efficiency and continuity of care, concerns remain about preserving compassionate care, empathy, and nurse–patient interaction, which are central to nursing practice. Understanding nursing students' readiness to maintain humane care in digital health settings is essential for preparing the future nursing workforce.

Aim: This study aimed to evaluate nursing students' readiness to maintain compassionate care in digital health settings and to examine its relationship with eHealth literacy.

Material/Methods: This descriptive cross-sectional study included 223 nursing students (1st–4th years) at a public university in Türkiye. Data were collected online via Google Forms using the "Digital Health and Perception Form for Sustaining Humane Care" and the "E-Health Literacy Scale in university students." Descriptive statistics, independent samples t-test, and one-way ANOVA were used for data analysis.

Results: The mean age was 21.13±3.15 years, and 82.1% of students were female. Most students (84.8%) had not received education on digital health; however, most had encountered digital systems during clinical practice. More than 90% believed that compassionate and nursing care could be maintained in digital health environments. The lowest agreement was found in the statement related to establishing empathy through technology (65.9%). The mean eHealth literacy score was 44.68±7.85. Students who perceived their digital health knowledge as sufficient had significantly higher functional and interactive eHealth literacy scores ($p<0.05$). Exposure to digital documentation systems in clinical settings was also associated with significantly higher interactive literacy scores ($p<0.05$).

Conclusion: Nursing students showed positive perceptions of preserving compassionate care in digital health settings, while empathy through technology was the weakest area. Higher digital health knowledge and clinical exposure were associated with stronger readiness for compassionate care. Integrating digital health competencies and empathy-focused training into nursing curricula is recommended.

Keywords: Digital health, nursing students, compassionate care, eHealth literacy



OP-085 Digital Transformation and Artificial Intelligence Systems in Nursing Education: A Review Within the Framework of the Fraud Triangle Model

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Background: Rapid technological advancements have positioned artificial intelligence as a transformative force in nursing education, offering significant benefits while also raising important ethical concerns. For sustainable healthcare, it's crucial that nursing students are trained within a framework of academic honesty. Therefore, this study on the ethical use of artificial intelligence will shed light on the relevant literature.

Aim: This study aims to examine the ethical dimensions of artificial intelligence systems, which have become increasingly prevalent in nursing education with digital transformation, and to evaluate them within the framework of the fraud triangle model through a review of national and international literature.

Review: Large language models provide convenience in literature review, data analysis, and academic writing. Their widespread use by students in assignments, theses, and examinations demonstrates that's become an integral component of educational processes. However, this capacity also creates potential ground for ethical violations, including breaches of academic integrity, plagiarism, data security issues, and the superficialization of learning. Within the fraud triangle framework, the pressure dimension includes academic performance expectations, intensive clinical workload, and time constraints experienced by nursing students. The opportunity dimension involves easy access to artificial intelligence tools, insufficient supervision, and inadequate institutional policies, all of which facilitate unethical behavior. Moreover, It's ability to generate human-like content further expands these opportunities. The rationalization dimension reflects students' tendency to justify artificial intelligence use as learning aid, time-saving tool, or common practice, thereby normalizing unethical actions.

Conclusion: Fraud triangle provides a strong theoretical basis for understanding artificial intelligence related academic misconduct. Considering that nursing education directly influences patient safety and professional competence, unethical academic behaviours may lead to knowledge gaps and flawed clinical decision-making. Therefore, strengthening ethical artificial intelligence education, developing clear institutional policies, and redesigning assessment methods are essential to ensure responsible artificial intelligence use in nursing education.

Keywords: Nursing education, artificial intelligence, sustainable health, fraud triangle, digital transformation



OP-086 The Mediating Role of Safety Climate in the Relationship Between Work Environment and Nurses' Voice Behavior

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Background: A supportive work environment can create opportunities for nurses to express their opinions and concerns. Safety climate is an important factor affecting nurses' voice behavior. However, the mediating role of safety climate in the relationship between nurses' work environment and voice behavior is not clearly defined.

Aim: The aim of this descriptive correlational study is to examine the mediating role of safety climate in the relationship between nurses' voice behavior and their work environment.

Material/Methods: The sample of the study consists of 419 nurses who have been working in these hospitals for at least six months. The data of the study were collected by using Personal Information Form, Nursing Job Index-Nursing Work Environment Assessment Scale, Employee Voice Scale and Safety Climate Scale. While the study data was analysed statistically, Frequencies, descriptive statistics, Pearson Correlation coefficient, Independent Sample t Test, ANOVA, Tukey Test and Structural Equation Modeling were used.

Results: Pearson correlation coefficient analysis indicated a statistically significant moderate positive correlation between work environment and employee voice ($r=0.349$, $p<0,05$) and also it was found a statistically significant moderate positive correlation between work environment and safety climate ($r=0.596$, $p<0,05$). A statistically significant moderate positive correlation was also found between employee voice and safety climate ($r=0.429$, $p<0,05$). In addition, the results implicated that safety climate partially mediated the effect of the work environment on nurses' voice behaviour, but it had no moderator effect.

Conclusion: The findings demonstrate that a supportive work environment and a positive safety climate contribute to the development of nurses' voice behavior. In this context, improving the nursing work environment, encouraging nurses to express their opinions, and creating a strong safety climate may enhance nurses' speak-up behavior.Therefore, work environments that strengthen the safety climate and support nurses' voice behavior play an important role in achieving excellence in sustainable healthcare.

Keywords: Nurse, mediating variables, safety climate, voice behavior, work environment



OP-087 Authentic Leadership, Job Satisfaction, and Intention to Stay among Jordanian Nurses

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Background: The healthcare environment is complex. A healthy work leadership has an essential role in improving the work environment. It has become necessary to apply a new and effective leadership style based on ethical standards and altruism, like authentic leadership.

Aim: This study aims to investigate the relationships between perceived authentic nurse leadership and intention to stay among Jordanian nurses.

Material/Methods: A cross-sectional descriptive correlational design was utilized in the study. A convenient sample of 295 nurses working in government, university, and private hospitals. Data were collected through a self-administered questionnaire using the Authentic Nurse Leader Questionnaire (ANLQ), McCain's Intent to Stay Scale.

Results: The results showed that Jordanian nurses perceived that their leaders have a moderate level of authentic leadership attributes. The level of intention to stay at work was also perceived at a moderate level. The results also revealed that there are positive and significant correlations between authentic leadership and intention to stay.

Conclusion: Nurses who perceived their managers as authentic leaders reported higher intention to stay at work than nurses who perceived their managers as non-authentic leaders. This study confirms the importance of promoting leaders' authentic leadership to enhance nurses' positive outcomes and ensure a higher level of nurse retention which in turn improves organizational outcomes.

Keywords: Authentic leadership, job satisfaction, intent to stay, self-efficacy, jordan



OP-088 Nursing in the Age of Artificial Intelligence: Balancing Technological Efficiency with Human-Centered Care

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Background: The human touch—which encompasses values such as compassion, empathy, sincerity, courage, the desire to help, conscience, and mercy—forms the foundation of nursing care. It is an indispensable element of nursing care that technological systems cannot fully replicate.

Aim: To assess how artificial intelligence (AI) technologies can be integrated in a balanced manner with the humanistic aspects of nursing.

Review: AI tools tailored for nursing emphasize care planning, coordination, and the capacity to evaluate patients holistically. These technologies offer significant opportunities to reduce the workload and improve resource management in nursing practice. AI may enhance the quality of care by automating some nursing tasks, such as documentation, monitoring, resource management, medication safety checks, and predictive workload scheduling. Integrating AI into nursing, along with delegating tasks to automation and having robotic technologies take on certain responsibilities, introduces risks such as professional incompetence, more mechanical interactions, emotional detachment in care, limited use of nurses' clinical judgment, skill loss, reduced professional autonomy, and an inability to fully replicate the human touch essential to nursing.

Conclusion: While artificial intelligence technologies provide important tools to support nursing care, they cannot replace the human dimension of nursing. In the future vision of nursing, it is important to view technological innovations and human-centered care as complementary. Therefore, artificial intelligence should be regarded not as a replacement for nursing care but as a complementary technology that supports care processes. In this context, nurse managers have significant responsibilities; they need to coordinate training programs to improve nurses' skills in utilizing AI in patient care, develop institutional policies that balance the preservation of the human touch—the core of nursing—with AI integration, and guarantee the implementation of ethical guidelines for AI use and safeguarding personal data.

