

出國報告（出國類別：開會）

## 2019 年 ICN 國際護理大會(ICN Congress)參與報告

服務機關：衛生福利部臺北醫院

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派赴國家：新加坡

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## 摘要

2019 年 ICN 國際護理大會(ICN Congress)由新加坡護理學會(Singapore Nurses Association, SNA)主辦，於 2019 年 6 月 27 日 至 7 月 1 日為期 5 日，假新加坡濱海灣金沙會議展覽中心(Marina Bay Sands Expo and Convention Centre)舉行。本次大會主題為「超越醫療、守護健康」(Beyond Healthcare to Health)，大會活動主軸探討護理師實現全民健康覆蓋之可近性等相關議題，共有來自 121 國的 5,203 為護理人員參加。台灣護理學會在王秀紅理事長以及黃璉華教授(國際護理協會理事)的率領下，共有 418 人註冊與會，是本場年會參與人數排序第三的團體。

大會研討活動主軸探討由護理專業實踐出發，以實現全民健康覆蓋之可近性等相關議題，包括健康照護服務及影響健康的社會因子，如：教育、性別平等及貧窮等議題。大會活動採專題演講、互動式的政策咖啡館、專題討論、口頭及海報論文發表等模式運作，藉由活動過程提供護理專業人員建立專業網絡關係的平台，並分享跨專業、跨文化，以及跨國家的護理專業知識與領導實務經驗，讓護理界的專業分享地球村更為豐富與多彩。

關鍵字：國際護理大會、超越醫療、守護健康

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## 2019 年 ICN 國際護理大會(ICN Congress)會議報告

### 一、目的：

兩年一次的國際護理協會(International Council of Nurses, ICN)的年會是世界上最大型的護理研討會，也是世界各地護理人員建構護理專業交流分享與政策討論的實踐平台。本次大會主題為「超越醫療、守護健康」(Beyond Healthcare to Health)，大會活動主軸探討護理師實現全民健康覆蓋之可近性等相關議題，包括健康照護服務及影響健康的社會因子，如：教育、性別平等及貧窮等議題，參與者透過全球護理領導者的分享與討論，確定護理專業的優先事項和未來方向。在為期5日的活動中，大會為護理人員提供建立關係和傳播護理和健康相關知識的機會，讓來自全球世界各地的護理人員藉由各種活動彼此交流與新知分享，並將臨床上的專業經驗轉化為研究成果，以共同提升護理專業經驗與實力，累積更強的能量以持續為大眾健康而努力。

本人爭取此次參與機會，除了想，也有一篇研究成果獲得審核通過海報發表，在會議活動中被安排在6月30日進行研究成果海報發表，與國際間護理人員進行交流討論與分享。

### 二、過程

大會研討活動主軸探討由護理專業實踐出發，以實現全民健康覆蓋之可近性等相關議題，包括健康照護服務及影響健康的社會因子，如：教育、性別平等及貧窮等議題。大會活動採專題演講、互動式的政策咖啡館、專題討論、口頭及海報論文發表等模式運作，藉由活動過程提供護理專業人員建立專業網絡關係的平台，並分享跨專業、跨文化，以及跨國家的護理專業知識與領導實務經驗，讓護

理界的專業分享地球村更為豐富與多彩。

6月27日的開幕式活動開始前，參加人員必須以註冊完成後大會寄發的包名 **Registration Confirmation** 自行掃描barcode，印出大會名牌配戴後才得以進入會場。開幕式開始首先介紹國際護理協會的主席與理事，會中新加坡總理哈莉瑪（Halimah Yacob）也出席大會開幕式，參與這場盛大的國際護理大會。開幕活動中的重頭戲，就是來自世界各地的會員國代表身著代表服裝上台展現護理的多元文化，介紹過程中，當唱名到台灣，台灣的會員代表們高揮具有台灣特色的客家大花布圍巾高聲吶喊「台灣」，由於參與人數眾多聲音宏亮，所展現的熱情與活力獲得各國與會者的掌聲與認同，讓來自台灣護理的聲音被聽見。

6月28日至7月1日的學術活動多元又精彩，每日都有不同的主軸議題提供參加人員分享與討論。以下就這些議題進行摘錄：

- 一、**超越醫療保健與健康**：本主題強調護理在健康促進、健康識能、非傳染性疾病管理和預防上的重要性，從政策面、經濟面、社會面探究護理專業的影響力，在全球健康人力資源議題中應扮演領導的角色，將護理的觀點帶入世界衛生組織的健康人力資源策略工作計畫中，改變社區民眾、領導人、政府對護理專業的看法，強化護理專業角色。近年來護理已跳脫傳統醫療照護過程的附屬角色，強化護理在保健照顧過程中的獨立性與重要性，創造護理專業與其他專業領域的差異化與區隔。此外，守護民眾健康的願景是讓全球各地人們都能獲得高品質的照護，但前提是保障每一位護理人員均能在安全及滿意的工作環境中執行其護理專業，才能引領社會朝向更健康的未來。
- 二、**護理領導，引領發聲**：護理人員是保健照護改變的動力和健康維護的基本，提升護理專業的人力資源與關鍵性角色是護理專業永續發展的方向，鼓勵護理人員以自己的聲音推動護理專業進步，增進護理影響力和發展護理領導力。本主題強調護理領導者應有效的參與國家衛生政策發展及決策，成為衛生體系中有力的領導者及經理人，運用護理領導力引領發聲。因此，強化護理領導人定位與對於護理願景引導的不可取代性，對於培育未來適任的護理領導者的投資、支持與加入政策，也成為護理專業人才培育規劃的重點，以加速護理專業改革與提升護理專業能見度。

