

5th PNAE

CONGRESS ON
PAEDIATRIC NURSING
21-22.05.2021
VIRTUAL CONGRESS



Programme & Abstract book

5th PNAE Congress on Paediatric Nursing May 21-22, 2021

VIRTUAL CONGRESS



PNAE
Paediatric Nursing Associations of Europe



**TARTU
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TARTU HEALTH
CARE COLLEGE



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UNIVERSITAS TARTUENSIS
1632



TARTU ÜLIKOOLI KLIINIKUM
A.D. 1804



Eesti Õdede Liit
Estonian Nurses Union

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WELCOME FROM THE ORGANIZERS

Dear Colleagues,

We are pleased to inform you that the 5th PNAE Congress on Paediatric Nursing will take place on May 21-22, 2021! As your comfort and safety is our top priority, and it is the best course of action to give as many people as possible the chance to attend the congress without exposing them to health risks, the event will take place as an online congress.

It is organised by the Paediatric Nursing Associations of Europe (PNAE) in collaboration with Tartu University, Tartu University Hospital, Tartu Health Care College and Estonian Nurses Union.

We have joined forces to promote the sharing of knowledge and experience with the aim of enhancing paediatric nursing care across Europe. The scientific programme will include distinguished key note speakers from countries across Europe, as well as oral and poster presentations from paediatric and neonatal nurses who will share with us their research findings, service improvements, empirical knowledge and experiences regarding the care of infants, children, young people and their families.

We anticipate Paediatric Nurses from across Europe will attend this congress to enrich their knowledge and to hear about the latest developments in the care of children, young people and their families. The congress will provide the opportunity to network, share ideas and learn from colleagues about improving the care and outcomes for infants, children and young people.

Stay safe!

Sincerely,

Airin Treiman-Kiveste
Head of the Organising Committee
University of Tartu

Prof. Jane Coad
Chair, Organising Committee
Paediatric Nursing Associations of Europe

PROGRAMME

DAY 1

Friday, May 21

Moderated by Hanna Helena Pärn, Tartu Health Care College; Tartu University Hospital

11.00-11.30	<i>WELCOME AND OPENING CEREMONY</i> Speech by Jane Coad , Chair of PNAE	
11.30-12.15	KEYNOTE SESSION Humane Neonatal Care Initiative acceptance in hospitals globally <i>Adik Levin</i>	
PARALLEL SESSION 1: Neonatology Moderated by: Ingrid Hankes-Drielsma , Dutch Association of Paediatric Nurses, The Netherlands		PARALLEL SESSION 2: Child health promotion Moderated by: Jean Angela Davies , Lecturer in Nursing, Bangor University, UK
12.15-12.35	1 To become a family in Neonatal Intensive Care Unit - parents' experiences of staying together with their infant in a family room in the Neonatal Intensive care Unit <i>Tenna Gladbo Salmonsén, Hanne Aagaard, Denmark</i>	4 Use of community services in paediatric patients accessing accident and emergency (A&E) departments for non-urgent cases - preliminary results <i>Alessandra Pol, Valentina Biagioli, Claudia Carlin, Simone Piga, Immacolata Dall'Oglio, Italy</i>
12.35-12.55	2 How can nurses support parent-infant attachment of premature infants in the neonatal intensive care unit? <i>Hanna Helena Pärn, Estonia</i>	5 Gamification for Health promotion <i>Anni Pakarinen, Finland</i>
12.55-13.15	3 Immigrant parents' experiences of communicating with healthcare professionals at the neonatal unit <i>Katarina Patriksson, Sweden</i>	6 Evaluation on the effect of educational practice with cartoons on disease management in children with asthma: a randomized controlled study <i>Aylin Akça Sümengen, Ayşe Ferda Ocakçı, Turkey</i>
13.15-13.45	<i>Lunch break</i>	
13.45-14.30	KEYNOTE SESSION Nursing Care Models in Pediatric and Neonatal Settings <i>Barbara Boutopoulou</i>	
PARALLEL SESSION 3: Chronic diseases and Complex Needs		PARALLEL SESSION 4: Research in Children and Young People

Moderated by: Majda Oštir, RN, Master of Nursing, Slovenia		Moderated by: Prof Jane Coad, PhD Nottingham University, Great Britain		
14.30-14.50	7	Parents' experience when their child diagnosed with cystic fibrosis at newborn screening <i>Pia Bonde Nielsen, Denmark</i>	10	Monitoring of micturition and bladder volumes can replace routine indwelling urethral catheters in children receiving intravenous opioids, a prospective cohort study <i>Anita C. de Jong, Jolanda M. Maaskant, Luitzen A. Groen, B.M van Woensel, the Netherlands</i>
14.50-15.10	8	Clinical Profile and Outcomes of Children with Congenital Heart Defect Admitted to Adult Intensive Care Units in Iceland <i>Olof Kristjansdottir, Gudrun Kristjansdottir, Gunnhildur Vidarsdottir Iceland</i>	11	Adolescents' use of alcohol and related responsibilities – qualitative interview study <i>Mari Mynttinen, Kaisa Mishina, Mari Kangasniemi, Finland</i>
15.10-15.30	9	Self-care in paediatric patients living with chronic disease: a systematic literature review of conceptual models <i>Claudia Carlin, Giulia Gasperin, Valentina Biagioli, Emanuela Tiozzo, Immacolata Dall'Oglio, Italy</i>	12	Influence of education programs on children's sleep: an integrative review <i>Carla Trindade, Portugal</i>
15.30-15.40	<i>Coffee break</i>			
WORKSHOPS				
15.40-16.40	15.40-16.10 Long-term home ventilation management in children <i>Birgit Kiilaspää, Tallinn Children's Hospital</i> 16.10-16.40 Home mechanical ventilator practical workshop <i>Monika Uustalu, Resmed</i>		15.40-16.40 How to write for publication. <i>Christine Walker, RCNi</i> 15.40-16.00 Effective skincare for babies and children: Eczema & atopic dermatitis and damaged skin <i>Anastassia Tsmõhh, La Roche-Posay</i>	

DAY 2

Saturday, May 22

Moderated by Saima Hinno, Viljandi Hospital

11.00–11.05	Welcome	
11.05–11.50	<p>KEYNOTE SESSION Optimising the nursing care of children and young people experiencing mental health crisis in acute paediatric settings through collaborative research <i>Joseph Manning</i></p>	
<p>PARALLEL SESSION 5: Global Challenges for caring for Children, Young People and Families Moderated by: Pantelis Perdikaris, Assistant Professor of Pediatric Nursing, Faculty of Nursing School of Health University of Peloponnese</p>		<p>PARALLEL SESSION 6: Child support and nursing development Moderated by: Catherine Sheridan, Registered Children's Nurse and Clinical Educator, Galway University Hospitals, Ireland Representing: Irish Nurses and Midwives Organisation.</p>
11:50-12.10	13	<p>Elderly people in children's voices: the first steps towards intergenerational care <i>Andreia Cerqueira , Ana Lúcia Ramos, Portugal</i></p>
12.10-12.30	14	<p>Parents' presence during induction of anaesthesia <i>Thomas Ziakas, Varvara Boutopoulou, Eleni Georgiou, Efrosini Vlachioti, Foteini Mavridi, Anastasia Karkani, Vasiliki Matziou, Greece</i></p>
12.30-12.50	15	<p>CLS-IT - communication and language screening in infants and toddlers <i>Luigi Marotta, Silvia, Laudanna, Elena Pellegrini, Simona Latini, Andreina Morocutti, Italy</i></p>
		<p>16 Digital nursing for care and first discharge in pediatric oncohematology: development of an APP <i>Deborah Rosso Pognant, Bergadano Anna, Laura Odetto, Franca Fagioli, Italy</i></p>
		<p>17 Sexual and gender diversity in adolescence: The development of a conceptual model to support secondary school nursing <i>Minna Laiti, Heidi Parisod, Anni Pakarinen, Salla Sariola, Sanna Salanterä, Finland</i></p>
		<p>18 Tripartite Hermeneutic Education? An empirical response to paediatric medication errors <i>Rachel Isaac, Pramodh Vallabhaeni, UK</i></p>

12.50–13.20	<i>Lunch break</i>	
	<p>PARALLEL SESSION 7: Paediatric nurses perceptions of procedural pain and moral distress Moderated by: Immacolata Dall'Oglio, PedRN, PhD, MSN, IBCLC, Bambino Gesù Children's Hospital, Italy</p>	<p>PARALLEL SESSION 8: Ensuring a child's healthy skin Moderated by: Orsola Gawronski, RN, MS, PhD, Sviluppo Professioni Sanitarie, Formazione continua e Ricerca Infermieristica, Healthcare Professional Development; ESPNIC Nursing President; AHA International Training Center coordinator - Centro di training OPBG; Bambino Gesù Children's Hospital, Italy</p>
13.20–13.40	<p>19 Nurses' perceptions of neonates' procedural pain alleviation with non-pharmacological methods and parental guidance in Estonian hospitals <i>Airin Treiman-Kiveste, Tarja Pölkki, Ruth Kalda, Mari Kangasniemi, Estonia</i></p>	<p>21 Preventing medical device related pressure ulcers in PICU: the "grief" <i>Claudia De Santis, Giuseppe Chessa, Diana Giannarelli, Italy</i></p>
13.40–14.00	<p>20 Nurse and Moral Distress in NICU: An Italian Study <i>Roberta Guardione, Mattia Luciano, Pasquale Di Maio, Italy</i></p>	<p>22 Skin microbiome <i>Anna Berzina, Latvia</i></p>
14.00-14.20	<p>23 Quality of life of children and adolescents with cystic fibrosis <i>Efrosini Vlachioti, Varvara Boutopoulou, Despoina Koumpagioti, Euanthia Konstantaki, Ioannis Kasimis, Ioanna Loukou, B. Matziou, Greece</i></p>	<p>24 Nursing students and child health promotion: a pre-post intervention study about hand hygiene in a primary school in Rome (Italy) <i>Andrea Gazzelloni, Valentina Pizziconi, Luca Adriani, Valentina Stella, Valentina Simioli, Giuliana D'Elpidio, Italy</i></p>
14.20-14.35	<i>Coffee break</i>	
14.35-15.20	<p>KEYNOTE SESSION Gamification of children's health promotion <i>Sanna Salanterä</i></p>	
15.20-15.30	Closing ceremony	

Poster session:

The posters will be available on the Worksup platform throughout the event.