Keywords: Artificial intelligence, human touch, nurse, nursing



OP-089 Bridging the Gap in AI-Integrated Healthcare: Essential Competencies for Nurses

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Background: The use of artificial intelligence technologies in healthcare is on the rise, and this trend directly impacts nursing practices and professional competencies. These technologies, used in clinical decision support systems, data management, and patient monitoring, require nurses to possess digital skills, such as artificial intelligence literacy, in addition to their existing clinical knowledge. In this context, the integration of artificial intelligence-related content into nursing education programs is gaining importance.

Aim: This review aims to identify the essential competencies required for nurses to use AI tools safely and effectively and to elucidate how these competencies can be developed through nursing education and professional development.

Review: The use of artificial intelligence applications in nursing enhances the effectiveness of care planning, patient monitoring, and decision-support processes. In this context, nurses' ability to effectively and safely manage the integration of artificial intelligence necessitates that they be equipped with the requisite knowledge and skills in this domain. While information technology and technology are included in the National Core Nursing Education Program, artificial intelligence is not directly addressed and remains insufficiently incorporated in a comprehensive and systematic manner at the international level. However, some educational institutions have begun incorporating courses on artificial intelligence into their curricula. It is noted that nurses must possess competencies such as digital literacy, data interpretation, clinical reasoning, critical thinking, and ethical awareness to effectively use AI.

Conclusion: Improving nurses' competencies in artificial intelligence is crucial for supporting the safe and effective use of these technologies. In this regard, it is necessary to update nursing curricula and adapt in-service training to focus on effectively and ethically managing AI integration in healthcare.

Keywords: Artificial intelligence, competence, education, nurse, nursing



OP-090 Investigation of the Relationship Between Moral Distress Levels and Clinical Teaching Environment in Nursing Students

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Background: Moral distress arising from individual and institutional factors leads to significant negative consequences for nursing students. The clinical learning environment plays a vital role in shaping professional competencies, attitudes, and self-confidence.

Aim: This study aims to examine the relationship between moral distress levels and the clinical teaching environment among nursing students.

Material/Methods: This descriptive cross-sectional study was conducted with 159 nursing students. Data were collected using three instruments: (1) a Student Descriptive Information Form; (2) the Moral Distress Scale for Nursing Students (MDS); and (3) the Clinical Learning Environment Scale (CLES). Ethical approval, institutional permission, and written informed consent were obtained before data collection.

Results: A negative, moderate, and statistically significant correlation was identified between the total MDS score and the total CLES score ($r = -0.41$; $p < 0.001$), indicating that higher moral distress is associated with lower perceptions of the clinical learning environment. The total MDS score was also negatively and significantly correlated with three CLES sub-dimensions: Goal Orientation ($r = -0.36$; $p < 0.001$), Interpersonal Relationships ($r = -0.34$; $p < 0.001$), and Learning Support ($r = -0.38$; $p < 0.001$). Furthermore, the MDS sub-dimension "Problems Related to the Educational Process" demonstrated significant negative correlations with the total CLES score ($r = -0.45$; $p < 0.001$) and the Learning Support sub-dimension ($r = -0.40$; $p < 0.001$). Post-hoc power analysis achieved statistical power (1-β) was 97%, demonstrating high adequacy of the sample size.

Conclusion: These findings indicate that students' positive evaluation of the clinical environment and its learning supports is associated with reduced moral distress and fewer education- and institution-related problems. Healthcare educators and nursing program administrators should prioritize the development of supportive, ethically sensitive clinical learning environments as a key strategy for reducing moral distress in undergraduate nursing education.

Keywords: Nursing student, moral distress, clinical teaching environment, clinical learning environment



OP-091 The Relationship Between Nursing Students' Sense of Belonging to Their Nursing Department and Their Perceived Professional Competence

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Background: A strong sense of belonging is recognized as a foundational element of professional identity formation in nursing education. Research indicates that nursing students with a robust sense of departmental belonging feel valued within their academic environment, adapt more readily to team dynamics, and engage more actively in learning processes. Moreover, high belonging levels are associated with significantly reduced error rates and enhanced clinical performance.

Aim: This study aims to examine the relationship between nursing students' sense of belonging to the department and their perceived professional competence, with the intent of providing an evidence base for strategies aimed at improving the quality of nursing education.

Material/Methods: This descriptive cross-sectional study will be conducted between February 15 and April 30, 2026, with students enrolled in the nursing department of a state university. Data will be collected using three instruments: (1) a Student Descriptive Information Form; (2) the Sense of Belonging to the Nursing Department Scale; and (3) the Nursing Students Competence Scale. Ethical approval and institutional permission were obtained prior to the study, and written informed consent will be collected from all participants. Data will be analyzed using IBM SPSS Statistics 23.

Results: This study will report descriptive statistics on nursing students' sense of departmental belonging and perceived professional competence, as well as correlational analyses examining the relationships between these variables and selected demographic characteristics. The data collection process is currently ongoing, and findings will be presented in full at the congress.

Conclusion: The findings are expected to contribute to the literature by demonstrating the extent to which departmental belonging influences perceived professional competence among nursing students. The results are anticipated to provide a foundation for evidence-based policy development and institutional strategies aimed at fostering belonging and strengthening competence perceptions in nursing education programs.

Keywords: Nursing student, sense of belonging, professional competence, nursing education, undergraduate nursing



OP-092 Exploring Nursing Students' Experiences of Clinical Management Practices and Professional Socialization: A Qualitative Study

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Background: Observing and experiencing leadership, organizational processes, and team interactions in clinical settings constitute an essential learning domain for nursing students' professional socialization and identity development. Clinical management practices support students not only in understanding patient care processes but also in developing managerial competencies such as coordination, decision-making, and responsibility-taking. However, studies examining how these experiences contribute to professional socialization remain limited.

Aim: This study aimed to explore nursing students' experiences of clinical management practices and their reflections on professional socialization.

Material/Methods: This qualitative descriptive study was conducted with 17 senior nursing students undertaking their internship at a private university. Participants were selected using purposive sampling. Data were collected through in-depth individual interviews, audio-recorded, transcribed verbatim, and analyzed using inductive thematic analysis. Coding was performed independently and compared among researchers to ensure consistency and agreement on themes. Ethical approval and institutional permissions were obtained prior to data collection.

Results: Four main themes were identified: (1) structuring clinical work and management processes, (2) leadership role and style of the nurse manager, (3) system-related challenges and working conditions, and (4) professional socialization and identity formation. Structured workflows and clear task distribution supported learning, while leadership styles influenced team dynamics. System-related challenges such as staff shortages and workload negatively affected both management and learning processes. Clinical experiences enhanced students' sense of responsibility, role modeling, and belonging.

Conclusion: Clinical management experiences play a critical role in professional socialization. Structured clinical environments and supportive leadership approaches are key factors in strengthening this process.

Keywords: Clinical management, leadership, nursing students, professional socialization, qualitative research



OP-093 Empowering Leadership and Nurses' Turnover Intentions: The Mediating Role of Team Empowerment

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Background: The sustainability of healthcare services, patient safety, and the preservation of quality care depend on retaining a qualified nursing workforce within the institution. Turnover intention is a critical issue that directly impacts the organization through consequences such as decreased productivity and increased costs. In this context, empowering leadership behaviors — which delegate authority to nurses, encourage their participation in decision-making processes, and grant them sufficient autonomy — along with team empowerment through collaborative work structures within nursing groups, become pivotal factors in workforce retention.

Aim: This study aims to analyze the mediating role of team empowerment in the effect of empowering leadership on nurses' intention to leave.

Material/Methods: This descriptive cross-sectional study will be conducted with nurses working at a Training and Research Hospital between February 15 and April 30, 2026. Data will be collected using the following validated instruments: (1) Nurse Information Form; (2) Sieloff-King Assessment of Work Team/ Group Empowerment within Organizations scale; (3) Leader Empowering Behavior Questionnaire (LEBQ) Turkish; and (4) Nurse Turnover Intention Scale. Ethical approval and institutional permission were obtained before data collection. Research data will be analyzed using IBM SPSS Statistics 23, and mediation analysis will be conducted using Hayes' PROCESS macro (Model 4). The significance of indirect effects will be assessed via bootstrapped confidence intervals.

Results: The data collection process is currently ongoing, and results will be presented at the congress.

Conclusion: The research findings are expected to highlight the significance of empowering leadership behaviors and team empowerment in reducing nurses' turnover intentions. The study is anticipated to contribute to the evidence base for developing effective human resource strategies in nursing management and to inform healthcare administrators in the design of empowerment-focused organizational interventions.