三、**提出護理具效益影響力的實證**：善用護理創新與實證成果，進行護理效益與成本、人力創新、病人照護成果的測量，將複雜問題簡單化以及具體化，以凸顯護理的價值。尤其，應該著重基層照護團隊以及強調以結果為導向的健康政策、提供符合民眾健康需求的健康促進教育、性別平等下的婦女職涯機會之發展等議題，以強化對護理具效益的改變與政策推動。

四、**護理人力配置與病人安全**：本主題強調健康照護資源規劃應致力於全民健康照護的可近性、專注永續的人力規劃，所以充份運用護理人員專業能力，以及投資適當經費於健康照護人員之培育是重點方向。以實證為基礎的護理人力配置觀點，提出護理人力配置與病人安全、優質照護、護理工作生活品質，以及病人照護成果的相關性，強調運用及時性資料作為實證工具和系統，提升基層健康照護人力的知能，強化並增加健康照護人力質量，支持創新的疾病預防與照護模式，重視護理人員健康與安適，讓健康專業人員在安全的工作場域中發揮其專業角色功能，致力於疾病預防與健康管理。

五、**發起對教育、性別平等、貧窮等影響健康社會因子的重視**：透由主題演講以及對女童教育基金(Girl Child Education Fund, GCEF)的基金募集的捐款活動，幫助在發展中國家因公感染愛滋病而過世之護士孤女得以回到學校，繼續接受基礎義務教育，並經由募款活動引發對性別平等議題、教育以及傳染病照護議題的重視。

六、**論文發表與分享**：除了以上的專題演講以外，每日都有各國的護理人員以口頭(Concurrent Session)、專題(Symposium)及海報(Poster)進行論文研究發表與分享，內容多元，包括多種主軸：

1.病人照護及護理實務(PATIENT CARE & NURSING PRACTICE)：

- Direct care (直接照護)
- Patient safety(病人安全)
- Health promotion & education(建康促進與教育)
- Elderly/Older people care(高齡者/老人照護)
- Mental health(心理衛生)
- Prevention & control of Infectious diseases(傳染性疾病預防與控制)
- NCDs – prevention & management(非傳染性疾–病預防與管理)
- Disasters & conflicts – preparedness & response(災難與衝突之整備與因應)
- Multidisciplinary team working(跨專業團隊合作)
- Rehabilitation(復健)

## 2. LEADERSHIP & HEALTH SYSTEMS 領導與健康照護體系

- Clinical leadership(臨床領導)
- Political leadership(政治領導)
- Policy leadership(政策領導)
- Quality improvement(品質改善)
- Models of care(照護模式)
- Role expansion & new roles(角色拓展與新角色)
- Community/primary health care(社區/基層健康照護)
- People-centred care(人本照護)
- Advanced practice進(階實務)
- Public & community engagement(公共與社區參與)
- Access & coverage(健康照護可近性與覆蓋率)
- Equality(公平)
- Ethics(倫理)• Human Rights(人權)
- Social determinants of health(健康社會因子)

## 3. 護理教育與學習(NURSING EDUCATION & LEARNING)

- Pre & Post registration education(成為註冊護理師前/後教育)
- Student + novice nurses(護生與新手護理師)
- Preceptorship(臨床教師制)
- Continuing professional development+ lifelong learning(持續性專業發展+終身學習)
- Career development(職涯發展)
- Faculty(學校護理教師)
- Innovative teaching methods(創新教學方法)
- Team-based learning以(團隊為基礎的學習)
- Interprofessional education(跨專業教育)

## 4. 護理人力(NURSING WORKFORCE)

- Pay & conditions(薪酬與工作條件)
- Working environment & workplace(工作環境與職場)
- Safe staffing(安全人力配置)
- Recruitment & retention(招募與留任)
- Health & safety(健康與安全)
- Violence & bullying(暴力與霸凌)
- Culture & diversity(文化與多元)
- Image of nursing(護理形象)

## 5. 法規(REGULATION)

- Entry to register(首次執業登錄)

- Regulating advanced practice(進階實務管理)
- Standards & competencies(標準與能力)
- Code of Ethics(倫理規範)
- Requirements for continuing practice(繼續執業之要求)
- Regulatory models(監督與管理模式)

#### 6.資訊與溝通(INFORMATION & COMMUNICATION)

- Electronic health records(電子病歷)
- Telehealth/Telemedicine(遠距醫療)
- Clinical information systems(臨床資訊系統)
- Virtual healthcare(虛擬健康照護)
- Mobile health(移動式健康照護/移動式醫療)
- Clinical terminology(臨床專業術語)
- Confidentiality, privacy & cybersecurity(保密、隱私與網路安全)
- Digital health competencies(數位健康照護能力)
- Emerging technologies(新興科技)
- Data & information(數據與資訊)