	Abstract title	Author
1	Intramuscular Injection procedure in children for safer care: an integrative review	Ana Ramos et al., Portugal
2	Hearing the voices of children and young people	Anne Marie Ryberg et al., Denmark
3	Niceology: An Online Course	Barbara Frechette, USA
4	Simulation as a learning strategy for nursing students	Chiara Zangari et al., Italy
5	The Effect of Childhood Traumatic Life on Parenting Attitudes	Damla Ozcevik et al., Turkey
6	Factors which affect the quality of life of Emergency Department nurses: A review	Ioannis Kasimis et al., Greece
7	Information needs of parents of children with a primary diagnosis of hearing loss – a qualitative study	Johanna Kraas et al., Estonia
8	Pediatric Resuscitative Endovascular Balloon Occlusion of the Aorta (REBOA)	Kaisa Jõgi, Estonia
9	Home enteral nutrition service implementation in Tartu University Children's Hospital	Kairi Sokk et al., Estonia
10	School nurses' experience in the prevention of overweight: qualitative research in general education schools in Tartu and Tallinn	Ljudmila Schmidt et al., Estonia
11	This Is Me – Challenging Negative Attitudes Towards Children With Feeding Tubes	Louise Heywood, UK
12	Actions to implement healthcare professional research in the paediatric setting: a narrative review of the literature	Matteo Amicucci et al., Italy
13	“The good interaction”	Mette Thelborg et al., Denmark
14	Tartu basic school's second-grade teacher's opinion on beneficial and non-beneficial factors of pupils hand washing	Piret Simm-Pärle et al., Estonia
15	Educational project dedicated to school teachers for the correct management of epileptic seizures in school-age children	Tommaso Renzetti et al., Italy
16	Factors affecting NREM neonatal sleep in NICUs	Varvara Boutopoulou et al., Greece
17	Nurses' role in using non-pharmacological methods of postoperative pain management in children	Rasa Stundžienė, Lithuania
18	Life and health quality of nurses in pediatric and adults ICU's	Mantziou Theodora, Greece

KEYNOTE SPEAKERS

ADIK LEVIN, MD, PhD, MSc.D, FABM

Dr Levin has worked in humanization field in medicine, especially in neonatology, over 25 years. In the middle of 90-s a “Humane Neonatal Care Initiative” was developed in Tallinn Children’s Hospital, Estonia. Later, after Estonia regained its independence in 1991, this humane model – a mother can stay with sick newborns and premature babies at all times – was introduced around the world, in about 30 countries. WABA (World Alliance for Breastfeeding Action) prioritized this action globally. Chilean Paediatric Congress in 2001 endorsed the initiative, now known as the “PUCON DECLARATION”.



Dr Levin is the coordinator of this movement, campaigning to get paediatric societies globally to subscribe to the Declaration, to which participants from more than 30 countries have committed. The key challenge is the protection of child’s and mother’s (family) rights in hospitals around the world. Since the 2008 Canada perinatology conference and a wide-scale study that followed by Prof. Shoo Lee in 25 Canadian, New Zealand and Australian hospitals, the Tallinn Children’s Hospital initiative and practice was suggested as the golden global standard.

1969-1975 - Oblast Central Hospital (Uralsk, Kazachstan), Head of Children’s Department
1975-1979 - Tallinn Secondary Hospital (Tallinn, Estonia)
1979-2004 - Tallinn Children’s Hospital, Head of Neonatal and Infant Department,
1996-... - Tallinn University (Tallinn, Estonia), Department of Social Work
2004-... - Role Ltd. Research Director

Dr Levin has published over 150 articles in newspapers and journals and 11 books, touching upon topics of actual problems in medicine, social problems in childhood and child’s and mother’s human and children’s rights.

He has been nominated honorary doctor of several universities, honorary citizen of the City of Tallinn. The President of the Republic of Estonia in 2005 awarded him an order of Merit of the Estonian Red Cross, First rank, for recognition for service rendered to the interests of the Estonian people in healthcare and social spheres and for the saving of life.

Dr Levin’s presentation topic is "Humane Neonatal Care Initiative acceptance in hospitals globally".

BARBARA BOUTOPOULOU, RN, MSc, PhD

Barbara Boutopoulou has expertise in Respiratory and Allergy diseases. She is a Pediatric Respiratory and Allergy Nurse at Athens Medical Center and an Academic Scholar in Faculty of Nursing, University of Athens, Greece.

From March 2019 Academic Scholar;
from September 2019 Pediatric Respiratory and Allergy Nurse;
2014 – 2019 Head Nurse of PICU;
2012-2014 Head Nurse of Respiratory & Allergy Unit;
2007-2012 Staff Nurse in NICU;
2004-2007 Staff Nurse in ED of General Hospital.



17 publications in peer national and international journals, numerous in abstract books of international and national meetings and congresses.

General Secretary of the editorial board of the Hellenic Pediatric Nursing Association.

Barbara Boutopoulou's presentation topic is "Nursing Care Models in Pediatric and Neonatal Settings".

DR JOSEPH MANNING, RN

Dr Joseph Manning is a Clinical-Academic Nurse and a current National Institute for Health Research (NIHR) and Health Education England (HEE) Integrated Clinical-Academic (ICA) Clinical Lecturer. He has a joint appointment at Nottingham University Hospitals NHS Trust (NUH) and The University of Nottingham (UoN) allowing for meaningful concurrent engagement in clinical practice and research.

In his clinical-academic role, Joseph works as a Clinical Associate Professor in Children, Young People and Families Nursing, Charge Nurse for Paediatric Critical Care Outreach Team (Nottingham Children's Hospital), and as the lead for NMAHP research theme for Children and Families at NUH.



Joseph's programme of research is driven directly from insights and priorities from clinical practice that relate broadly to understanding and supporting: The holistic needs of children and families in the short- and long-term after critical illness; the emotional health and wellbeing of children and young people admitted to acute paediatric inpatient care; and safe and effective transitions of infants, children and young people between services and pathways of care.

Dr. Manning's presentation topic is "Optimising the nursing care of children and young people experiencing mental health crisis in acute paediatric settings through collaborative research".

SANNA SALANTERÄ, PhD, RN

Sanna Salanterä is professor of clinical nursing science at the University of Turku, Finland. Her research has focused on the Digitalisation of nursing in many areas and children's nursing being one of them.

She works in the University and has a subsidiary position in Turku University Hospital. She has over 250 scientific publications, 30 supervised PhD thesis and she leads a research group "Digital Nursing Turku".

Sanna Salanterä's presentation topic is "Gamification of children's health promotion".



ORAL PRESENTATIONS

1

To become a family in Neonatal Intensive Care Unit - parents' experiences of staying together with their infant in a family room in the Neonatal Intensive care Unit (NICU).

Tenna Gladbo Salmonsén, RN, NIDCAP professional., MScN
Department of Paediatrics and Adolescent Medicine, Aarhus University Hospital, Denmark.,

Hanne Aagaard, RN, MScN, PhD, NIDCAP professional, Associate Professor,
Lovisenberg diaconal University College, Norge & part time lecture, Institute and Public
Health, Health, Aarhus University, Denmark

Introduction: Admission at the NICU begins with separation between the parents and the infant, which is often related to uncertainty, distress and challenge early transition of becoming a family.

Objectives: To investigate parents' experiences of living in a family-room together with their infant.

Methods: A hermeneutic phenomenological approach was applied. Data was collected through semi-structured interviews during the family admission at NICU. A thematic analysis was carried out inspired by Max Van Manen.

Results: The analysis revealed four themes: "Continuity and safety are mutual preconditions", "the family-room - worth waiting for", "the parents lifeblood - a job for the nurses" and "to feel left to one's own devices"

Discussion: To be together as a family strengthens developing of the parenthood. A close relationship between parents and nurses is important to increase the parents trust and how the parents feel and experience themselves as parents. In a family focused perspective, the protection of the parents' autonomy deserves high attention. Having the possibility to contact the nursing staff increase the parents' self-confidence, responsibility and increase the experiences of being a family, and see themselves as 'real' parents.