Keywords: Empowering leadership, team empowerment, turnover intention, nurse, mediation analysis



OP-094 Evidence-Based Leadership Tools for Empowering Healthcare Workers in Clinical Settings: A Narrative Review

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Background: Healthcare systems continue to face critical workforce challenges, including burnout, high staff turnover, and persistent staff shortages. Empowerment is recognized as a key determinant of staff well-being, patient safety, and quality of care. Although leadership theories provide a theoretical framework for understanding empowerment processes, a clear practice gap remains in translating these theories into actionable, sustainable, and evidence-based leadership tools for clinical settings.

Aim: This narrative review aimed to identify and critically synthesize evidence-based leadership tools that support structural and psychological empowerment among healthcare workers in clinical settings and to clarify the mechanisms through which these tools contribute to empowerment-related outcomes.

Review: A structured narrative review was conducted using literature identified through PubMed, Google Scholar, and the SciSpace academic search platform, covering publications from 2015 to 2025.The search terms included leadership, empowerment, psychological safety, shared governance, safety huddles, TeamSTEPPS, Patient Safety Leadership WalkRounds, coaching, structured debriefing, and Schwartz Rounds. Empirical studies, systematic reviews, and practice reports focusing on empowerment, job satisfaction, staff retention, patient safety, and quality of care were included. Of the 177 records identified, 40 were reviewed in detail based on the inclusion criteria. Eight evidence-based leadership tools were identified as prominent strategies: safety huddles, TeamSTEPPS-based communication tools, Patient Safety Leadership WalkRounds, shared governance and unit-based councils, coaching and mentoring, AACN Healthy Work Environment Standards, structured debriefing, and Schwartz Rounds. The reviewed literature indicated that these tools were associated with improvements in empowerment, psychological safety, communication, error reporting, job satisfaction, and staff retention, as well as reductions in burnout and adverse events.

Conclusion: Structured leadership tools redefine empowerment as a process embedded in daily clinical practice rather than as an outcome of leadership style alone. For nurse leaders, these interventions provide actionable and sustainable strategies to create healthier work environments, strengthen staff engagement, and support both staff well-being and patient safety.

Keywords: Leadership tools, nursing leadership, patient safety, psychological safety, structural empowerment



OP-095 Bridging the Gap Between Knowledge and Practice: The Role of AI-Supported Simulation in ERAS Implementation

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Background: Enhanced Recovery After Surgery (ERAS) protocols are multidisciplinary care pathways designed to improve postoperative outcomes. However, challenges in adherence and clinical decision-making persist in practice. AI-supported simulation has the potential to enhance nurses decision making skills and faciliate the effective implementation of ERAS protocols.

Aim: This study aimed to evaluate the effect of AI-supported simulation on nurses compliance with ERAS protocols and their clinical decision making processes.

Material/Methods: This descriptive, cross-sectional study was conducted in the cardiovascular surgery unit of university hospital. No sampling was performed, and all nurses working in the unit (n=17). Data were collected using a sociademographic form, an ERAS attitude scale, and a simulation-based evaluation form (Uslu & Yavuz Giersbergen,2020). Data were analyzed using descriptive statistics and appropriate tests. Reliability was assessed using Cronbach's alpha. Open-ended responses were analyzed using content analysis.

Results: The mean age of participants was 34.2 ± 7.2 years; all were female and most held a bachelor's degree. Of the participants, 82.4% had received prior ERAS training. The overall success rate was 92.7%, with the highest performance in preoperative assessment(100%) and lowest in sleep (41.2%) and pain management (52.9%). Attitude scores were high (mean=4.52/5). Open-ended responses revealed that major challenges included patient compliance, mobilization, staff shortages, and team-releated barriers. Feedback on simulation was highly positive.

Conclusion: Although nurses demonstrated high levels of knowledge and positive attitudes toward ERAS protocols, challenges in clinical implemention persist. AI-supported simulation appears to bridge the gap between knowledge and practice by enhancing clinical decision-making and supporting more effective ERAS implemention.

Keywords: ERAS, ai-supported simulation, nursing, clinical decision-making, patient care



OP-096 Examining the Relationship Between Nurses' Political Efficacy Level and Their Work Environment

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Background: Nurses' political participation is influenced by multiple factors, among which political efficacy and the work environment are considered two critical determinants. However, the relationship between political efficacy and the work environment remains insufficiently explored and not yet clearly established in the literature.

Aim: The aim of this descriptive correlational study is to examine the relationship between nurses' level of political efficacy and their work environment.

Material/Methods: The study was conducted in one Ministry of Health hospital, one university hospital, and one private hospital located within the borders of Ankara, Turkey. The sample consisted of 313 nurses working in these hospitals. Data were collected between August 19, 2024, and September 25, 2024, using the Descriptive Information Form, the General Political Efficacy Scale, and the Nursing Work Index – Nursing Work Environment Evaluation Scale. For the analysis of the data, descriptive statistics were used; the Independent Samples t-Test, One-Way Analysis of Variance (ANOVA), and Tukey Test were used for normally distributed data; and the Mann-Whitney U Test, Kruskal-Wallis H Test, and Bonferroni correction were applied for non-normally distributed data. The Spearman correlation coefficient was used to examine relationships between two non-normally distributed quantitative variables.

Results: The participants' mean score on the General Political Activity Scale was 66.09±18.23 (possible range: 26 to 130), and their mean score on the Nursing Work Index –the Practice Environment Scale was 2.45±0.53 (possible range: 1 to 4). A weak-to-moderate positive and statistically significant correlation was found between general political efficacy and the work environment ($r=0.434$, $p<0.05$), as well as between external political efficacy and the work environment ($r=0.596$, $p<0.05$). However, no statistically significant relationship was found between internal political efficacy and the work environment.

Conclusion: Strengthening supportive work environments may therefore be essential to enhance nurses' political efficacy and their involvement in policy-related processes.

Keywords: Political efficacy, internal political efficacy, external political efficacy, work environment, nurse



OP-097 Artificial Intelligence-Based Clinical Decision Support Systems in Nursing Management: A Bibliometric Mapping

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Aim: This study aims to identify development trends, research themes, and scientific productivity through a bibliometric analysis of the literature on artificial intelligence-based clinical decision support systems in nursing.

Material/Methods: A bibliometric analysis was conducted using data retrieved from the Web of Science (WoS) database. Publications were selected based on predefined keywords within the nursing category. Only research and review articles published in English were included. Data were exported in BibTeX format and analyzed using the bibliometrix package in R via the biblioshiny interface. Publication trends, citation patterns, keyword co-occurrence, and thematic structures were examined.

Results: Findings indicated that the number of publications showed fluctuations over time but followed an overall increasing trend, with a slight decline after 2025. Most publications were research articles with relatively high citation averages. The United States was the leading contributor. Thematic analysis revealed that motor themes (conflict resolution, leadership, teamwork) constitute the core of the field, while basic themes (nursing and conflict management) remain important but require further development. Niche themes (communication, mental health) had limited interaction, whereas emerging/declining themes (stress, patient safety) showed low density and centrality. Frequently co-occurring keywords included “artificial intelligence,” “nursing,” “health care,” “machine learning,” and “ethics.”

Conclusion: The field has a strong theoretical foundation and is steadily evolving. Core topics present important opportunities for future research, and the findings emphasize the growing importance of multidisciplinary approaches in advancing nursing management.

Keywords: Artificial intelligence, nursing management, clinical decision support systems, bibliometric analysis



OP-098 Nursing Students' Awareness of Sustainable Consumption Behaviors in Practice-Based Education

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Background: Sustainable consumption is the use of goods and services that meet basic needs and offer a better quality of life, while minimizing the use of natural resources, toxic substances, waste emissions, and environmental pollutants from a life cycle perspective, taking into account the needs of future generations.

Aim: This research was conducted to determine the relationship between the sustainable consumption behaviors of nursing students and their approaches to the sustainability of resources used in their practical training.

Material/Methods: This descriptive and correlational study was conducted with 153 nursing students studying at a foundation university in Istanbul. Data were collected using a demographic information form and the Sustainable Consumption Behaviors Scale. SPSS 26.0 was used for data analysis. Descriptive statistics, along with Kruskal-Wallis, Mann-Whitney U tests, and one-way ANOVA tests, were applied. Approval was obtained from the ethics committee of the relevant university, and permission was obtained from the university administration for data collection.

Results: The Sustainable Consumption Behaviors Scale showed the following scores: environmental awareness sub-dimension score was 3.1±0.86, unnecessary purchasing sub-dimension score was 2.84±0.94, the saving sub-dimension score was 3.45±1.02, reusability sub-dimension score was 3.24±0.89, and total consumption behavior score was 2.68±0.33. Students showed a low tendency to act in accordance with sustainability principles during practical training; however, their tendency to dispose of waste generated during laboratory or clinical practice in appropriate waste units, to avoid overuse of medical supplies in accordance with sustainability principles, and to pay attention to the correct and careful use of resources was found to be at a moderate level.