這些多元精采的護理經驗，提出許多對護理專業具有效益與影響力的實證結果，不僅可做為護理專業執行的參考，更提供了護理研究者的思維衝擊與方向參考。個個會場充分展現「護理躍動活動」(Nursing Now Campaign)的特色，藉由各篇精彩的研究與實證結果，分享有效、創新的護理經驗與實例，展現護理師的影響力，呼應了台灣護理學會號召的政府啟動(Governments Go)、鼓勵護理躍動(Nursing Now)，以達到民眾感動(People Moved)的全民健康提升目標與成效。

### 三、心得及建議

此次非常榮幸得以參加這場護理界的盛會，活動過程不時受到全球思維在地行動、多元文化、科技知能、夥伴關係、工作環境、有效影響政策、確保完善的治理、創造新角色與機會等議題所衝擊。尤其 ICN 對於各國政府對安全護理人力進行投資的呼籲，認為應該是要解決病人安全問題的優先介入措施之鑰在於提供安全的護理人力，這個重要的觀點，強調了病人安全和勞動力安全的護理人力配置水準，是維護病人安全，減少不必要醫療成本的基礎。這個方向與議題，讓我不時思維如何架構具體的想法與作為與工作實務中，以下就此提出個人心得



與建議：

**(一)將護理部門視為醫院改革的基礎部門，給予最大支持：**

現實的醫療環境中，隨著醫療保健與照護環境迅速的改變，以及醫療成本與營運績效權衡的壓力下，醫療主管必須審慎考量醫事人員運用的效益與效能，此時，員額占率比例最高的護理人員往往成為醫院降低人事成本的主要目標。許多醫院將護理人力的彈性應用作為人事成本管控的重要策略，包括緊縮護理人力、遇缺不補、以約聘雇與部份工時形式處理護理人力資源問題等等。然而，現有的證據顯示臨床護理人力配置與病人照護結果之間高度的相關性，因此建議醫院管理者採取護理人力策略時應該思維病人的照護品質與護病比之間的直接關係，鼓勵對於護理人力配置投資更多的經費與資源，促進護理師學習、領導與發展，以此保障民眾健康與降低醫療異常發生率。因此，政府應責無旁貸提升護理人員福利，改善人力配置，使護病比例更合理，職場環境更友善。相信有智慧的醫院管理者若能秉持正確的「顧客價值」及「經營品質」的認知與態度，並且堅持透過有系統的持續改善，培養組織具備因應環境變化的能力，在各種變革行動過程中，促使組織成員不斷的學習，將醫療品質內化成理念的層面的種信仰、文化層面的態度、執行層面的務實改善運作策略；讓自己所在的醫療體系，從既有之組織，蛻變為有能力挑戰更高困難度、創造更高價值的營運型態，不在只是以削減護理人力作為經營管理成本與效益平衡的法寶，以不同的信念與態度改寫醫院經營的歷史，裁示對於醫療管理改革的落實與肯定。

**(二)培育護理領導人與管理者，聘任適任護理師進入領導與決策層級：**

面對醫療體系轉變各種混沌不明的情境，管理者猶如導航羅盤，帶領員工走出困境，與員工攜手找到新契機，甚至再創新高峰，當組織成員能夠應用新思維、新觀念、新方法和新作風共同學習，激發獨特的創意與才華，將能促使組織展現更有生命力的工作氛圍與特色。護理部門是醫院營運體系最大的醫事職類，所以當醫院進行變革策略任務時，護理部門必將首當其衝，承受各類策略所帶來之壓

力。當護理人員未能參與以及投入醫院組織變革之實踐，則醫院規劃的組織變革成效並無法達到顯著改善，反而造成護理人員對工作感到不滿意、工作士氣低落，進而無法提供高品質的病人照護。由此可知，應將護理部門視為醫院改革最大的樁腳，並給予有效有力的支持，以此做為醫院改革運作的基礎。培育護理管理者具備激勵人心以及引發人員主動學習的技巧，並讓學習活動本身有足夠的內在誘因引發人員的好奇心與求知慾，應用創意領導，將創造力融入領導管理情境中，激發臨床護理人員臨床學習上的好奇心、挑戰心與冒險心，培養樂於學習的態度和企圖心，並提供安全信任的工作學習環境，讓護理人員從工作與學習中感受到充分的關愛、理解、支持與接納等等的情感連結力量，提升護理人員接受各種挑戰與解決困難的能量，讓護理人員從工作中學習中達到心理的滿足和成長的目的。即此，護理部門除了促使護理人員積極提升個人專業競爭力，勇於面對變革外，也提供變革推動者及護理主管變革管理之道，以共創醫療業者除能提供高品質服務外，又能突破外在環境限制，進而達到追求卓越、永續經營之績效，並有助於讓護理專業成為眾所嚮往的志業，也是領導效能發揮的極致表現。