Conclusions: Staying in a family-room increase the establishment of family formation process and the bonding between the parents and the infant. The relationship between parents and nurses affects parents' perception of themselves as parents.

2

How can nurses support parent-infant attachment of premature infants in the neonatal intensive care unit?

Hanna Helena Pärn, RN MSc
University of Southampton; Tartu University Hospital Estonia

Introduction, objectives: Attachment plays a vital role in the well-being of parents and especially preterm infants, who are most vulnerable to the effects of the environment. Nurses as constant care providers are in a favourable position to assist with attachment process. This

study aims to critically review qualitative studies concerning parent-infant attachment and give an overview of the findings on how nurses can help facilitate this process.

Method: Systematic search was conducted and articles identified through electronic databases. Four research articles were identified using inclusion-exclusion criteria and critically appraised.

Results: Results were categorized into 4 themes that help facilitate attachment with the emphasis on communication, support, parents' autonomy and the surrounding environment. **Discussion:** Good communication, support and encouragement for parents, and teaching them aspects of care to shape them into autonomous carers, helps with attachment. Importance of interaction and skin-to-skin care with their preemie should be emphasised. As the environment in the NICU can be daunting for parents, nurses should provide comfort and privacy.

Conclusion: The purpose of this review was to give an overview of qualitative studies on how nurses can support the formation of parent-infant attachment with premature infants in the NICU. The research indicates four main themes and several key factors that NICU nurses should aim to apply in their practice.

3

Immigrant parents' experiences of communicating with healthcare professionals at the neonatal unit

Katarina Patriksson RN, PhD, Senior lecture
University West, 46132 Trollhättan, Sweden

Background: Parent's ability to actively participate in their child's care is dependent on the healthcare professional's ability to communicate and support them in caring activities

Objectives: To examine parents' experiences of communication with healthcare professionals when language barriers are present.

Method: Twenty interviews were conducted with families who spoke Arabic and had a child who had been cared for at one of five neonatal care units in western Sweden. The same interpreter was used in all interviews, regardless of hospital site. The interviews were analysed using a phenomenological hermeneutic approach.

Results: The main theme, having the opportunity to exercise one's parental role, included four themes encountering emotional warmth, parents experiencing emotional warmth from the healthcare professional. Feeling accepted, parents expressed a desire to make themselves understood and communicated with the healthcare professional through an interpreter. Encountering a lack of understanding, when communication between parents and a healthcare professional could only occur through an interpreter, there was a risk of misunderstanding. Compensating for inadequate language skills, when language barriers existed, parents had to find alternative ways to communicate.

Conclusion: It is not only language barriers that affect communication between parents and healthcare professionals; different expectations and pre-understandings are also of importance.

4

Use of community services in paediatric patients accessing accident and emergency (A&E) departments for non-urgent cases - preliminary results

Alessandra Pol RN, Paediatric Emergency Department
Bambino Gesù Children's Hospital, IRCCS

Valentina Biagioli RN, PhD Health Professions Development
Continuing Education and Research Service, Bambino Gesù Children's Hospital, IRCCS

Claudia Carlin PedRN, Health Professions Development
Continuing Education and Research Service, Bambino Gesù Children's Hospital, IRCCS,

Simone Piga, Unit of Epidemiology
Bambino Gesù Children's Hospital, IRCCS

Immacolata Dall'Oglio PedRN, MSN, Health Professions Development
Continuing Education and Research Service, Bambino Gesù Children's Hospital, IRCCS,

Introduction: Patients accessing accident and emergency (A&E) departments for non-urgent cases can cause overcrowding, which concurs to reducing quality of care, increase adverse events for delayed care and compromise clinical outcomes. Improving use of community services can reduce A&E non-urgent accesses.

Objectives: Examine the use of community services in parents of paediatric patients accessing A&E for non-urgent cases.

Methods: A cross-sectional study. A 40-item paper and pencil questionnaire was administered to parents of children aged between 3 months and 6 years who accessed the A&E for non-urgent cases from July 2018 to June 2019.

Results: Parents of 239 patients (age=2.6±1.58; male=58%) were enrolled. The most common reason for non-urgent A&E access was fever (n=104, 43.5%). Many participants consulted 'sometimes/always' the family paediatrician (n=198, 83.2%) but to 'seldom/never' (≥84%) use other health services in the community. Most parents (n=192, 82.1%) did not even know where community services were located.

Discussion: Parents accessing the A&E for non-urgent cases rarely used or were aware of community health services, with the exception of the family paediatrician's office.

Conclusions: Parents need more education on how to access community health services. So, they could be empowered to manage the most common paediatric symptoms, such as fever and skin rash, and avoid accessing A&E for non-urgent reasons.

5

Gamification for Health promotion

Anni Pakarinen, Senior researcher, Development manager
University of Turku, Department of Nursing Science & Research group “Gamification for Health promotion”, University of Turku, Finland

Introduction: Gamification has shown to engage and motivate users, increase knowledge and skills, and facilitate health behavior changes. During 2013, a group of researchers from University of Turku, began to explore the possibilities of gamification in health promotion. Since then, several gamified interventions have been developed.

Objectives: We aim to develop and evaluate gamified interventions for children, adolescents, families and professionals.

Methods: The development process is iterative and follows rigorously user centered design principles. Usability, feasibility and effectiveness of the interventions are evaluated from the perspective of the users, contexts and outcomes.

Results: Currently, five different gamified projects are ongoing. EmpowerKids is mobile assisted intervention aiming to empower children to make healthy choices. Fume is mobile game intervention aiming to support pre-adolescents’ tobacco-free life. Movenator is mobile game intervention aiming to promote pre-adolescents’ physical activity. Dreamcatcher is mobile game intervention aiming to reduce anxiety of preschoolers before anesthesia. StepApp is mobile assisted intervention aiming to support the wellbeing and relationships of stepfamilies.

Discussion: Since gamification is a growing area in health care, many new gamified projects are established. Lessons learned and findings from our studies may help other research groups in planning and implementing gamified interventions.

6

Evaluation on the effect of educational practice with cartoons on disease management in children with asthma: a randomized controlled study

Aylin Akça Sümengen

Ayşe Ferda Ocağcı

Objective: The aim of this study is to determine the effect of the education program (HPPCA - Health Promotion Program for Children with Asthma), which was developed by using

cartoons and comic based on the health promotion model and brain-based learning theories, on disease control and life quality in children with asthma.

Materials and Methods: The sample of the study consisted of 74 children between the ages of 7 and 11 in Istanbul. Children were randomly assigned to the experimental and control groups. After the HPPCA education administered only to the experimental group, both groups were administered two post-tests as a follow-up in the 1st and 3rd months. The data were evaluated using statistical parametric tests.

Results: In the study, the asthma control and quality of life scores of the children included in the experimental group in the follow-ups were found to be significantly higher compared to the control group ($p < .05$). The rate of absenteeism decreased significantly in children, who received HPPCA education, at the first follow-up compared to the children, who did not receive the education ($p < .05$).

Practice Implications: In the present study, it can be argued that the HPPCA education, which was designed based on a model aimed at promoting health and supported by cartoons in a way to attract the attention of children, was effective. HPPCA was proven to create a sense of control over asthma and to improve the quality of life in children.

7

Parents' experience when their child diagnosed with cystic fibrosis at newborn screening

Pia Bonde Nielsen, Staff Development Nurse
Aarhus University Hospital, Department of Paediatrics and Adolescent Medicine - Unit for Research and Development Nursing for Children and Young People

Introduction: Cystic fibrosis (CF) is a chronic, serious and life-threatening disease. Since May 2016, screening for CF has been part of the newborn screening program in Denmark. This has led to a fundamental different patient continuity of care, as the parents now get the positive result for the screening by telephone, while the newborn child seems healthy.

Objective: The aim of this study was to gain knowledge about the parents' experiences with the everyday-life after having a child diagnosed with CF.

Methods: The study takes a phenomenological-hermeneutical approach. Semi-structured interviews with parents to 17 newborn children were conducted and narrative analysis was used.

Results: The analysis revealed five themes: Getting the diagnosis; the first meeting and the relationship with the cystic fibrosis specialist team; the families new everyday live after the diagnosis and the parents' anxiety and concern for the child's future.

Discussion: The cystic fibrosis specialist team has fundamental importance for the parental ability to accept and cope with the diagnosis and the new living conditions. In a health care

system under pressure with shorter and shorter contacts, it is important to know which elements are particularly important for the parents.

Conclusions: This study has highlighted some important elements that healthcare professionals need to have focus on in the new patient continuity care for children with cystic fibrosis.