Conclusion: Based on these results, it was determined that nursing students' overall sustainable consumption behavior is at a moderate level, and their awareness of material usage is high, but they do not think that sustainability is adequately integrated into clinical education.

Keywords: Sustainability, practice-based education, sustainable consumption behaviors



OP-099 The Impact of a Short-Term Social Responsibility Project on Nursing Students' Emotional Intelligence and Leadership: A Quasi-Experimental Study

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Background: Emotional intelligence and leadership are considered two fundamental components supporting clinical success and professional identity development in nursing education. Whereas, social responsibility is closely intertwined with numerous professions and constitutes an important framework that shapes the overall development of these professions and their practitioners; however, the practical development of these skills is often limited within traditional curricula

Aim: This study aimed to determine the effects of participation in a social responsibility project designed for vulnerable individuals on the emotional intelligence and leadership characteristics of nursing students.

Material/Methods: The study employed a quasi-experimental single-group pre-test–post-test design with a sample of 34 nursing students. Over a three-day period, students took on active roles alongside vulnerable individuals in workshop activities — including ceramics, music, and folk dance — held at a municipal "Palace for the Disabled." Data were collected using a Demographic Information Form, the Emotional Intelligence Student Leadership Scale, and the Leadership Characteristics Scale.

Results: Of the participants, 88.2% were female, with a mean academic grade point average of 2.93 ± 0.45. The mean emotional intelligence score increased from 163.23 ± 16.94 at pre-test to 165.94 ± 18.66 at post-test, while the mean leadership characteristics score increased from 103.12 ± 18.09 to 103.79 ± 16.67. The score increases observed across both scales and their respective subscales did not reach statistical significance ($p > 0.05$).

Conclusion: Although short-term participation in a social responsibility project yielded numerical increases in students' emotional intelligence and leadership scores, these changes did not produce a statistically significant difference. This outcome is attributed to the small sample size, students' elevated baseline scores, and the brief duration of the intervention. It is recommended that nursing curricula incorporate longer-term and more structured social responsibility projects.

Keywords: Nursing students, social responsibility, emotional intelligence, leadership, nursing education



OP-100 From Diagnosis to Treatment: A Bibliometric Analysis of Symptom Saturation and Administrative Needs in the Literature on Nursing Workforce Well-being

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Background: Symptom-focused literature in the field of nursing—such as that addressing burnout and work-related stress—must be turned into macro-level sustainable workforce planning, necessitating a change in the administrative paradigm.

Aim: This study aims to bibliometrically analyze the academic literature on nursing workforce and well-being between 2017 and 2026 to identify research focal points, global distribution, and future strategic gaps.

Review: A bibliometric analysis was conducted using VOSviewer on publications retrieved from Web of Science. The analysis utilized techniques such as publication distribution by years, international collaboration networks (Total Link Strength), citation analysis, and keyword co-occurrence. The data, covering the years 2017-2026, were visualized and mapped using the search string: "nursing workforce" AND "nursing workforce sustainability" AND "well-being" OR "wellbeing" OR "nurse satisfaction" AND "workforce planning" AND "nursing". Literature remained stable from 2017 to 2019, rose in 2021 due to the pandemic, and reached record levels in 2024–2025. Australia (274) and the United Kingdom (211) lead in publication output; the United Kingdom (169 TLS) is the hub of the global collaboration network, while Turkey is locally focused. Kelly (2021) is the most influential study with 250 citations, while Cull (2020) and Pezaro (2016) have the strongest connections. Within the identified 4 clusters, symptoms such as "burnout, stress, anxiety" have the highest connection strength, while the frequency of managerial solutions such as leadership, workforce policy, and health services remains much lower.

Conclusion: The literature has reached saturation in the stage of identifying psychological damage (diagnosis) in nurses. However, institutional and managerial strategies (treatment) to mitigate these issues remain underrepresented. To ensure a transition from 'diagnosis to treatment' in nursing well-being, it is an academic necessity to move beyond individual psychological support and focus on sustainable workforce models, leadership interventions, and digital health solutions, supported by international strategic collaborations.

Keywords: Nursing workforce, nursing well-being, workforce management, bibliometric analysis, vosviewer



OP-101 Institutional Isomorphism in AI-Supported Nursing Processes: Implications for Sustainable Healthcare Management

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Background: The growing use of artificial intelligence in healthcare is reshaping nursing practices, decision-making processes, and organizational structures. While prior research has mainly focused on technical and ethical aspects, less attention has been given to the organizational forces influencing its adoption. Understanding these dynamics is significant for evaluating implications for sustainable healthcare management.

Aim: This study aims to examine the adoption dynamics of AI-supported nursing processes from a perspective of institutional isomorphism and to provide a framework for sustainable healthcare management in the context of workforce efficiency and care quality.

Review: When the findings in the literature are interpreted through the lens of institutional isomorphism, the integration of artificial intelligence in healthcare institutions can be examined through three main types of isomorphic pressures: (1) coercive pressures arising from legal and ethical regulations, (2) mimetic pressures based on the imitation of leading practices under conditions of clinical uncertainty, and (3) normative pressures shaped by the digitalization of nursing education and professional norms. Taken together, these pressures may foster structural homogeneity across healthcare institutions and position the adoption of artificial intelligence as an institutionally driven process rather than an individual choice.

Conclusion: AI-supported nursing processes appear to hold significant potential for improving workforce efficiency and enhancing the quality of care, and may therefore contribute to operational and social sustainability in healthcare. However, considering AI integration merely as a process of conformity driven by isomorphic pressures may risk overlooking the specific needs of individual institutions. Therefore, it is important for healthcare managers to approach AI not simply as a trend to follow, but as a strategic transformation that should be aligned with the unique context of their organizations. In this regard, the development of flexible, ethically grounded, and context-sensitive integration strategies is recommended.

Keywords: Artificial intelligence, institutional isomorphism, nursing



OP-102 Future-Oriented Leadership in Nursing Education: A Review from the Framework of Student Development Theory

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Background: Factors influencing nursing students' participation are thematically grouped as leadership approaches, learning environment organization, instructor–student interaction, feedback processes, and clinical practice structure. While participation is strongly shaped by managerial determinants, it also offers a future-oriented perspective for educating prospective nursing leaders.

Aim: This review analyzes national and international literature on nursing education and management from the perspective of managerial determinants affecting student engagement and future-oriented leadership, grounded in Alexander Astin's Theory of Student Development.

Review: The multidimensional nature of nursing education requires students' active, meaningful, and sustained engagement. Astin's Student Development Theory emphasizes the quality of learning, highlighting the role of time and psychological energy invested by students. However, the complexity of modern healthcare systems makes it insufficient to consider engagement only as an individual effort; it must be evaluated within organizational and leadership contexts. Future-oriented nursing leadership enhances engagement strategically and sustainably, promoting proactive student involvement through vision, innovation, ethical sensitivity, and evidence-based decision-making.

Conclusion: Literature, indicates that student engagement in nursing education depends not only on individual motivation but also on management practices and the organization of learning environments. Integrating the Theory of Student Development with future-oriented nursing leadership reframes engagement as an educational strategy guided by leadership and supported organizationally, rather than solely an individual responsibility. This approach provides a critical framework for sustaining quality in nursing education and preparing future nurse leaders. Accordingly, developing managerial and educational strategies that strengthen student engagement and emphasize next-generation leadership is recommended.

Keywords: Future-oriented nursing leadership, nursing education, nursing management, nursing management



OP-103 The Invisible Crisis in Nursing: The Effects of Effort–Reward Imbalance and Quiet Quitting on the Quality of Nursing Care

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Background: Effort–reward imbalance and quiet quitting have emerged as important occupational issues that may negatively affect nurses' motivation, performance, and the quality of patient care. Understanding the relationship between these variables is essential for improving nursing care quality and maintaining a sustainable healthcare workforce.

Aim: This study aimed to examine the effects of effort–reward imbalance and quiet quitting on the quality of nursing care among nurses.

Material/Methods: This descriptive and cross-sectional study was conducted with nurses working at Harran University Hospital. Data were collected using the Descriptive Information Form, the Quality of Nursing Care Scale, the Effort–Reward Imbalance Scale, and the Quiet Quitting Scale. Descriptive statistics, Pearson correlation analysis, multiple regression analysis, and mediation analysis were used for data analysis.