# CONGRESS WEEK AT A GLANCE

EL CONGRESO DE UN VISTAZO LE CONGRÈS D'UN SEUL COUP D'ŒIL

	THURSDAY 27 JUNE	FRIDAY 28 JUNE	SATURDAY 29 JUNE	SUNDAY 30 JUNE	MONDAY 1 JUNE	TUESDAY 2 JUNE
09:00-09:10		Welcome/Bienvenida/ Bienvenue	Welcome/Bienvenida/ Bienvenue	Welcome/Bienvenida/ Bienvenue	Welcome/Bienvenida/ Bienvenue	
09:10-10:00	P1: Beyond Healthcare to Health	P2A: Nursing Leadership: investment, support and advocacy P2B: ICN - Being the Global Voice of Nursing	P2A: Nursing Leadership: investment, support and advocacy P2B: ICN - Being the Global Voice of Nursing	P3A: New Evidence on Impact of Safe Nurse Staffing Interventions P3B: The Alignment of "Safeties": Nursing Safety for Patient Safety	P4A: Mrs Cindy McCain P4B: Kim Mo Im Policy Innovation and Impact Lecture	
10:00-11:00	M1A: Improving the health of the population - the Singapore Model M1B: Investment in Health in the Global Arena M1C: Nursing Now	M3A: Nursing Leadership & Policy: Leading through noise to impact: insights across generations M3B: Nursing Innovation in Primary Health Care	M3A: Nursing Leadership & Policy: Leading through noise to impact: insights across generations M3B: Nursing Innovation in Primary Health Care	M5A: Panel Session: Innovative approaches to advance global agendas: A look at HRH & the African Experience M5B: Key Nursing developments across the Americas	M7A: Health Workforce and the SDGs: How investment in the nursing and midwifery workforces can drive impact at country level M7B: Nurses Retention: Holding on? M7C: Migration issues	Professional Visits
11:00-11:30	Refreshment break & Exhibition					
11:30-13:00	Concurrent sessions					Concurrent sessions
13:00-14:30	Lunch & Exhibition					
	FNIF Fundraising Lunch Session					
	Sponsored/Partner symposiums & Policy cafés					
14:30-15:30	M2A: Disaster Nursing: Why do competencies matter anyway? M2B: NCD Prevention M2C: Tobacco Control, Health Promotion and Prevention Strategies	M4A: Beyond principle-based ethics: An eclectic approach to nursing ethics M4B: Role of expert-patient and nurse partnerships in Primary healthcare and UHC M4C: Improving the health and wellbeing of the nursing workforce: the Caribbean experience	M4A: Beyond principle-based ethics: An eclectic approach to nursing ethics M4B: Role of expert-patient and nurse partnerships in Primary healthcare and UHC M4C: Improving the health and wellbeing of the nursing workforce: the Caribbean experience	M6A: Global Perspectives of Advanced Practice Nursing M6B: Panel session: Leading for Health: ICN's Leadership Programmes	M8A: The State of Nursing Regulation M8B: Regulatory issues on nursing prescription M8C: Panel discussion: Innovation and best practices in nursing regulation	
15:30-16:00	Refreshment break & Exhibition					
16:00-17:30	Concurrent sessions					Human Trafficking Closing session
17:30-19:00	Concurrent sessions & Partner/NGO Sponsored symposiums					Concurrent sessions & Partner/NGO Sponsored symposiums
18:00-19:30	Opening ceremony					
	Exhibition Opening					

## ICN 2019 Congress

### 大會簡易議程

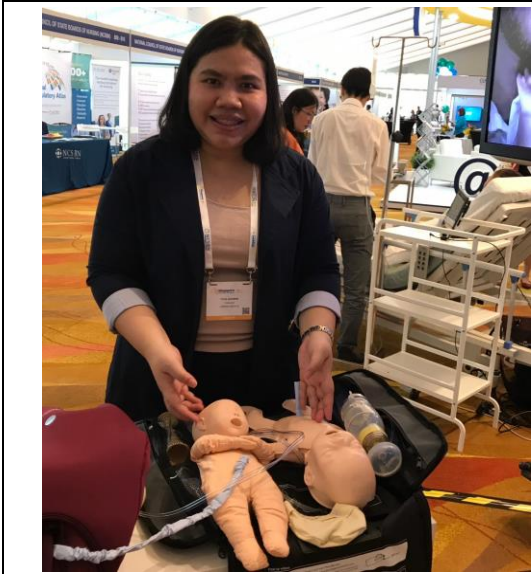
Date	Time	Event	
06/27 (四)	18:00-19:30	Plenary- Opening Ceremony	
	19:30-21:00	Opening of Exhibition	
06/28 (五)	09:00-10:00	Plenary 1- Beyond healthcare to health	
	10:00-11:00	Main Session 1	
	11:30-13:00	Concurrent Oral Session	
	13:00-14:30	Partner Symposium 1- Increasing nursing competencies in the face of new challenges	
		Sponsored Symposium 1- Labour and education market analysis and National Health Workforce Accounts	
		ICN Policy & Advocacy Café 1: Disaster nursing: How prepared are we?	
		ICN Policy & Advocacy Café 2: Technology and Digital Health	
		Posters day one	
	14:30-15:30	Main Session 2	
	16:00-17:30	Concurrent Oral Session	
	16:00-17:00	Side meeting 1- International Classification for Nursing Practice (ICNP) 2019 launch	
	<b>17:30-19:00</b>	Concurrent Oral Session	
		<b>Nursing Leadership: Understanding Cross Cultural Considerations and Navigating Political Agendas reported by Hsiu-Hung Wang (Taiwan) at Room 3</b>	
Partner Symposium 2- Nursing Workforce migration: regulation to ensure patient safety across borders			
Partner Symposium 3- Nursing against the odds: working in complex humanitarian emergencies			
06/29 (六)	09:00-10:00	Plenary 2	
	10:00-11:00	Main Session 3	
	11:30-13:00	Concurrent Oral Session	
	13:00-14:30	Sponsored Symposium 2 - A Strong Patient Safety and Quality Improvement Culture- The Central Role of Nurses	
		Sponsored Symposium 3- Sustaining nursing practice, benchmarking experiences	
		Sponsored Symposium 4- The Nursing Profession and the UN Global Compacts for Migration and on Refugees	
		Side meeting 3- Writing for Publications Workshop	
		ICN Policy and Advocacy Café 3: Achieving 'Health for all' in a world of global health challenges: nursing crucial role for success	
		ICN Policy and Advocacy Café 4: The Meaning of Code of Ethics in the Digitalised World	
		Posters day two	
14:30-15:30	Main Session 4		