8

Clinical Profile and Outcomes of Children with Congenital Heart Defect Admitted to Adult Intensive Care Units in Iceland

Olof Kristjansdottir, post-doctoral fellow
University of Iceland

Gudrun Kristjansdottir, professor
University of Iceland

Gunnhildur Vidarsdottir, BS student
University of Iceland

The number and survivorship of children born with congenital heart defects (CHD) is rising. Inevitably the allocation of health care resources including complex intensive care unit (ICU) care, will grow. There is a need for baseline data for quality care parameters and monitoring progresses in assisting future ICU care services and space for this vulnerable group. The aim of this study was to comprehensively describes and explore the clinical profile and outcomes of children with CHD who are admitted to adult ICU (AICU) in Iceland. A nationwide retrospective chart review for all children diagnosed with CHD and are admitted to AICU in Iceland, between 2011-2018, was conducted. Twenty-four (63%) of the 38 reviewed patient charts were < 3 years old, and 22 (58%) were female. Twenty-one (55%) were diagnosed with atrial septal defect (ASD), and 19 (50%) admissions were acute. The mean length of stay was 4.5 days and the mean disease severity at admission (PRISM score) was 10.4. PRISM score was highest for patients that died (M=22.5) and those admitted for \geq 48 hours (M=16). Four (10.5%) patients died. This study provides a unique nationwide overview of AICU admissions of children diagnosed with CHD. Compared with Icelandic studies analyzing all children admitted to AICU, our results suggest that children with CHD have longer AICU stay, are more severely ill at admission, and have higher mortality rates. This is partially supported by studies using pediatric and neonatal ICU data.

Self-care in paediatric patients living with chronic disease: a systematic literature review of conceptual models

Claudia Carlin, PedRN,
Health Professions Development, Continuing Education and Research Service, Bambino
Gesù Children's Hospital, IRCCS,

Giulia Gasperini, RN, MSN, PhD student
Department of Biomedicine and Prevention, University of Rome Tor Vergata

Valentina Biagioli, RN, MSN, PhD
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Emanuela Tiozzo, PedRN, MSN,
Health Professions Development, Continuing Education and Research Service, Bambino
Gesù Children's Hospital, IRCCS,

Immacolata Dall'Oglio PedRN, MSN, PhD
Health Professions Development, Continuing Education and Research Service, Bambino
Gesù Children's Hospital, IRCCS, in collaboration with:
Self-care in Pediatrics Study Group, Italy

Introduction: To improve outcomes in Children and Young Adults (CYA) living with Chronic Disease (CD), it is important to promote self-care through education and support. A comprehensive review of frameworks about self-care in CYA affected by CD is lacking. This study aims to review papers describing theories or conceptual models of self-care in the context of CYA affected by CD.

Methods: A systematic review of the literature was undertaken. PubMed, Scopus, Cochrane Library, CINAHL, EMBASE, Web of Science, Joanna Briggs Institute, PsycINFO and PsycARTICLES were searched in July 2019. The review included all types of peer-reviewed papers with no limits of time and language.

Results: Out of 2,674 records, 17 papers met the inclusion criteria. Of these, 6 had the main aim to describe a theory or a model of self-care, self-management or similar concepts. Another 6 papers aimed to develop or to revise pre-existent models or theories. Five papers had other aims, not primarily connected with the illustration of a model or a theory. Included papers had study samples of children with different types of CD: Type 1 Diabetes, Chronic pain, Conversion disorder, Dwarfism or other.

Discussion and Conclusions: This review sheds light on theories and models that describe self-care in CYA patients living with chronic disease. We developed an overall model considering a shift of agency from the family to the patient as the main actor of the self-management process of the chronic disease.

Monitoring of micturition and bladder volumes can replace routine indwelling urinary catheters in children receiving intravenous opioids: a prospective cohort study

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Introduction: Great variation exists in the routine placement or maintenance of indwelling urinary catheters in children receiving intravenous (IV) opioids.

Objectives: To evaluate the incidence, risk factors and the time to event of urinary retention in children receiving IV opioids.

Methods: Prospective observational cohort study. Urinary retention was confirmed with ultrasound scans.

Results: In total, 207 opioid episodes were evaluated, of which 199 (96.1%) concerned morphine, in 187 children admitted to the pediatric ward or pediatric intensive care unit. The median age was 7.6 years (IQR 0.9–13.8), and 123 (59.4%) were male. The incidence of urinary retention was 31/207 (15.0%) opioid episodes, in which 14/32 (43.8%) patients received sedation for mechanical ventilation and 17/175 (9.7%) received no sedation. Multivariable logistic regression analysis showed a significant association with sedation (OR 6.8, 95% CI 2.7–17.4, p 0.001) and highest daily fluid intake (OR 0.8 per 10% deviation of normal intake, 95% CI 0.7–0.9, p 0.01). Opioid dosage, age and gender were not significantly associated. The median time to event was 9.0 h (IQR 7.1–13.3) since the initiation of IV opioids. Most events (28/31, 90.3%) occurred within the first 24 h.

Discussion: Strengths: size of the study population and confirmatory ultrasound scans. Limitations: due the low incidence of urinary retention, we were limited to a multivariable analysis of three variables.

Conclusions: The incidence of urinary retention in children receiving intravenous opioids is low, indicating that placement of maintenance of urinary catheters is not routinely necessary

in these patients. However, micturition and bladder volumes must be monitored, especially in sedated children and during the first 24 h of opioid administration.

11

Adolescents' use of alcohol and related responsibilities – qualitative interview study

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Background: Research focusing on responsibilities in adolescents' use of alcohol is scarce although the knowledge could be useful in supporting them in their responsibilities.

Aim: To describe adolescents' perceptions and experiences of their use of alcohol and related responsibilities.

Design and methods: This study used a qualitative descriptive method carrying out 19 semi-structured focus group interviews (n=87) with adolescents aged 14–16 years in Finland in 2017. The data was analysed using inductive content analysis.

Results: Responsibilities referred to adolescents' taking care of themselves, involving in peers' alcohol use and skills for considered, moderate and self-controlled drinking. Considerations of benefits and disadvantages of alcohol use included in growing towards responsible citizens. Adolescents emphasized parental involvement as the main responsibility when parents' take care of adolescents, that could be missing in some cases. Characteristics of successful and ineffective support for adolescents' use of alcohol were described.

Discussion: The findings provide adolescents' perspectives to increase understanding about their alcohol use and related responsibilities for preventive health services. The perceptions of parents' disregard for adolescents' alcohol use, and the ways to support adolescents in their responsibilities require further attention.

Conclusion: Future research in alcohol use and related responsibilities to improve adolescents' health is recommended.

12

Influence of education programs on children's sleep: an integrative review

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Introduction: Sleep is a determinant of health in children but the number of hours of sleep identified each day is less than the recommended. Obtaining tools is essential to develop a specific intervention to prevent sleep deprivation in children.

Objectives: To identify in the literature the influence of educational sleep programs on the sleep of children.

Methods: Integrative review study, through research in the Pubmed® database and in the database aggregator EBSCOhost® to answer the guiding question: What is the influence of educational sleep programs on children's sleep?

Results: The steps of the PRISMA model were followed, meeting the inclusion criteria. 93 articles were selected and, after reading the title and abstract, as well as identifying the answer to the guiding question, the final sample included 8 articles.

Discussion: In view of the results of the studies, education programs can be an effective intervention in the sleep of children and should be valued as a strategy to promote healthy sleep in children.

Conclusions: Sleep should be seen as a determining factor in the health of children and adolescents, thus making it essential to encourage health professionals to develop, for example, educational programs to address this issue.

13

Elderly people in children's voices: the first steps towards intergenerational care

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Introduction: According to Universal Declaration of Human Rights, it is crucial to prepare child for an individual life in society based on values like dignity, tolerance and solidarity.

Given the global trend of aging countries it is important to know the children's perceptions about aging.

Objectives: Collect children's perceptions of the elderly and aging and promote reflection among nursing students about intergenerational care.

Methods: The students were invited to ask a child "What does it mean for you to grow old and/to be old? These speeches were presented respecting ethical principles.

Results: The children's speeches were analyzed from the perspective of child development and social representations. Students reflected on nurse's role face of intervention with children and elderly people.

Discussion: It was identified positive and less positive perceptions about aging, as well as established links with relevant topics, which deserve further study.

Conclusions: The aging of the population is a fact and that should be worked with children, involving them, increasing their sensitivity and bringing together generations whose coexistence could bring many benefits. Working these topics with nursing students, promote their reflection and involvement in a global issue, where nurses can become the facilitators of intergenerational care.

14

Parents' presence during induction of anaesthesia

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Introduction: Child's admission to the hospital for surgery is a potentially traumatic experience for both child and parents. The most common reactions are fear, pain, anxiety.

Aim: This review aims to investigate the research evidence about the necessity of parents' presence during induction of anaesthesia.

Methods: Pubmed/Medline, Cochrane Library and Scopus were used. Key word combinations of 'postoperative anxiety', 'pediatric surgery' and 'parent presence' were applied.

Results: Children and parents experienced less stress in the waiting room when they have received appropriate information in comparison with those who haven't. Parental presence when introducing children to anaesthesia is an approach that can replace pre-medication. Parental presence seems to decrease significantly children's and parents' stress. Furthermore, studies have shown that parental presence contributes to maternal satisfaction and provides a framework of safety. Lately, researchers have shifted their focus on individual factors around parental presence such as the quality and duration of parental presence in preparing children and what parents can really do rather than just being or not during anaesthesia. Parental presence alone has been found to be effective in selected cases related to age levels and onset of child and parenting stress.

Conclusions: Parents' presence within a preoperative context is beneficial for children and parents' stress reduction.

15

CLS-IT - communication and language screening in infants and toddlers

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Introduction: In paediatric settings, physicians and nurses perform physical examinations on infants and toddlers as a routine. However, the assessment of language and communicative skills is not always foregone as well.

Objectives: This work aims to introduce a time-efficient and easy to administrate by Paediatric Nurse Practitioners screening protocol for Communication and Language skills in Infants and Toddlers (CLS-IT).