Results: A significant positive relationship was found between effort–reward imbalance and quiet quitting, whereas a significant negative relationship was identified between quiet quitting and the quality of nursing care ($p < 0.001$). Regression analysis showed that both effort–reward imbalance and quiet quitting significantly and negatively affected the quality of nursing care. Mediation analysis revealed that quiet quitting had a partial mediating role in the relationship between effort–reward imbalance and nursing care quality.

Conclusion: Increased effort–reward imbalance and quiet quitting tendencies negatively affect the quality of nursing care. Reducing occupational imbalance and addressing quiet quitting behaviors may contribute to improving nursing care quality and strengthening healthcare services.

Keywords: Nursing care quality, effort–reward imbalance, quiet quitting, nurses



OP-104 Development and Psychometric Properties of the Nurse Manager Practical Wisdom Scale (NM-PWS)

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Background: Nurse managers, striving to respond to the increasingly complex structure and growing demands of the healthcare system with limited resources, make numerous decisions every day. While legal and ethical principles guide these decisions, each situation is unique. This highlights the need for nurse managers to possess practical wisdom to guide them in acting in a situation-specific manner.

Aim: To develop the Nurse Manager Practical Wisdom Scale (NM-PWS) in Türkiye and evaluate its psychometric properties.

Material/Methods: In this methodological study, a 58-item pool was generated via literature review and interviews. Content validity was conducted through expert opinions (n=25), and face validity was applied with nurses (n=20), a 38-item draft was developed. Data collected with "Nurse Information Form" and "NM-PWS". The draft scale was tested with 320 nurses from eight hospitals in Ankara, Türkiye, evaluating their first managers' practical wisdom. EFA, CFA, reliability (Cronbach's alpha and test–retest; n=80), and DIF analyses for age and years of employment were conducted. The 5-point Likert scale (38–190) has no reverse-scored items or cutoff points; higher scores indicate greater practical wisdom.

Results: The content validity index was 0.94. EFA (KMO=0.983, Bartlett's $p<0.001$) revealed a single-factor structure consisting of 38 items with factor loadings between 0.687 and 0.898. CFA, utilizing the Bootstrap Maximum Likelihood method, confirmed acceptable fit indices ($\chi^2/df=3.005$, NFI=0.876, TLI=0.908, CFI=0.913, IFI=0.914, RMSEA=0.079, SRMR=0.029). The scale demonstrated excellent internal consistency (Cronbach's Alpha=0.989) and strong test-retest reliability (ICC=0.852). DIF analyses indicated no measurement bias.

Conclusion: The NM-PWS is a valid and reliable instrument for evaluating the practical wisdom of nurse managers via nurses' perspective. It is recommended that future research investigate the impact of nurse managers' practical wisdom on nursing and organizational outcomes, and validate the CFA with different samples.

Keywords: Scale development, nurse manager, validity and reliability, practical wisdom, methodological study



OP-105 New Graduate Nurses' Experiences with Patient Care: A Qualitative Study of Their First Year of Employment

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Background: The transition process for newly graduated nurses into clinical practice is a critical period in terms of professional adaptation and patient care. During this process, nurses encounter various professional, emotional, and organizational challenges as they apply their theoretical knowledge to clinical practice. Examining the experiences of this period is important for developing strategies to support clinical adaptation.

Aim: This study was conducted to identify the experiences of newly graduated nurses regarding patient care.

Material/Method: Conducted using a descriptive and exploratory qualitative design, the study involved 20 newly graduated nurses working in different clinical departments at hospitals affiliated with the Ministry of Health in Istanbul (n=20). Data were collected through semi-structured in-depth interviews and analyzed using inductive thematic analysis.

Results: The study resulted in the identification of 4 main themes, 9 subthemes, and 19 codes. The main themes identified were: "Theory-practice mismatch and the clinical adaptation process," "Support and barriers in the clinical setting," "The impact of structural working conditions on the care process," and "Professional confidence and emotional experiences." Participants highlighted the differences between theoretical education and clinical practice while providing patient care, the adaptation difficulties they experienced during the transition to the profession, the importance of mentor and team support, the effects of workload and staff shortages on the quality of care, and their concerns regarding patient safety. They also noted that their experiences with patients and their families influenced the care process and their professional development.

Conclusion: Newly graduated nurses' experiences with patient care and clinical adaptation are influenced by mentoring support, the work environment, and institutional support mechanisms. The findings indicate that nursing managers play a critical role in the adaptation process of newly graduated nurses by developing structured orientation and mentoring programs, creating supportive work environments, and strengthening workforce planning.

Keywords: Newly graduated nurse, patient care, clinical adaptation, transition to the profession, qualitative research



OP-106 Understanding ICU Nurses Knowledge, Attitude, and Practice Related to Waste Management Practices: Palestinian Perspectives

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Background: Effective waste management in healthcare setting is crucial to mitigate the risk of infection transmission and safeguard healthcare personnel, patients, and the wider community from hazardous waste.

Aim: This study aimed to assess ICU nurses' knowledge, attitudes, and practice related to waste management in Palestine.

Material/Methods: A cross-sectional study was conducted among 255 ICU nurses using an online survey distributed via Google Forms. The questionnaire assessed participants' knowledge, attitude, and practice regarding waste management. Data were analyzed using descriptive statistics, t-tests, ANOVA, and a multiple linear regression. A level of $P < 0.05$ is considered statistically significant.

Results: Nurses aged 30 years or older and those with previous waste management training had significantly higher knowledge scores (p=.028 and <.001, respectively). Practice scores were significantly higher among nurses with postgraduate education and those trained in waste management and infection control (p=.033,045, <.001, respectively). One half of nurses (56.5%) had high knowledge, and the majority of nurses had high levels of practice, and attitudes related to waste management (87.5%, 87.5%. respectively). Positive correlation was found between knowledge and practice, and attitudes related to waste management (p<.001). In addition, there is a significant positive correlation between nurses' practice and the items of attitudes (r=.264, p<.001). Multiple linear regression revealed that previous training and higher perception significantly predicted better knowledge, while infection control training and knowledge predicted better practice.

Conclusion: High levels of knowledge, practice, and attitudes were observed. The interrelated nature of these domains highlights the importance of integrated interventions. Sustained institutional support, adequate resources, ongoing training, and awareness programs are essential to improve waste management and promote safety in healthcare environments.

Keywords: Knowledge, attitude, practice, waste management



OP-107 The Effect of High-Performance Working Systems in Hospitals on the Attitude of Operating Theatre Nurses in Medical Errors

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Background: Studies conducted on healthcare workers and nurses have shown that high-performance work systems positively influence employees' attitudes and behaviors, improve job performance and occupational safety and educe occupational accidents.

Aim: This study was conducted in a crosssectional, descriptive and correlational design to examine the effect of the high-performance work system established in hospitals on the attitudes of operating room nurses towards medical errors.

Material/Methods: The sample was predominantly female (65.6%), with a mean age of 30.53 (7.01) years and 3.54 (2.85) years of unit experience. While 7.8% of participants admitted to committing at least one medical error (50.0% reporting rate), 35.6% witnessed errors by colleagues (71.9% reporting rate). The mean scores for the Medical Error Attitude Scale and the HPWS scale were 3.72 (0.42) and 3.01 (0.62), respectively. No overall correlation was found between total HPWS and error attitudes ($r=0.05$, $p=0.497$). However, the HPWS "autonomy and staying at work" sub-dimension was significantly and positively correlated with the "approach to medical error" sub-dimension ($r=0.25$, $p<0.001$). Regarding workload perceptions, error attitude scores varied significantly (KW = 8.652; $p = 0.013$); nurses perceiving their workload as "very high" (3.80 (0.42)) scored significantly higher than those reporting a "high" workload (3.63 (0.41)).

Conclusion: The findings indicate that despite perceived systemic deficiencies in the implementation of High-Performance Work Systems (HPWS) within healthcare facilities, nurses demonstrate highly positive attitudes toward medical error management. Furthermore, the analysis reveals a statistically weak relationship between HPWS configurations and operating room nurses' attitudes toward medical errors.his suggests that while broader institutional human resource practices remain critical, perioperative error-reporting attitudes may be more heavily influenced by localized unit dynamics, professional ethical codes, or specialized safety culture variations.

Keywords: Operating room nurse, hospital, medical error, attitude, high performance system

OP-108 Strategies for Enhancing Nurse Resilience in Clinical Practice

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Aim: This study aims to examine evidence-based strategies for enhancing the resilience of nurses working in clinical settings.