	16:00-17:30	Concurrent Oral Session Network 1- The regulation network: key matters and challenges
	17:30-19:00	Concurrent Oral Session Partner Symposium 4- Health of Nurses Partner Symposium 5- Nurse leadership as the lever for global health transformation Network 2- Nurse Practitioner/Advanced Practice Nursing Network
06/30 (日)	09:00-10:00	Plenary 3
	10:00-11:00	<b>Main Session 5: Lian-Hua Huang (Taiwan)</b> 主題 1 : Innovative approaches to advance global agendas: A look at HRH & the African Experience 主題 2 : Key Nursing Development across the Americas
	11:30-13:00	Concurrent Oral Session
	13:00-14:30	ASEAN: The impact of nurse recognition and mobility agreements: Asia and beyond
		ICN Policy & Advocacy Café 5: Nursing Workforce Challenges
		ICN Policy & Advocacy Café 6: Empowering nurses to deliver better outcomes by driving the health policy
		Posters day three
	13:30-14:15	Side meeting 5- Florence Nightingale International Foundation Special Fundraising Session
	14:30-15:30	<b>Main Session 6: Leading for Health: ICN's Leadership Programmes reported by Hsiu-Hung Wang (Taiwan) at Room 1: Plenary Room</b>
	16:00-17:30	Concurrent Oral Session
17:30-19:00	Concurrent Oral Session	
	Nurses Advancing Technology to Enable People to Live Their Best Lives	
	Improving Interprofessional Collaborative Practice and Patient Outcomes Through Continuing Education	
	Partner Symposium 6- Into the Future: Leadership Skills for 21st Century Nurses	
	Nurses and midwives are fundamental to achieving health for all in sub-Saharan Africa	
07/01 (一)	09:00-10:00	Plenary 4
	10:00-11:00	Main Session 7
	11:30-13:00	Concurrent Oral Session
	13:00-14:30	ICN Policy & Advocacy Café 7: Creating a cohesive and consistent approach to Advanced Practice Nursing
		ICN Policy & Advocacy Café 8: The Future of Nursing
		Posters day four

	14:30-15:30	Main Session 8
	16:00-17:00	Plenary- Closing Ceremony

## 附錄二活動照片

	
<p>108.06.27 大會活動封面</p>	<p>108.06.27 大會活動宣傳</p>
	
<p>108.06.27 開幕式會員國(台灣)代表</p>	<p>108.06.27 台灣會員團體照</p>
	
<p>108.06.28 台灣護理學會參展攤位</p>	<p>108.06.28 台灣護理學會參展攤位</p>
	
<p>108.06.28 參展攤位模擬教具操作</p>	<p>108.06.28 參展攤位模擬教具操作</p>



108.06.28 參展攤位模擬教具操作



108.06.28 參展攤位模擬教具操作



108.06.29 攤位活動響應 GCEF 捐款



108. .06.29 攤位活動與王秀紅理事長合影



108.06.29 攤位活動與王桂芸副理事長合影



108.06.29 攤位活動與莊子嫻組長合影



P1119

## A study on the relationship between the nurses' social network centrality and quality of work life

Li-Chen Tsai

Nursing Department of Taipei Hospital, Ministry of Health and Welfare, Taiwan; University of Taipei

**Background:** Social network refers to the social relationship formed by the connections between individual nodes. By looking at the map formed by the links between nodes, you can understand the individual location, importance and the relationship between individuals. Nurse's job satisfaction is the indicator of patient outcome. Many studies attempt to build upon some new theoretical and empirical insights provided by the theory of social capital and analysis of social networks. Achievement of a particular goal, such as satisfaction at work, requires not only networks of certain structure or ties with a particular content, but specifically structured networks of ties with a particular content.

**Purpose:** The purpose of this study was to explore the relation between advice network, and friendship network social networks with nurse's job satisfaction.

**Methods:** The researcher distributed a questionnaire to 278 staff nurses of a public hospital, 263 returned the questionnaire (response rate=95%). The overall score on the McCloskey/Mueller Satisfaction Scale(MMSS) operationally defined job satisfaction. Network measures were on the questionnaire, respondents were asked to list the names of persons. These listings provided the primary basis for the two networks: (1)advice network, and (2)friendship network (figure 1).