Methods: The protocol consists of two tools, exploring lexical and communicative skills: the Italian adaptation of the MacArthur-Bates CDI (Caselli et al. 2015) and the ASCB questionnaire (Bonifacio et al. 2013).

Results: The procedure could enable an higher level of interaction with the patients and a chance to intercept earlier any linguistic and communication impairments. We will present the first results of the pilot study.

Discussion: At the time of the first admission you should collect as much information as possible about the child and caregivers, also concerning his cognitive, linguistic, communicative and social skills to increase the appropriateness and sustainability of clinical interventions, and a great opportunity to optimize resources in a time of financial crisis.

Conclusions: An appropriate reception of the children and their families by the health team is at the basis of the process of taking charge. The interaction among the various professionals is therefore indispensable.

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Digital nursing for care and first discharge in pediatric oncohematology: development of an APP

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Introduction: Children with neoplastic disease and their caregivers must face a difficult clinical pathway which causes anxiety and difficulties. In order to help families to deal with

this situation, the Oncohematology department of Regina Margherita Children's Hospital in Turin(Italy) already offers booklets, in line with the evidences.

Objective: Development of an APP to welcome and inform caregivers and patients related to the above mentioned department.

Methods: After an analysis of literature, a multidisciplinary work group was created to define the study's target population, contents, sources, application methods and followed the development of the APP step by step.

Results: The application has been developed containing the predefined contents. The group realized the following sections: information and reception, drug therapy, calendar and symptomatology monitoring, notes. It is possible to change languages and find links to the contacts of the Hospital and to reliable sites of consultation.

Discussion: The app can bring many benefits: quickly and safe informations; optimization in adherence to therapy and quality of life; improvement of the symptoms; stimulation of reflection; greater responsibility and involvement of one's disease; encouragement of children self-care and achievement of goals.

Conclusion: By the APP use, nurses will be able to provide better assistance to families, with a positive impact on the social recognition of nursing profession.

17

Sexual and gender diversity in adolescence: The development of a conceptual model to support secondary school nursing

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Sexual and gender minority (LGBTQ+) youth are still an invisible group in healthcare. Secondary school nursing is a healthcare service that can support the development of adolescents' sexuality and gender. However, research around school nursing is scarce, and

more research is needed about how discussion of sexual and gender diversity can be conducted between LGBTQ+ youth and school nurse. The purpose of the doctoral thesis is to develop a conceptual model about discussion of sexual and gender diversity between LGBTQ+ youth and secondary school nurse. The thesis consists of four sub-studies with qualitative methods; integrative review, qualitative survey, focus group interview, and action research. Current results show there is limited research about LGBTQ+ youth in healthcare, LGBTQ+ youth saw secondary school nurse as a supportive adult and an information source, but their needs were not always recognized. Sexual and gender diversity is still somewhat unrecognized in healthcare, including secondary school nursing. LGBTQ+ youth are seeking support and information from secondary school nurses, but engagement with school nurses is not always happening ideally. School nurses need more knowledge and skills to discuss sexual and gender diversity with LGBTQ+ youth to support their development. School nursing as a significant health service for adolescents needs to be developed into more inclusive about the development of sexuality and gender identity to offer high-quality care.

18

Tripartite Hermeneutic Education – An empirical response to paediatric medication errors

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Introduction: Robust clinical governance measures consistently recorded high percentage of reported incidents related to paediatric medication errors in our department. This is in line with published evidence of increasing number of harmful incidents to patients through medication errors involving both prescription and administration errors.

Objectives: A novel tripartite alliance was formed between Medicine, Nursing and Pharmacology aimed to decrease medication errors.

Methods: PDSA audit cycle recorded the number, nature and severity of reported medication errors within the department. Errors were graded into categories as per the EQUIP study model. An education package was introduced, where all junior doctors were asked to complete an online module. Nursing competency packages were initiated and the Lead Pharmacist established a new education tool advocated by Meds IQ called ‘Druggles.’ A repeat audit was undertaken following the interventions.

Results: Compared with the pre-intervention data, where 89.3% of admitted patients had been subjected to errors, this value decreased to 12.1% after the intervention, with an estimated error

reduction of 77.2%. There was a comparative 51.3% decrease in significant errors and a complete elimination of serious and potentially lethal errors.

Discussion: The inter-professional tripartite alliance, coupled with the adoption of a “zero-tolerance to errors” policy, have contributed to the success of our programme.

Conclusion: Hermeneutics facilitate the study of human phenomena within the cultural background it occurs. These principles have enabled the success of this project that can be implemented in other areas of multi-disciplinary working.

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Nurses’ perceptions of neonates’ procedural pain alleviation with non-pharmacological methods and parental guidance in Estonian hospitals

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Introduction: Painful procedures on neonates are often identified as the most distressing components of medical care for them and their parents. Procedural pain in neonates can be controlled by non-pharmacological methods what refers to short impact methods as change of treatment environments or psychological, cognitive and behavioural strategies to relieve. The weakness in neonates pain care is that nurses have limited initiatives to teach and encourage parents to be involved in the pain care.

The purpose of this study was to describe what kind of non-pharmacological methods do nurses use and how they involve parents when alleviating neonates’ procedural pain.

Method: A descriptive cross-sectional survey study was conducted in 2019 among of all nurses (N = 149) who are working in the neonatal and infant medicine or NICUs in the four Estonian hospitals. The response rate was 75% and data was analysed by statistical methods.

Results: The most useful non-pharmacological pain alleviation methods were behavioural changes as touching and positioning infants, and the rarely used methods were the use of music, encouraging mothers for breastfeeding and parents for kangaroo care. The nurses' age and work experience was greatly related to the counselling of parents. Nurses reported that they ask parents to go elsewhere during the painful procedure.

Discussion: Nurse's guide parents to use the same non-pharmacological pain evaluating methods that they self-use on daily care. That may increase parental involvement but may be based on nurse's needs not infant and parent's needs.

Conclusion: The focus has to be set on nurses' attitudes and habits in engaging parents in non-pharmacological pain alleviation. Therefore educational interventions for nurses are needed in order to improve pain management practice.

20

Nurse and Moral Distress in NICU: An Italian Study

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Introduction: Moral Distress (MD) is a psychological disorder that occurs when healthcare professionals are aware of what is the right decision to make but they cannot make it due to external reasons. MD is associated with staff turnover and to professionals' health problems, feelings of frustration, anger and sense of guilt.

Aim: To evaluate the frequency and intensity of MD among nurses working in Neonatal Intensive Care Units (NICU), as well as to investigate potential associations between MD level and professionals' features.

Methods: The survey was conducted in four Italian NICUs placed in Piedmont. A convenience sample of nurses participated in the survey. Frequency, intensity and MD level were evaluated using the Italian version of Moral Distress Scale Neonatal-Pediatric Version (MDSNPV). Socio-demographic data were collected with a questionnaire. Kruskal Wallis test was used for analysis, statistical significance was set at $\alpha=0.05$.

Results: A total of 86 nurses participated in the survey. Most of the participants were women. The overall MD intensity mean score was 2.91 (range 0-4) while the overall MD frequency mean score was 2.23 (range 0-4). Significant associations between MD level and length of service in NICU ($p 0,033$) advanced nursing training ($p 0,039$) and leaving job ($p 0.0023$) were found.

Discussion: The clinical items receiving the highest scores for frequency, intensity and MD level concerned the end of life care, resuscitation, initiation of extensive life-saving action, in according to the other studies in the literature.

Conclusion: The survey contribute to the understanding of MD in Italian NICU. The future goal will be to contain MD for psychological and physical wellness of nurses.

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Preventing medical device related pressure ulcers in PICU: the “grief”

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Introduction: Pressure ulcers in unusual locations are generally caused by medical devices, defined by NPUAP in 2016. The risk of developing a pressure injury is increased in ICU and patients with devices have a 2.4 times higher risk.

Objectives: to demonstrate that the use of the GRIEF can reduce incidence and prevalence of medical device related pressure ulcers(MDRPU) in PICU.

Methods: the GRIEF was developed, to be used by nurses during the daily care. Each letter worked as part of a check list: G= size of device R= rotating locations of mobile devices I= inspecting the skin E= skin elasticity F= fixing the device. It's an observational study, included 62 patients for the pre stage and 52 patients for the post stage, age 0 to 10 years, hospitalized in ICU in a time frame between 48 hours and 30 days.

Results: During pre-phase, the incidence of MDRPU was 58.1%; during the post-phase was 30.8%. The used of the tool's items was analyzed.

Discussion: there was 27.3% reduction of the incidence of MDRPU in the post-phase and also a reduction of the maximum injury stage registered. There has also been an high usage of the tool.

Conclusions: in our experience the use of the GRIEF is able to reduce the incidence of MDRPU in PICU.

22

Skin microbiome

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Introduction: Skin microbiome is an invisible ecosystem of living microorganisms that is an integral part of the surface of the skin. Its balance is essential to our skin health.

Objectives: There are skin conditions like atopic dermatitis, acne, psoriasis and eczema, when skin microbiome is less abundant, causing life quality degradation both in kids and adults.

Methods: The first microbes have been described in mid-1600s, following the research in 1800s finding the connection between microbes and diseases. DNA sequencing becomes available in 1900s, allowing the studying of microbes that cannot be cultured. The scientific work continues in the 21st century.