Review: Nursing is a profession characterized by high levels of stress and emotional labor, increasing the risk of psychological distress and occupational burnout among nurses. To maintain healthcare quality, effective strategies are needed to strengthen nurse resilience. Resilience in nursing refers to the ability to maintain professional functioning despite workplace challenges and to emerge stronger from adverse experiences. It is a dynamic and evolving concept influenced by organizational policies, team dynamics, and individual self-care practices. Strategies to enhance nurse resilience can be considered at the individual, team, and organizational levels. Individual-Level Strategies: Strengthening self-efficacy and encouraging the perception of challenges as opportunities for growth can improve resilience. Self-care practices, including adequate sleep, regular physical activity, and maintaining work–life balance, also contribute to psychological and physical well-being. Unit and Team-Level Strategies: Informal or structured debriefing sessions, peer support, and mentoring programs, particularly for newly graduated nurses, facilitate adaptation to clinical practice and promote resilience. Organizational and Managerial-Level Strategies: Fair and flexible scheduling, resilience training programs, and accessible psychological support services are essential organizational interventions. Additionally, fostering social connectedness, recognizing nurses' strengths, and promoting a positive work environment can enhance both staff well-being and patient care quality.

Conclusion: Nurse resilience should be viewed as a key component of healthcare quality management rather than solely an individual responsibility. Investments in resilience contribute to improved patient safety, reduced staff turnover, preservation of organizational knowledge, and greater institutional sustainability. Therefore, multilevel strategies to strengthen nurse resilience should be actively supported and implemented.

Keywords: Clinical practice, nursing, resilience



OP-109 The Effect of a Transtheoretical Model-Based Educational Intervention on HPV Knowledge, Health Beliefs, and Vaccine Behavioral Intention among First-Year Nursing Students

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Background: HPV is a leading cause of cervical and other HPV-related cancers, yet vaccination rates remain low. Theory-based educational interventions are therefore important to improve HPV knowledge among nursing students, the future healthcare professionals.

Aim: This study examined the effect of a Transtheoretical Model (TTM) based educational intervention on HPV knowledge, health beliefs, and vaccine behavioral intention among first-year nursing students.

Material/Methods: This randomized controlled trial employed a pretest and posttest design without blinding and was conducted among 76 first-year nursing students at a state university in Türkiye. Participants were randomly assigned to intervention and control groups. The intervention group completed a ten week TTM based education program. Data were collected using the HPV Knowledge Scale, the Health Belief Model Scale for HPV Infection and Vaccination (HBMS-HPVV), and the Vaccine Behavioral Intention Form. Descriptive statistics, independent samples t-test, chi-square test, paired t-test, and ANCOVA were used for data analysis.

Results: Among participants, 83.8% of the intervention group and 92.3% of the control group were female. No statistically significant difference was found between groups in scale scores before the intervention ($p>0.05$). Following the intervention, significant between-group differences were observed in general HPV knowledge ($t=4.146$, $p<0.001$), HPV testing knowledge ($t=4.246$, $p<0.001$), HPV vaccine knowledge ($t=8.141$, $p<0.001$), and vaccine availability knowledge ($t=7.952$, $p<0.001$). Total scores for the HBMS-HPVV and Vaccine Behavioral Intention Form were significantly higher in the intervention group compared to controls ($p<0.01$). ANCOVA results confirmed the independent effect of the TTM-based intervention on HPV knowledge ($F=34.240$, $p<0.001$) and health beliefs ($F=33.244$, $p<0.001$). The effect sizes obtained indicated moderate to large practical significance of the intervention.

Conclusion: The TTM-based educational intervention significantly improved HPV knowledge, health beliefs, and vaccine behavioral intention among nursing students. These findings suggest that TTM-based approaches hold meaningful promise for enhancing HPV awareness in undergraduate nursing education.
*Acknowledgement: This study was supported by the Scientific Research Projects Coordination Unit of Çukurova University (Project No: TSA- 2025-18112).

Keywords: HPV, transtheoretical model, nursing students, health beliefs, vaccine behavioral intention



OP-110 The Interplay Between Artificial Intelligence Literacy and Metacognitive Skills in Nursing Education: A TÜBİTAK 2209 Project Proposal

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Background: Nurses uniquely blend science-based professional knowledge, technical competence, ethical principles, and therapeutic relationships to deliver optimal patient care. With rapid digitalization in healthcare, adapting to and consciously utilizing artificial intelligence (AI) technologies is increasingly vital to maintain these essential roles. The effectiveness of AI tools depends directly on input command quality, making AI literacy a critical necessity in modern nursing education. Furthermore, effective AI-based health education requires not just fundamental technological competence, but also the strengthening of metacognitive skills like ethical awareness, self-leadership, critical thinking, and problem-solving. Current literature contains limited empirical studies directly examining the conceptual links between AI literacy and metacognitive skills, particularly regarding AI's long-term potential effects on nursing education outcomes. This research aims to fill this academic gap by investigating the direct and indirect relationships between nursing undergraduate students' AI literacy levels and their essential metacognitive skills.

Aim: This study follows a quantitative research design within the framework of a "TUBITAK 2209 Student Project." Data collection will involve the "Artificial Intelligence Literacy Scale," "California Critical Thinking Scale," "Revisited Self-Leadership Scale," and "Problem Solving Inventory," all featuring proven validity and reliability. The hypothesized effects of AI literacy on students' critical thinking, self-leadership, and problem-solving skills will be analyzed using Structural Equation Modeling (SEM).

Conclusion: Anticipated Outcomes: It is hypothesized that excessive AI use without adequate literacy might dull problem-solving skills over time. Conversely, developing AI literacy is expected to enhance self-efficacy and self-leadership, positively influencing clinical problem-solving abilities. This project anticipates that the synergistic mediation of these skills will significantly impact professional adaptability. The findings will provide a foundation for developing protective protocols against the potential negative impacts of AI in critical clinical situations and facilitate the integration of AI literacy into nursing curricula

Keywords: Artificial intelligence literacy, critical thinking, self-leadership, problem solving



OP-111 How Does Nursing Faculty Awareness of Sustainable Development Goals (SDGs) Impact the Integration of SDGs into Nursing Curriculum Content?

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Background: Nursing faculty who are aware of the Sustainable Development Goals (SDGs) are strategically positioned to shape future nurses capable of contributing to global sustainability. Despite this potential, there is a significant gap between faculty awareness and integrating the SDGs into nursing curriculum.

Aim: To assess nursing academicians' awareness of the SDGs and examine the alignment of nursing curricula with the SDGs framework.

Material/Methods: A mixed-method design was used. Quantitative data were gathered from nursing academicians (n=167) through an online survey conducted in February 2025. Qualitative data were obtained by analyzing the nursing curriculum from the faculties' (n=18) Bologna web page in March 2025.

Results: Nursing academicians demonstrated high overall awareness of the SDGs. Academicians from Internal Medicine Nursing and other departments reported lower awareness scores than those from Obstetrics and Gynecology Nursing and Public Health Nursing ($p<0.05$). Academicians unaware of SDGs within their course content also had lower scores ($p<0.05$). Curriculum analysis showed sustainability-related courses mainly addressed SDG 3 (Good Health and Well-being) (86.8%), SDG 10 (Reduced Inequalities) (67.6%), and SDG 13 (Climate Action) (48.5%), while other SDGs were underrepresented. The Department of Public Health Nursing offered most elective courses (73.5%). Courses mainly addressed public health nursing, gender and health, and social responsibility and volunteering.

Conclusion: Although awareness of the SDGs among nursing academicians was high, nursing curricula insufficiently addressed the SDGs as a whole. Restructuring nursing curricula is essential to ensure comprehensive SDG integration and equip future-ready nurses with the competencies to address complex health challenges.

Keywords: Nursing education, curriculum, sustainability, sustainable development goals



OP-112 Analysis of Sustainability Reporting in Healthcare Institutions: Strategic Role and Operational Contribution of Nurse Managers

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Background: With healthcare systems under strain from climate change and rising costs, sustainability reporting has become essential for institutional transparency and accountability.

Aim: This study aimed to reveal the strategic and operational roles undertaken by nurse managers in achieving the sustainability goals of public and private healthcare institutions that publish sustainability reports in Türkiye.

Material/Methods: This research is a comprehensive literature review that utilizes qualitative content analysis. Data were obtained from 20 sustainability reports published between 2020 and 2025 by eight public and private institutions, as announced on their official site. The reports were examined within the framework of Environmental, Social, and Governance (ESG) criteria. The findings were correlated with the strategic roles of nurse managers and nursing management outcomes.