**Results:** The result indicate significant relationships between the individual advice network and job satisfaction (table 1).

job satisfaction	social network centrality	
	β <sup>1</sup>	β <sup>2</sup>
work responsibility	0.09*	1.68**
praise and recognition	0.03	2.272**
family-work balance	0.76	1.353**
relationships	0.07	1.646

\*p<0.05 \*\*p<0.001 \*\*\*p<0.000

**Conclusions/Implications:** Further, the findings support the hypotheses that advice network betweenness centrality relates positively and significantly to the praise and recognition dimension of job satisfaction, and the advice network betweenness centrality relates negatively and significantly to the family/work balance dimension of job satisfaction. The data provide evidence that social networks affect job satisfaction. At the workplace, networks with structure holes and content lead to satisfaction and lead to dissatisfaction of different dimensions of job satisfaction. Further research might explore the effects of the social relation quality on these measures.

**Central variable**

- job tenure of nursing position

**Independent variable**

- advice network centrality
- friendship network centrality

**Dependent variable**

- job satisfaction of the instrument ties
- job satisfaction of the social relation

Figure 1. Conceptual framework of the study

P1119

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108.06.30 個人研究論文摘要

108.06.30 參與海報發表

P1049

## Perceptions and Practices of Family Centered Care among Pediatric Health Care Professionals in Ajman, United Arab Emirates

Mariam Abdulkader, RN, MSN

**Introduction:** Family Centered Care (FCC) is a model of care that recognizes the importance of family's central role in the child's life and in the delivery of care. The purpose of this study is to explore health care professionals' perceptions and practices of Family Centered Care among Pediatric Health Care Professionals in Ajman, United Arab Emirates by identifying differences between perceptions and practices of Family Centered Care. Being different factors that affect perceptions and practices of Family Centered Care and the connections between perception and practices.

**Result:** Study results revealed that the health care professional doctors and nurses has no significant difference points between the perception and practices of FCC and few a positive attitudes toward working with families with minor differences in perceiving and practicing the components of FCC. The health care professionals with socio-demographic variables like older age, more experience and high educational status have better practice of FCC.

**Conclusion:** Family-Centered Care has appropriately been adopted as a philosophy of Care in pediatric hospital in Ajman in the healthcare system. Although there is a need for specialized training for the healthcare professionals about sharing information to the patients in addition to recognizing individuality in the family and the child's developmental world.

**Methodology:** A quantitative non-experimental cross-sectional study conducted with 25 Pediatric Doctors and 65 Registered Nurses who are working with pediatric, purposive sampling was used. Self-administered questionnaire about Family-Centered Care questionnaire based, which consist of 45 items with 5-point Likert scale, which measured the use key elements of Family-Centered Care based on the original components of Childwell Care were used.

**Table and Graphs:**

**References:**

P1108

## Application of Blended Teaching Strategies to Help Implement the Nursing Clinical Ladder Program among Nursing Staff at an Acute Care Unit

Hui-Ling Tsai, Szu-Yao Zhang, Szu-Yuan Zhang  
National Taiwan University Hospital

**Objectives:** If the professional nurses are systematically trained to improve the quality of clinical care, the patients' satisfaction of medical service will also increase.

**Assessment of current situation:**

- Lack of controlling and coordination
- Busy working hours
- No partner to complete the program with
- No user-friendly application forms
- Clinical ladder system for nurses at hospitals provides different career opportunities, lives for training incentives, and a career ladder system to encourage nurses to continue to improve their professional knowledge and skills.

**Conclusions:** We established a novel teaching model by incorporating computer-assisted learning in the traditional in-service program.

**Using this model, the nurses can schedule their online learning activities from their own time.**

108.06.30 海報論文發表交流

108.06.30 海報論文發表交流



108.07.01 國際交流



108.07.01 國際交流



108.07.01 國際交流



108.07.01 閉幕式



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## Working to improve health globally by raising the status and profile of nursing.

The Nursing Now campaign is growing fast with over 225 groups in over 80 countries working to influence global and local policy.

### 2020 Year of the Nurse and Midwife

2020 presents a once in a generation opportunity to shine a light on nursing. Our vision is to have events taking place in every country - nurses, non-nurses, governments coming together in a symbolic action to shine a new and brighter light for nurses.



### The Nightingale Challenge

Investing in our young nurses and midwives is critical to our healthcare future. The Nightingale Challenge launches at ICN Congress offering an opportunity to make an investment in your organisation's future by helping to develop the skills of your young nurses and midwives as leaders, practitioners, and advocates in health.

The Nightingale Challenge encourages every health employer around the world to support a group of their young nurses and midwives to develop leadership skills during 2020.

### Partner with us

Get involved in 2020 Year of the Nurse and Midwife - advocate for governments and health leaders to invest in nursing and midwifery.

Accept the Nightingale Challenge - sign up your organisation and provide leadership development for a cohort of nurses and midwives aged 35 years and under during 2020.