Results: In healthy skin, the microbiome protects from pathogens and is an actor of the immune response. Clear disruption of microbial balance is linked to inappropriate immune response and the skin symptoms are proven scientifically. Missing function of the skin microbiota is responsible for the development of exacerbated skin inflammation.

Discussion: The functional role played by the skin microbiome is now well established. These microorganisms aren't just bystanders when it comes to our skin health, they play a major role. Studies have shown that the microbiome has multiple functions: it regulates, affects our immune and inflammatory systems, interacts with skin cells, protects and repairs.

Conclusions: The skin microbiome is key to the health of our skin, as it can perform multiple functions and interact with our skin in various ways.

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Quality of life of children and adolescents with cystic fibrosis

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Introduction: Cystic fibrosis is the most common fatal genetic disease among white race characterized by generalized dysfunction of exocrine glands. Patients suffer from progressively worsening symptoms, from respiratory and digestive system mainly, affecting their quality of life.

Aim: Study aim was quality of life evaluation in children and adolescents with cystic fibrosis. Factors that may affect quality of life was studied as well.

Methods: The study conducted in Children Hospital's Cystic Fibrosis Department in Athens, Greece. Cystic Fibrosis Questionnaire – Related Quality of Life instrument was used in children and adolescents up to 17 years of age.

Results: 71 children and 35 adolescents with cystic fibrosis were questioned. There was a strong correlation between age and treatment constraints ($p < 0.001$), eating disturbances ($p = 0.01$), social limitations ($p = 0.002$) and emotional state ($p = 0.003$) in age group 6-11 years old. Statistical significance was found between age and physical functioning ($p = 0.035$) for the same group. Significance was found between age and role limitations/school performance among adolescents ($p = 0.02$).

Conclusions: Quality of life in children and adolescents with cystic fibrosis is impaired due to the complexity and chronicity of the disease. Factors which affect quality of life in different group ages should be considered by multidisciplinary teams aiming at the best possible outcomes of these patients.

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Nursing students and child health promotion: a pre-post intervention study about hand hygiene in a primary school in Rome (Italy)

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Introduction: Cleaning hands at the right times and in the right way can prevent infections. Hand hygiene have a strong impact on individual and community health. Child health promotion is crucial to establish healthy habits in the present and future community. Nursing students could be good healthy habits promoters for children.

Objectives: Teaching handwashing technique to primary school children.

Methods: Second-year nursing students conducted a “pre-post” study to investigate children’s hand hygiene habits and teach them the handwashing technique with posters, practical session and a movement song. Parents gave their authorization. Anonymous structured pre-post questionnaires were administered.

Results: 71 children (mean age 8 ys, $SD\pm 1.40$, range 6-10 ys) were involved, 57% males and 43% females. Children wash their hands about 5 times/day ($SD\pm 2.56$), 69% before eating, 69% after using toilets and 87% dry their hands. 82% of them knew handwashing as infection prevention, only 31% the 1-minute handwashing with soap and water recommendation and nobody the handwashing technique. After the intervention, knowledge improved about infection prevention (93%), the 1-minute handwashing recommendation (90%) and the correct technique (40%).

Discussion: Information about handwashing was poor but after the intervention knowledge were improved.

Conclusions: Hand hygiene habits need to be enforced and nursing students could contribute effectively in promoting these healthy habits in childhood.

POSTER SESSION

Intramuscular Injection procedure in children for safer care: an integrative review

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Introduction: The intramuscular injection is one of the more often techniques practiced by nurses. However, the technique differs and needs to be compared with the scientific literature. Nursing education should take that into account to promote knowledge and better and safer care.

Objectives: Identify in the literature the peculiarities of the intramuscular injection technique in children.

Methods: Integrative review of the literature on electronic platforms, B-on and ResearchGate®, to answer to the question: What is the most correct and safe procedure for giving intramuscular injection to children?

Results: 6 articles were analysed; evaluation grids of Joanna Briggs Institute were applied. The results were grouped into four categories: Selection of the needle; local administration; Volume to be administered; Peculiarities for paediatric care.

Discussion: The gauge of the needle, the maximum volume to be administered depending on the muscle and the muscle to be selected for intramuscular injection vary according to the age group.

Conclusions: Intramuscular injection in paediatric care has divergences in its specificities in different age groups. However more scientific evidence is needed, the results helps to clarify aspects that nurses should be aware and recommendations should be taught in health schools to ensure safety in intramuscular injection in paediatric age.

Hearing the voices of children and young people

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Introduction: The focus of patient-reported experience measures (PREM) has been on adult patients although a considerable number of children and young people are hospitalised. Healthcare systems in both Denmark and abroad are focused on meeting and acknowledging the needs of children and young people. According to the UN Children's Rights Convention, children have the right to be heard and to exercise their freedom of speech. The voice of this patient group is important to have a welcoming, safe and dynamic healthcare system with improved quality for children and young people. There is a lack of tools enabling children and young people in an outpatient clinic to express their unique knowledge and experiences with the healthcare system.

Objectives: To translate and validate PREM developed at Great Ormond Street Hospital for Children into Danish and adapt it to a Danish context to give a voice to children and young people.

Methods: The translation process will follow the recommendations by WHO with forward translation, expert panel evaluation, back translation, pre-testing and cognitive interviewing of 23 children and young people.

Results: We are currently analysing the interview data.

Discussion: The voice of children and young people are important and PREM will contribute with new knowledge and identify efforts to improve the quality of services to outpatient children and young people.

Conclusions: The final conclusion will be available before the conference.

3

Niceology: An Online Course

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Introduction: Globally, the prevalence of mental health disorders can be as high as 25%. Students with behavioral problems may be apathetic or angry resulting in their avoidance of schoolwork because of a history of trauma. Approximately one-half of children in school have experienced some kind of trauma. Children are subjected to a variety of stressors, many of which reflect types of hurtful interaction. A call for action is needed. The purpose of this educational intervention is to offer teachers a training workshop to offset the climate of toxic stress.

Objective: The deleterious mental health outcomes that stem from bullying contribute to both suicide and psychopathology. The need to promote psychological self-care justifies undertaking such learning. Consistent with Abraham Maslow's (1986) characterization of self-actualizing people, kindness and fairness are presented as essential to the reliable, healthy acquisition of ableness and closeness—the basic psychological needs of everyone. Moreover, kindness and fairness are put forth as undeniable ways of lessening and healing losses that can weaken and distort self-worth. The theorists, Alfred Adler, Carl Rogers, and Lawrence Kohlberg, are especially salient in understanding psychological concepts. Lastly, cognitive theorists and researchers have provided the groundwork for the perspective-shaping strategies advocated. Participants are encouraged to explore the critical thinking skills integral to a cognitive-behavioral approach.

Methods: The proposal will include a purposive sample of teachers. The proposal will explore teachers' perspectives on mental health education. The knowledge gleaned can possibly contribute to the wellbeing of students by providing information into how school teachers perceive mental health education.

Results: The results may increase teachers' confidence in understanding basic mental health education. It may contribute to a better appreciation for the need for ongoing self-care.

Conclusion: There is a call to action to improve upon mental health education. Although school professionals appreciate the need to develop and implement mental health lessons, many understandably feel inadequately prepared to do so. There is a need for training that identifies reasonable expectations, relatable knowledge, practical skills, and accessible resources. The learning strategies offered in the online course are applicable to everyone. Because educators providing the self-care strategies reviewed are repeatedly exposed to these strategies, they usually also benefit. They may, for example, become less susceptible to burn out.

Simulation as a learning strategy for nursing students

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Introduction: Nursing simulation is a learning strategy that allows students to anticipate or amplify real situations with guided experiences, and to gain technical skills, develop critical thinking as well as clinical judgment.

Objectives: Evaluate simulation as an effective and valid teaching tool for nursing students.

Methods: A narrative literature review was conducted to investigate its educational characteristics.

Results: 18 articles were selected to explore psychological aspect of simulation, multidisciplinary team collaboration, the role of briefing/debriefing, high vs low fidelity simulation, and the role of tutor.

Discussion: Simulation offers students opportunities to learn technical skills, gain confidence in nursing procedures and organize their work. It also helps students not only to use critical thinking, develop problem solving and decision-making skills in complex situations but also to manage and recognize their emotions. Furthermore, students can learn both multidisciplinary collaboration and teamwork. Finally, debriefing represents the experiential learning moment where students could be enriched with a new experience.

Conclusions: Simulation can be considered a valid strategy for improving nursing practice especially to reduce the numerous and increasingly declared clinical errors in healthcare due to the human factor. For this reason, universities should offer nursing students a training path that includes simulation.

The Effect of Childhood Traumatic Life on Parenting Attitudes

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Introduction: Insight regarding the growth of the individual is an important factor in understanding the development of beliefs about parenting attitudes.

Objective: The aim of this study; to investigate parental attitudes of mothers with traumatic experiences in terms of childhood abuse.

Methods: This descriptive study was conducted with 355 mothers who had children in primary school. Research data: Personal Data Collection Form, Childhood Trauma Scale and Parenting Styles and Dimensions Questionnaire were collected with three forms. The data were evaluated with Independent t test, Kruskal-Wallis H test, ANOVA and correlation analysis.