Results: The analysis revealed that the most critical success indicators in sustainability reports are directly linked to the operational discipline of nursing services. Human resource management is the primary responsibility of nurse managers and is featured in the "Social" section. This includes metrics such as employee engagement, turnover rates, average annual training hours per nurse, and the ratio of female managers. Since nursing is a female-dominated profession, their representation at management levels (charge nurses, coordinators, directors of nursing services, etc.) is critical. In the "Environmental" dimension, nurse managers act as the primary implementers and controllers of carbon emission reduction, medical waste segregation, and resource management (water and energy saving) within clinical areas. Regarding "Governance," the achievement of goals such as Occupational Health and Safety (Zero Accident targets), "Paperless Hospital" (HIMSS), digital transformation, and JCI/LEED certifications depends on nurses' success in data, care, and communication management.

Conclusion: Sustainability in healthcare is not merely a technical process but one driven by nursing leadership. Internalizing the financial and environmental language of sustainability reports will enhance nurse managers' effectiveness in strategic decision-making mechanisms.

Keywords: Sustainability reporting, healthcare management, nurse management, social, governance



OP-113 The Strategic Role of Nurse Leaders as Change Agents in Achieving Sustainable Healthcare Excellence

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Background: Healthcare systems worldwide are facing increasing pressure due to demographic changes, limited resources, rising care demands, and rapid digital transformation. Ensuring sustainability and maintaining excellence in care require effective organizational change and strong leadership. In this context, nurse leaders are uniquely positioned to guide transformation processes and support sustainable healthcare delivery.

Aim: The contemporary healthcare ecosystem is undergoing significant transformation driven by demographic changes, limited resources, and rapid technological advancement. In this context, achieving sustainability and excellence in care requires not only structural reforms but also visionary leadership capable of managing organizational change. Nurse leaders play a pivotal role in this process by bridging clinical practice and administrative strategies and translating change into action. This study aims to conceptually analyze the change agent role of nurse leaders in ensuring sustainable healthcare and to highlight their contribution to organizational excellence.

Material/Methods: This study is a structured conceptual review conducted using a systematic approach. National and international literature on nursing leadership, organizational change management, change agents, and sustainable healthcare was reviewed. The findings were synthesized through thematic analysis focusing on digital transformation, evidence-based practice, and the balance between human-centered care and technology.

Results: Nurse leaders acting as change agents function as catalysts in minimizing resistance to change, maintaining team motivation, and integrating a culture of innovation into clinical practice. Transformational and strategic leadership styles were found to be decisive in disseminating evidence-based practices and empowering healthcare professionals. Nurse leaders also play an ethical and guiding role in balancing technology and human-centered care during digital transformation processes.

Conclusion: Sustainable healthcare excellence largely depends on nurse leaders who can embed organizational change into institutional culture. Strengthening leadership competencies in nursing education, particularly in change management and digital literacy, and increasing the active involvement of nurse leaders in decision-making mechanisms are recommended.

Keywords: Sustainable healthcare, nursing leadership, change agent, organizational transformation, healthcare excellence



OP-114 The Effect of Nurses' Perceptions of Intellectual Capital on Corporate Reputation: A Cross-Sectional Study

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Background: In healthcare, competitive advantage increasingly relies on knowledge institutionalization rather than physical assets.

Aim: This study aims to determine the effect of nurses' perceptions of intellectual capital on corporate reputation and evaluate the roles of its sub-dimensions: human, structural, and social/customer capital.
Material/Methods: This descriptive, cross-sectional, and correlational study included 282 nurses working in public, university, and private hospitals in Ankara. Data were collected via a Personal Information Form, the Reputation Quotient Scale, and the Intellectual Capital Scale. Analysis included descriptive statistics, Pearson correlation, and multiple linear regression.

Results: Participants' mean age was 34.08±8.91, and 84.8% were female. A strong positive correlation was found between intellectual capital and corporate reputation perceptions ($r=0.868$; $p<0.001$). Intellectual capital components explained 76.5% of the total variance in corporate reputation. Notably, structural capital ($\beta=0.691$; $p<0.001$) and social/customer capital ($\beta=0.162$; $p=0.002$) were significant predictors of corporate reputation. However, the direct effect of human capital was not statistically significant ($p=0.125$). Additionally, private hospital nurses and nurse managers reported significantly higher scores on both scales.

Conclusion: Structural capital is the most critical determinant of corporate reputation in healthcare institutions. Individual expertise (human capital) transforms into corporate reputation only when supported by organizational processes and trust-based stakeholder relationships. Therefore, healthcare managers must focus on structural investments—such as strengthening information systems and clinical protocols—to build sustainable corporate reputation, rather than relying solely on individual personnel talent.

Keywords: Intellectual capital, corporate reputation, nursing management, structural capital, healthcare services



OP-115 The Effect of Nursing Students' Emotion Management Skills on Their Psychological Resilience

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Background: Within the intensive educational and clinical practice process, nursing students' emotion management skills are important for coping with stress, maintaining emotional balance, effective communication, and clinical performance, and are associated with psychological resilience.

Aim: This study aimed to examine the effect of nursing students' emotion management skills on their levels of psychological resilience.

Material/Methods: This descriptive and correlational study was conducted with 475 students studying in the nursing department of a university. Data were collected using an information form, the Emotion Management Skills Scale, and the Resilience Scale for Adults, and were analyzed using percentage, mean, ANOVA, t-test, correlation, and regression analyses.

Results: Of the students, 80.4% were female, 27.6% were first-year students, 57.3% chose the nursing department willingly, 70.9% continued their education willingly, and 14.3% were smokers. The mean total score of the Emotion Management Skills Scale was 92.83±12.46, and the mean total score of the Psychological Resilience Scale was 116.48±16.91. There was a positive and significant relationship between the two scale scores ($r=0.529$; $p<0.001$). Students who chose the nursing department willingly and continued willingly had significantly higher scores in both emotion management skills and psychological resilience ($p<0.05$). Students who smoked had significantly lower psychological resilience scores ($p<0.05$). In the regression model, emotion management skills ($\beta=0.506$), choosing the nursing department willingly ($\beta=0.112$), and continuing willingly ($\beta=0.089$) significantly and positively affected psychological resilience scores ($R^2=0.307$; $F=69.518$; $p<0.001$).

Conclusion: There is a positive and significant relationship between nursing students' moderate levels of emotion management skills and their psychological resilience. Primarily emotion management skills, along with willingly choosing and continuing the nursing department, positively affect and increase psychological resilience levels. Strategies such as peer mentoring and opportunities for experience sharing can be implemented to improve students' emotion management skills.

Keywords: Emotions, nursing, nursing students, psychological resilience



OP-116 Artificial Intelligence in Nursing Clinical Education: Promises and Pitfalls

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Background: Artificial intelligence is emerging as a strategic technology that is driving profound transformation across many fields—particularly in healthcare and education—through big data analysis, machine learning, and advanced algorithms. In parallel with this transformation, the integration of artificial intelligence into nursing education is increasing, and it is becoming a key tool, especially in the development of clinical education. Despite the expanding body of literature, the specific promises and pitfalls of AI in nursing clinical education remain relatively underexplored.

Aim: This review aims to examine the promises and pitfalls associated with the use of AI in nursing clinical education in light of current evidence.

Material/Methods: Publications (2020–2025) were searched in Google Scholar, PubMed, Embase, and Cochrane using the keywords "nursing clinical education," "artificial intelligence," and "nursing education." 21 studies, including original articles and reviews, were thematically analyzed, focusing on AI in nursing clinical education while incorporating related findings on AI in nursing education and AI in nursing.

Results: This review demonstrates that artificial intelligence presents both significant advantages and substantial risks in clinical nursing education. AI-supported systems personalize education through adaptive learning, real-time feedback, standardized assessment, and virtual simulations; they enhance students' clinical decision-making, reasoning, and teamwork skills, and allow educators to dedicate more time to mentoring. Conversely, risks related to data privacy and security, algorithmic bias, ethical issues, and inequalities in access to technology pose significant limitations; furthermore, overreliance on artificial intelligence may weaken critical thinking skills and pose risks regarding academic integrity.

Conclusion: Although AI holds substantial potential in nursing clinical education, its effective and safe implementation requires the integration of ethical frameworks, data security measures, and AI literacy into nursing curricula. Strengthening interdisciplinary collaboration and investing in educator training and digital infrastructure are also recommended for sustainable integration.

Keywords: Nursing education, artificial intelligence, nursing clinical education, technology, clinical training



POSTER PRESENTATIONS

PP-001 Patient Navigation Model: Conceptual Framework, Role Definition, and Implementation Requirements

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Background: The rise in chronic diseases and the growing number of affected individuals have expanded healthcare needs. For patients facing serious conditions such as cancer, this has increased the need for roles that address care barriers and improve coordination. One such role is the patient navigator.