Tim Beale for IHEI, Nursing Now

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[#NursingNow](https://twitter.com/NursingNow)  
[#NightingaleChallenge](https://twitter.com/NightingaleChallenge)



## Developing a professional resilience competencies curriculum - the stages of building a curriculum to strengthen resilience for nursing professionals

Adriana Carnu  
The National Order of Nurses and Midwives of Romania

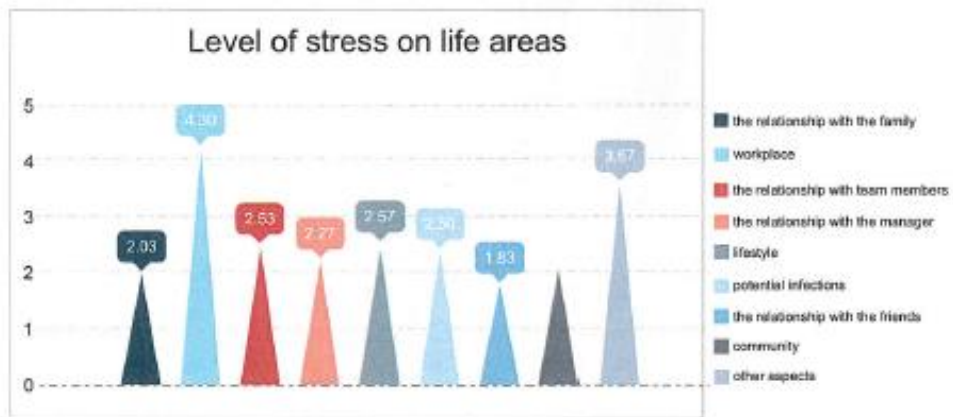
P1142

### Objective

Developing a new curriculum to strengthen resilience among nursing professionals within the Romanian continuous education framework, in the context of work, developing resilience competencies for nurses is viewed to be highly important in overcoming the adverse effects of stress on nurses caused by work overload, complex contexts, criticism, difficult interpersonal relationship issues with physicians and other colleagues, lack of support from supervisors or bureaucratic constraints.

### Method

Designing and developing the initial study that aimed to give a first insight regarding the level of stress of nurses and how this affected their performance in relationship with the patient and within the team with which they work. 45 participants were invited from a group of nurses who are performing in three different public hospitals and a study was carried out using the following measurement tools: the Endler scale for multidimensional scale of Anxiety and level of stress, the Bolbin test and a validated interpersonal communications skills test.



### Emerging phase

Based on the results of the research, an educational intervention was designed. The two days long session (16 hours) included a general presentation of the process of stress and resilience, integrating the latest research in neuroscience. The module included mind and body approaches to managing stress, including the enhancement of attention and practicing gratitude, compassion, acceptance, forgiveness and mindfulness techniques. The intervention also tackled communication and team work skills in the context of resilience, where participants met with concepts such as non-violent communication, feedback/feedback and creating a team culture that would better suit their personal needs and those of the patients.



Resilience training delivered in Giurgiu, Romania  
20-21.07.2017

### Conclusions

The level of stress and interrelation skills were measured at baseline (in order to design an accurate session, based on the current needs of participants) and now a one year re-evaluation is planned in order to process the impact of the session delivered to the 45 nurses. The results will reveal the impact of the knowledge and skills and will bring more insights on the quality and length of the intervention. Should it prove beneficial and with added value to the working lives of nurses, the session will be validated and introduced in the portfolio of courses for nurses.

### References

1. <https://www.bolbin.com/about/bolbin-team-roles/>
2. [https://www.researchgate.net/profile/R\\_Bagby/publication/21291312\\_Multidimensionality\\_of\\_State\\_and\\_Trait\\_Anxiety\\_Factor\\_Structure\\_of\\_the\\_Endler\\_Multidimensional\\_Anxiety\\_Scales/links/09e4150907160353bd900000.pdf](https://www.researchgate.net/profile/R_Bagby/publication/21291312_Multidimensionality_of_State_and_Trait_Anxiety_Factor_Structure_of_the_Endler_Multidimensional_Anxiety_Scales/links/09e4150907160353bd900000.pdf)
3. <https://www.camr.ro>

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This curriculum was supported by The National Order of Nurses and Midwives in Romania

## Effects of Interpersonal Caring Indoor Horticultural Therapy Program on Somatization, Job Stress, and Quality of Life of Special Department Nurses

Heejung Song<sup>1</sup>, Ayeum Kim<sup>1</sup>, Ujin Chae<sup>1</sup>, Sook Lee<sup>2</sup>  
Nursing Dept. of Kangbuk Samsung Hospital, College of Nursing, Dankook University<sup>1</sup>



### Background



### The indoor horticultural therapy program

- ◆ The program is composed of four caring behaviors: complimenting, active listening, hoping and sharing.
- ◆ The program was conducted for a total of four sessions, once per week, 90 minutes per session.



### The Purpose of This Study

- ◆ To investigate the effects of interpersonal caring indoor horticultural management program on somatization symptoms, job stress, and quality of life for nurses working in emotional labor and to prove its effectiveness as one of the emotional management programs for nurses.

### Methods

- ◆ The quasi-experiment with nonequivalent control group pre-post test.
- ◆ Nurses working in a special Dept. and outpatient offices.
- ◆ The pre and post-tests used same questionnaire: Symptom checklist-90-revision-somatization (SCI-90-r-SOM ), CES for depression, KOSS-SF for job stress, and WHOQOL-BREF and HINT 9 for quality of life.



[ Research flow diagram ]

### Results

Comparison of the dependent variables between two groups after intervention.