Results: The difference between the family type and the mothers' parenting attitudes was statistically significant ($p = .025$). It was found that there was a negative, moderate and significant relationship between the mean scores of childhood traumas and the Competent Parenting Styles ($r = -0.37$, $p < .05$).

Discussion: As in our study, there are studies showing that parents who have traumatic experiences in childhood are more abused. The results of the studies indicate that the parent who is subjected to violence in their childhood applies the same things to their children.

Conclusions: The traumatic experiences that are exposed in childhood leave deep traces in the child and may negatively affect mental health and parenting attitudes. Appropriate counselling and, if necessary, appropriate treatment should be provided to individuals found to be traumatized.

Factors which affect quality of life of Emergency Department nurses: A review

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Introduction: Quality of care provided is largely depend on quality of life of working nurses. In Emergency Department (ED) where the working conditions are stressful, nurses' quality of life is impaired.

Aim: Aim of this review was the investigation of the factors which affect the quality of life of ED nurses.

Methods: Pubmed/Medline, Cochrane Library and Scopus were used. Key word combinations of 'Emergency Department', 'sleep', 'fatigue', 'quality of life' and 'nurses' were applied.

Results: Nurses' quality of life is defined as the situation where nurses can meet many personal needs through their clinical experience thus achieving better organization and effective goals in their work. Nurses who work in ED show severe physical fatigue and psychological exhaustion. The major parameters which affect ED nurses' quality of life is lack of sleep in combination with the demanding heavy workload. Controversy studies have shown that ED nurses have higher quality of life in comparison with other nurses due to patients' support and direct psychological reward.

Conclusions: More studies should be conducted in order to understand how ED nurses' quality of life is affected and which meters should be accordingly taken to improve ED working conditions and raise quality of life of ED nurses.

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Information needs of parents of children with primary diagnosis of hearing loss – a qualitative study

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Introduction: Parents awareness about hearing loss helps to ensure the well-being of the child. The information needs of parents of children with primary diagnosis of hearing loss have not been studied in Estonia and studies carried out in other countries may not be applicable because of the differences in health care systems and cultural context.

Objectives: The aim of this study was to describe the information needs of parents of children with primary diagnosis of hearing loss.

Methods: Individual semi-structured interviews were conducted with 8 parents of children with a primary diagnosis of hearing loss in 11.2019-03.2020. Thematic content analysis was used to analyse the data.

Results: Parents needed information about the type, level, cause and prognosis of the hearing loss. They wished to obtain information from healthcare specialists and to receive peer support. Parents wanted to obtain information via e-mail, over the phone, from digital health records, Facebook, Internet, hospital intranet and information leaflets.

Discussion and Conclusions: Similar to our results, previous studies have shown that parents of children with a primary diagnosis of hearing loss need more information about the condition. Information should be given by a specialist who is competent to do it. Parents may also need emotional support and therefore should be informed about the opportunity to turn to a psychologist and to get peer support.

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Pediatric Resuscitative Endovascular Balloon Occlusion of the Aorta (REBOA)

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Introduction, objectives: Trauma is the leading cause of death among children worldwide. Resuscitative endovascular balloon occlusion of the aorta (REBOA) is a minimally invasive

method of hemorrhage control and is becoming more widespread in adult trauma. There are conflicting reports regarding the benefits and dangers of REBOA and its use in pediatric trauma. The purpose of this literature review was to give an up-to-date overview of REBOA use in children.

Method: Systematic search was conducted and electronic databases were searched for terms relating to REBOA, pediatric patient, aortic balloon occlusion and trauma. Case reports and retrospective cohort studies pertaining to the use of REBOA in pediatric patients were included.

Results: 63 case reports have been published concerning REBOA use in pediatric patients. The youngest patient was 11-year old boy with traumatic hemorrhagic shock.

Discussion: The use of REBOA in pediatric patients is rare but gradually increasing. Only a few reports of REBOA use in children have been published and they are limited by a small sample size. There are many concerns regarding children's hemodynamic response to aortic occlusion and inflation volumes of the occluding balloon. Another issue with REBOA use in children is the smaller aortic diameter in comparison to adults.

Conclusion: REBOA may be a reasonable option for temporary hemodynamic stabilization in seriously injured children in the appropriate clinical setting. However, further research is needed to provide evidence of the effectiveness and safety of REBOA in children.

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Home enteral nutrition service implementation in Tartu University Children's Hospital

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Introduction: From 01.01.19 Estonian Sickness Foundation started new service, home enteral feeding service (HEN) for hospitals and outpatient departments, in case the hospital has certified enteral feeding team. Tartu University (TU) Children's Hospital enteral feeding team started from 01.06.19 covering patients from South-Estonia mostly.

Objectives: To give an overview of HEN implementation in TU Children's hospital from 01.06.19 – 31.01.20.

Methods: Overview of 23 patients (13 boys/10 girls) from 9 months till 19 years with diagnosis of malnutrition/dysphagia and nasogastric, gastrostomy or jejunostomy feeding, who started on HEN during 01.06.19- 31.01.20: weight/height gain, feeding methods, enteral nutrition choices, cooperation between enteral feeding team and caregivers.

Results: HEN protocol was created to follow patients systematically: nutrition evaluation (measurement of weight/height in dynamics); calculations of energy/nutrients need; the enteral food was chosen according to age, clinical status and special needs; feeding method was changed suitable to pediatric patients; enteral feeding-connected gastrointestinal symptoms were followed and treated; enteral feeding team taught and improved the enteral feeding knowledge of patient's caregivers.

Discussion: New HEN is very important treatment to improve nutritional status covering patient's energy and nutrients needs for optimal growth and development and to support and teach caregivers. The effectiveness of HEN depends on certified enteral feeding team in the hospital.

Conclusions: The HEN was implemented in TU Children's Hospital. Following the HEN protocol by the certified enteral feeding team improves nutrition status of malnourished patients.

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School nurses' experience in the prevention of overweight: a qualitative research in general education schools in Tartu and Tallinn

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Introduction: Overweight of school-age children is a serious public health problem. The preventive work of school nurses contributes to reducing overweight among pupils and associated health risks. School nurses should counsel pupils and parents in questions of health-related behaviour but it is not known whether they counsel pupils in terms of preventing becoming overweight.

The aim of this study was to describe the experiences of school nurses in preventing and counselling for overweight in general education schools in Tartu and Tallinn.

Method: Data were collected between September 2018 and December 2018, with 15 respondents participating in the research. The author used semi-structured interviews as the data collection method, and transcripts of interviews formed the material for the analysis. To analyse the data obtained, an inductive content analysis was carried out.

The results of the research revealed that school nurses monitor the health of pupils, counsel pupils and parents for lifestyle issues, motivating them to exercise more and teaching healthy

food choices to avoid gaining excessive weight and health problems. School nurses wish to cooperate more with teachers and expect more support from the school management when it comes to measures of overweight prevention in schools. School nurses found it to be important, during the consultation, to listen, support, encourage a pupil, while remaining helpful and friendly. As a barrier to lifestyle counselling, school nurses highlighted a lack of pupils' interest in such advising, time pressure due to the high workload of school nurses as well as a shortage of the relevant knowledge or skills that school nurses feature. School nurses experience certain difficulties in communicating with those parents who are not eager to work with a school nurse. Besides, they admitted that it is difficult to help pupils without parental involvement. Based on the results of the research, it can be concluded that cooperation between school nurses and parents is essential to prevent overweight among pupils. In the future, it is also important to study the topic further from the point of view of schoolchildren and their parents, to find out what kind of counselling they need and what kind of help they require from school, and to create comprehensive understanding and strategy for tackling the problem of overweight among school-age children.

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This Is Me – Challenging Negative Attitudes Towards Children With Feeding Tubes

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Introduction: There are several reasons why children require feeding tubes, such as neurological disorders and gastrointestinal disorders. Unfortunately many families have experienced problems with members of the public stigmatising their child with disrespectful comments and staring. Everyone has the right to be treated fairly and with dignity and respect, regardless of their age, gender, ethnic origin, sexual preference, economic status or religious beliefs (or non-beliefs). They have a right to be protected from harm or insult. (RCN Equality, Diversity and Rights).

Objectives: The objective of the project was to challenge negative attitudes by raising awareness and making an audio visual production.

Aim: The aim of the project was to challenge negative attitudes by raising awareness and making an audio visual production.

Method: 85 families were invited to be part of the project. 12 families attended and photography and filming were undertaken. Additionally families unable to attend shared photos and videos of their children; all resources were utilised alongside musical accompaniment.

Results: The video was presented at Swansea Bay's Childrens symposium, shared by the communications department and uploaded to social media. ITV evening news aired the video and interviewed several of the parents. To date these news videos have been viewed 112k times by the public. The video has received excellent feedback, and has challenged stigmatisation with education.

Conclusion: Many families have reported problems they've had in the community with people staring or saying rude things about their child due to them having a feeding tube. A video has been made to try and educate the public, showing how awesome these children are and although they have feeding tubes, they still lead normal, active lives. Children with feeding tubes should not be treated any different to any other child. Their feeding tubes are essential for their survival and these families need to be supported, not treated badly.