Aim: To describe the emergence of the patient navigation model, the roles and functions of the navigator nurse, and the structural requirements for its implementation. This study is a literature-based review.

Review: Patient navigation is a partnership between the patient/family and the navigator that facilitates timely access to care, strengthens self-management, and promotes autonomy. The model originated in 1989 through the American Cancer Society, and the first program was implemented by Harold Freeman in 1990 at Harlem Hospital. Navigators can be performed by many healthcare professionals, primarily nurses, and even by individuals not involved in this field (e.g., former cancer patients, community volunteers). Core functions of navigators include coordinating care, providing patient education, providing psychosocial support, and advocating when necessary. In this context, the navigator identifies the patient's individual needs, establishes connections between health and social services, reduces barriers to accessing services, and coordinates appointments and information flow. They also enhance the patient's knowledge about their illness, support decision-making and problem-solving skills, provide emotional support, and, in some programs, may take on an advocacy role on behalf of the patient According to the WHO Regional Office for Europe, implementation requires macro-level legal regulation, training, and financing; meso-level organizational infrastructure and inter-institutional collaboration; and micro-level team communication and role clarity.

Conclusion: Patient navigation enhances care coordination, especially for patients with complex needs or limited access to services. It aligns with the holistic philosophy of nursing. However, sustainability requires clear legal frameworks, standardized training, and organizational support mechanisms.

Keywords: Patient navigation, nurse navigator, nursing care delivery model



PP-002 Patient's Perception of Nurse-Patient Relationship as Healing Transformations Scale: Turkish Adaptation, Validity, and Reliability Study

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Aim: This study aimed to adapt the Patients' Perception of Nurse–Patient Relationship as Healing Transformations Scale for use in Turkish and to examine its psychometric properties among hospitalized patients.

Material/Methods: A methodological, descriptive design was employed. The study included 263 inpatients receiving care in three public hospitals across different regions of Türkiye. Data were collected between August 25 and December 10, 2025, using a Patient Information Form and the Patients' Perception of Nurse–Patient Relationship as Healing Transformations Scale. For the Turkish adaptation, language and content validity were first assessed. Then, confirmatory, exploratory and confirmatory factor analyses were conducted, respectively. Reliability was evaluated through Cronbach's alpha and test–retest methods.

Results: The content validity index of the scale was 1.00. Two items removed from the scale because they appeared in both factors. Factor analysis resulted in a final 15-item, two-factor structure that explained 80.24% of the total variance. According to confirmatory factor analysis, the scale's goodness-of-fit values were found to be $\chi^2/df = 3.1$, RMSEA (root mean square error of approximation) = 0.090, GFI (goodness-of-fit index)= 0.890, AGFI (adjusted goodness-of-fit index)= 0.846, SRMR (standardized mean square residual)= 0.036, NFI (normed fit index)= 0.946, IFI (Incremental Fit Index)= 0.963, CFI (Comparative Fit Index)= 0.963, and TLI (Tucker Lewis Index) = 0.955. The overall reliability of the scale was $\alpha = 0.971$. The scale's item-total correlation values were above the acceptable level, and test-retest analyses showed high correlation. According to Turkish version of the scale scores, 96.6% of patients perceived the nurse–patient relationship as healing and transformative.

Conclusion: The Turkish version of the scale, with 15 items and two factors, is a valid and reliable instrument. It can be used to assess patients' perceptions of the healing transformation that occurs in the nurse-patient relationship as a nursing care outcome.

Keywords: Chronic disease, nurse-patient relationship, nursing care outcomes, reliability, validity



PP-003 Nurturing Future Nurses for Excellence in Healthcare: Confronting Burnout in Employed Nursing Graduate Students

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Background: Employed nursing professionals pursuing graduate education face the dual challenge of rigorous academic demands and high-pressure clinical environments, placing them at increased risk of burnout. Burnout can negatively affect professional performance, academic outcomes, and well-being. Although widely studied in healthcare, there is limited understanding of how to support mental health and resilience among employed nursing graduate students. Addressing this issue is essential for nurturing future nurses for excellence in healthcare.

Aim: This study explored the nature, manifestations, and lived experiences of burnout among employed nursing graduate students.

Material/Methods: A qualitative research design was employed. In-depth, semi-structured interviews were conducted with twenty employed nursing graduate students (15 females [75%], 5 males [25%]). The interviews focused on challenges related to clinical practice and academic responsibilities, as well as strategies students used to cope. Data were analyzed using qualitative content analysis to identify key themes and patterns.

Results: Three main themes emerged: stress, exhaustion, and lack of confidence. Stress reflected difficulties in balancing nursing duties, academic tasks, and personal responsibilities. Exhaustion included poor time management, role overload, and persistent overexertion, contributing to declining academic performance. Lack of confidence encompassed concerns about others' perceptions, fear of disappointing family, and anxiety about peer judgment. Across these themes, participants reported reduced coping capacity, diminished motivation, and ineffective time management, highlighting the interconnection between professional and academic pressures in burnout.

Conclusion: Burnout profoundly affects professional and academic experiences. Supporting students through resilience training, stress- and time-management workshops, flexible scheduling, mentorship, and psychologically supportive environments can enhance well-being, sustain motivation, and foster resilience. These measures equip students to formulate strategies, design systems, and develop innovative tools for excellence in a dynamic, digitalized healthcare environment. Implementing these strategies can optimize academic and clinical performance and contribute to nurturing future nurses for excellence in healthcare.

Keywords: Burnout, confidence, employed nursing graduate students, exhaustion, stress



PP-004 Modeling Videos and Objective Structured Clinical Examination (OSCE) to Improve Self-Efficacy in Prenatal Nutrition Counseling: A Mixed-Methods Study

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Background: To evaluate prenatal nutrition counseling self-efficacy among nurse-midwifery students through modeling videos and Objective Structured Clinical Examination (OSCE).

Material/Methods: A sequential mixed-methods design. The participants comprised 49 nurse-midwifery students in northern Taiwan recruited between September 2024 and August 2025. All students completed quantitative questionnaires before and after the intervention to assess changes in prenatal nutrition counseling self-efficacy. Qualitative data were collected through focus group interviews to explore students' learning experiences and to further contextualize and explain the quantitative findings.(1) knowledge gaps and confidence building; (2) active application and behavioral improvement; (3) systematic learning for enhanced understanding; and (4) digital learning as a tool for clinical communication.

Results: Students' mean prenatal nutrition counseling self-efficacy increased significantly from 31.5 ± 5.7 to 35.9 ± 5.3 following the modeling video and OSCE intervention. Three qualitative themes described the students' learning experiences.

Conclusion: Combining modeling videos with OSCE enhanced students' competence and counseling confidence.

Keywords: Mixed-methods, prenatal nutrition counseling, self-efficacy, objective structured clinical examination (osce), nurse-midwifery



PP-005 Perceptions of Teamwork and Job Satisfaction Among Neonatal Intensive Care Nurses Using Different Care Delivery Models

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Background: The delivery of healthcare services is provided by multidisciplinary and interdisciplinary teams, and nursing teams constitute the largest portion of these teams. The method for planning and implementing nursing care is determined in the most appropriate manner according to factors such as the needs of the patient group, their dependency levels, the physical characteristics of the unit, patient capacity, and the number of nurses working in the institution and unit. The importance given to the organizational structure of nursing services, the effective execution of workforce planning, and the provision of quality care services play a significant role in increasing job satisfaction.

Aim: This cross-sectional and correlational study aimed to determine the relationship between teamwork perceptions and job satisfaction levels among neonatal intensive care nurses.

Material/Methods: The population and sample of the study consist of neonatal intensive care nurses working in two public hospitals. Data were collected using a questionnaire form comprising a Personal Information Form, Turkish Version of Nursing Teamwork Survey, and Turkish Version of Job Satisfaction Scale for Nurses. The SPSS statistical software was utilized for the analysis of the data.

Results: In both hospital groups, nurses' perceptions of teamwork were found to be high. The "Trust" and "Team Consensus" scores of the nurses in Institution B were statistically higher than those in Institution A. The job satisfaction levels of the nurses were found to be high in both groups. In both institutions, the "Perceived Importance at the Workplace" score was the highest, while the "Pleasant Working Environment" score was at the lowest level. A statistically significant and positive relationship was identified between teamwork in nursing and job satisfaction.

Conclusion: The findings support the literature indicating that teamwork enhances job satisfaction.

Keywords: Nursing, teamwork, job satisfaction, nursing care delivery models



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