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Actions to implement healthcare professional research in the paediatric setting: a narrative review of the literature

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Introduction: Research implementation is slower in nursing and allied health professionals (AHPs). Several studies describe many barriers for research implementation in these professionals. This issue involves also pediatric nurses, who often face even greater barriers.

Objective: to review the literature describing interventions promoting nursing and AHPs research implementation in the pediatric setting and their outcomes.

Methods: In 2018, articles describing interventions promoting nursing and HAP research with no time limit were searched in PubMed, CINAHL, Cochrane Library, Scopus and Web of Science.

Results: Of 323 records, only 5 met the inclusion criteria. Included articles examined single or bundle interventions implemented in research or clinical studies, nurses (n. 4) and AHPs (n. 1) in the pediatric setting. Collaboration with academics, statistical and library services, creation of a hospital committee, collaboration with other centres, education and curriculum, involvement in journal clubs or competitive participation in Journal Clubs as "The Great American Cookie Experiment", ground rounds, poster presentations, participation in research

events were the most cited actions to improve knowledge and involve nurses and AHPs in research.

Conclusion: Literature highlights widely implemented actions undertaken to increase interest towards research. These could be implemented considering research as a foundation for high-quality care also in pediatric nursing.

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“The good interaction”

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Introduction: A study published by The Committee for Children in Denmark in 2017 points out, that every fifth child taking part in the study, experiences, that treatment therapy is given against the child’s free will. Children report, that staff communicates with parents, and the information offered, is not always understood by the child. Consequently Hans Christian Andersen Children’s Hospital has implemented an evidence-based approach, “The good interaction”.

Objectives: The program aims to promote, that children experience involvement, well-being and growth despite hospitalization, illness and disease. This calls for health professionals to gain advanced skills to be as qualified to interact and communicate with children, as they are trained treating the disease.

Methods: The participants receive training in the theoretical approach “The good interaction”. Video sequences, demonstrating an interaction between staff and a child in care, are analyzed and included in training. Questionnaire is used to identify staff self-efficacy concerning interaction and communication.

Results: The program contributes to increased self-efficacy among staff as to interact and communicate with children.

Discussion: The program “The good interaction” is also considered to be a tool to reduce restraint in pediatric care.

Conclusions: “The good interaction” seems to have an impact on staff’s skills to interact and communicate. Studies exploring children’s perspective are required

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Tartu basic school's second-grade teacher's opinion on beneficial and non-beneficial factors of pupils hand hygiene

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Introduction: The coronavirus spreads through the world fast infecting people in every country. It is known that the most effective way to avoid contagious diseases is proper hand washing (HW). The habit of washing hands is acquired in childhood; therefore, the education of hand hygiene should begin in primary school.

The aim: of this research was to describe Tartu basic school's second-grade teacher's opinion on beneficial and non-beneficial factors of elementary school students HW.

Materials and Methods: Research was carried out May - June 2018 in Estonia. A total 12 class teachers were interviewed using semi-structured questionnaires. Interviews were recorded and transcribed, data was analysed using the inductive content analysis method.

Results: Contributing factors and barriers to HW of 2nd grade students divided into three: HW opportunities - students wash their hands better and more thoroughly when the tap water is warm and if they have enough time. If the electric air dryers are placed very high and when they make a loud voice, the children do not want to use them; HW support, habits and training - If the HW is guided or controlled, it will be done more properly; Personal and developmental factors - HW can also be affected by a child's gender and children's developmental and personal characteristics. For example, girls and children of a calmer nature wash their hands more properly. The second-grade students are small and cannot wait long for the line to wash and dry their hands.

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Educational project dedicated to school teachers for the correct management of epileptic seizures in school-age children

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Objective: Educate the school staff to correctly handle epileptic seizure increasing the safety of young people at school and promoting the administration of emergency drugs. Reduce hospitalization in ICU for prolonged uninterrupted crises in time and revolving doors in the hospital.

Methods: Two-hour nurse training meetings with school staff dedicated to illustrating the illness and the correct handling of seizures. During meetings two questionnaires will be distributed: one ex ante for information on epilepsy, willingness to administer the drug and anxiety in facing crisis; and one ex post to control the knowledge acquired. After a year, we interviewed the trained teachers to ask them if and how they handled seizures in the school environment. A lot of data have shown increased understanding and reduction of the social stigma towards epilepsy.

Results: We have held numerous meetings in Rome and the province and we have distributed 740 questionnaires between January 2016 and November 2018. From the analysis we highlighted an increase in knowledge of correct behavior to be taken during an epileptic crisis, a reduction in anxiety by 60% post and an increase in willingness to administer drug emerged until to 90%. From interviews 17 seizure emerged and only in 2 cases was admitted.

Conclusions: Through a semi-structured interview to schools which have participated in the training, the project noticed a high efficacy by increasing the safety of children with epileptic seizures at school. Call to the emergency medical number decreased, and, as a consequence social cost lowered. Furthermore, it showed greatly reducing the revolving doors after one year of training, whit a significant increase in patients' quality of life.

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Factors affecting NREM neonatal sleep in NICUs

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Introduction: NREM sleep is the distinct stage of sleep during which essential brain functions related to neonates' neurodevelopmental outcome, take place. The multisensory environment of Neonatal Intensive Care Unit (NICU) often interrupts or inhibits neonatal NREM affecting its quality and duration.

Aim: The purpose of this study was to investigate the relation between noise and light levels in the NICU environment and NREM sleep duration.

Methods: Neonatal sleep was recorded through aEEG in three consecutive days. Recordings on the first day were under baseline conditions, the second day under sound intensity reduction, and the third day under light intensity reduction.

Results: Thirty-two neonates finally included in the study. When sound or light intensity was reduced the duration of NREM sleep increased significantly ($p < 0.001$, and $p < 0.001$, respectively). No significant statistical differences were found in REM and total sleep duration among the 3 different days.

Conclusions: Intense noise and light affect NREM sleep and may have detrimental effects on neurodevelopmental outcome of hospitalized neonates. Medical and nursing staff should be aware of the neonates' needs for adequate and good-quality sleep and implement interventions to optimize NICU environment.

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Nurses' role in using non-pharmacological methods of postoperative pain management in children

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The objective: To analyse the nurses' role in using non-pharmacological methods to reduce the postoperative pain in children and to establish what factors are likely to have impact on non-pharmacological methods' usage and parents' teaching strategies.

Methods: In this research we used the questionnaire created by Dr Tarja Pölkki. The survey was carried out in 2016. The patients of pediatric surgery units in one of the hospitals of Vilnius were examined. „Microsoft Office Excel 2007“ and „SPSS 22.0“ statistical softwares were used for data analysis.

Results: The arithmetic mean of the worst postoperative pain measured in children using pain intensity rating scales was 5,6 (SD±2,08). Nurses used various non-pharmacological methods of postoperative pain relief but physical means like regulation of the temperature or massage were used very occasionally, while transcutaneous electrical nerve stimulation (TENS) was never used at all. Two thirds of nurses (62,9 %) „always“ or „almost always“ teach children’s parents about non-pharmacological methods of the pain relief and only 3,4 % of nurses never educate parents about their child’s pain management. The major part of nursing staff (80,9 %) noted that they “always” or “almost always” try to have a talk with worried parents about their child’s postoperative period. The most frequent factors which had an impact on nurses in using non-pharmacological methods were a wish to improve their work experience, their knowledge and parents’ involvement in their child’s postoperative pain care while heavy workloads and a huge number of patients had a negative impact on using non-pharmacological means.

Conclusions: The most frequent non-pharmacological methods of postoperative pain relief used by nurses were the information giving, positioning patients in bed, helping them with daily needs and comforting worried children. Physical means to reduce postoperative pain in children were used rarely. Nurses commonly teach children’s parents to change their body position, to spend more time with their child, to help with their child’s daily needs and to draw the attention away from the pain. It was noticed that nurses aged from 45 to 59 years old, with a higher academic degree, raising at least one child by themselves or having a longer work experience more actively participated in the management of postoperative pain relief in children and in their parents’ teaching.

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Life and health quality of nurses in pediatric and adults ICU's

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Introduction: Nurses' professional satisfaction determines the quality of their professional life and affects their health status.

Objectives: Assessment of the nurses' professional satisfaction in ICUs of Greek public hospitals and its correlation with their quality of life and health.

Methods: Quantitative methodology with questionnaires (GHQ-28,IWS)

Results: Statistically significant correlations: Social dysfunction with mean working time on weekends ($\rho=0.216, p=0.03$, the latter with severe depression ($\rho=0.20, p=0.038$)) Negative correlations: Work satisfaction- general health ($\rho=-0.217, p=0.008$), anxiety/insomnia ($\rho=-0.261, p=0.001$) and social dysfunction ($\rho=-0.249, p=0.002$) Statistically significant demographic factors: Family status on social dysfunction ($H=7.223, p=0.049$), clinic on anxiety/insomnia ($U=1842, z=-2.141, p=0.03$), on social dysfunction ($U=1781.5, z=-2.443, p=0.015$), on severe depression ($U=1646, z=-3.16, p=0.002$).

Discussion: Impact of demographic factors on professional quality of life. Differences related to sex. Work satisfaction affects psychological health and social life.

Conclusions: Weak negative correlation between work satisfaction and general health. Impact of working conditions to psychological status and of demographic factors on professional quality of life. Work satisfaction prevents psychological disorders and social dysfunction.