Variables	Group	Pre-test	Post-test	Difference (Pre-Post)	z or t	P value
		M ± SD	M ± SD	M ± SD		
Somatization symptoms	Exp.(n=27)	23.30±7.54	18.41±5.88	-2.88±7.18	-1.440	.148
	Con.(n=27)	22.30±6.18	21.50±6.71	-.74±5.97		
Job stress	Exp.(n=27)	48.71± 6.05	45.83± 6.55	-2.88±6.64	-1.370	.896
	Con.(n=27)	45.16±7.37	45.40± 8.96	2.40±8.82		
Depression	Exp.(n=27)	16.33±12.62	11.94±7.58	4.39±12.02	-1.345	.282
	Con.(n=27)	12.70±9.24	11.87±9.08	-1.04±6.98		
Quality of life	Exp.(n=27)	76.96±13.77	86.19±12.07	8.22±13.08	2.540	.014*
	Con.(n=27)	84.19±14.41	85.78±13.22	1.59±8.43		

Exp.=Experimental group; Con.=Control group; \* Mann-Whitney U test

### Conclusions

- ◆ The quality of life in the experimental group improved despite the relatively short span of this research. This seems to be the result of the subjects having chance to express their emotions freely while participating in interactions with caring behavior.
- ◆ Also, they felt emotional stability from flowers and plants. There was no effect in somatization symptoms and job stress. Somatization symptoms were formed as a coping mechanism of individuals' psychodynamic response, and job stress is reflected as an organizational characteristic which is improved when individuals' thoughts are in line with that of organizations. Research was not long enough to see meaningful results of those two factors.
- ◆ Therefore, this program could be used as a short term emotional labor management program intended to improve the quality of life among nurses.

**Key word :** Horticultural therapy, emotional labor, somatization symptoms, stress, quality of life.

**Reference :** Lee S, Lee AK(2016). Analysis of Relationships between Job Stress and Preference of Horticulture Activities of Clerical Workers. Flower Research Journal Vol.24 No.1 pp.42-48. DOI : <https://doi.org/10.11623/frj.2016.24.1.6>

# Skills Stations



A regional nursing competence development project in Region Zealand

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 Jytte Diederichsen Sørensen, RN, Dept. of Neurology, Zealand University Hospital, Roskilde, Denmark  
 Mikkel Lohmann, RN, Dept. of Medicine, Zealand University Hospital, Roskilde, Denmark  
 Stinebeth Heuser, RN, Diploma in Nursing, Clinical Development Nurse, Dept. of Medicine, Slagelse Hospital, Slagelse, Denmark

## Background

The Medical and Neurological Departments in Denmark's Region Zealand have developed a competence program for Danish nurses with the support of the Beth Israel Deaconess Medical Centre, a part of Harvard Medical School in Boston, USA.

## Objectives

To ensure and support a high professional quality, where nursing is carried out based on evidence-based knowledge. Further, to ensure consistent and systematic learning, development and maintenance of the professional skills of the nurses.

## Method

In the spring of 2017, a survey was carried out on competence requirements among the affected nurses and their managers. 57,7% responded and especially acute situations was where the nurses felt insecure. Based on this, five specific Skills Stations were chosen in the spring of 2017 to be worked on in 2018. These Skills Stations were: Cardiac arrest, Pneumonia, Diabetes, Delirium and Constipation.

The ten education responsible nurses at the departments then prepared evidence-based educational material, consisting of learning objectives, preparation material and learning scenarios. Thereafter, trainers were selected for each Skills Station, in order to facilitate learning. The trainers were selected primarily based on pedagogical and professional skills.

The departments arrange competence days, which all nurses must attend once a year. Here the nurses must demonstrate knowledge, skills and attitude in each Skills Station. The competence of the individual nurse is assessed on the day by the trainers and if needed, the education responsible nurses prepare an education plan.



## Conclusion

The nurses have evaluated the whole concept very positively stating that the new knowledge is transferable to their clinical daily work.

In 2019, five new Skills Stations will be worked on: Sepsis, Nutrition, IV access, Terminal care and The conflicting relationship.

## Results

In 2018, a total of 753 nurses have completed their competence day and 50 trainers have been educated.



To download the poster please scan the QR code



affiliated. The project has been supported with the Beth Israel Deaconess Medical Center in Boston, MA, USA and the regional centre for nursing and clinical education in the Medical and Neurological Departments, Region Zealand, Denmark.  
 Download of poster: [stine@regionzealand.dk](mailto:stine@regionzealand.dk)  
 Contact: Stinebeth Heuser [stine@regionzealand.dk](mailto:stine@regionzealand.dk)

# Application of Blended Teaching Strategies to Help Implement the Nursing Clinical Ladder Program among Nursing Staff at an Acute Care Unit P1108



Hui-Ling Tsai, Ssu-Yao Jhang, Sin-Yuan Jhang  
National Taiwan University Hospital



## Context

- If the professional nurses are systematically trained to improve the quality of clinical care, the patients' satisfaction of medical service will also increase.
- Clinical ladder system for nurses at hospitals provides different core competences from four training levels, making clinical nurses from novice to expert. Four-level practice is designed to expand knowledge in health and disease patho-physiological mechanisms. It is to increase competence and independence of patient care, and to be involved in educational responsibility and clinical professional activity among nursing staff.

## Assessment of problems

- Lack of counseling and consultation
- Busy working hours
- No partner to complete the program with
- No user-friendly application forms
- Inflexible schedule for technical testing and paper exam
- Difficult in literature searching
- Limited opportunities to meet the mentor

## Conclusion

- We established a mixed teaching model by incorporating computer-assisted learning in the traditional tutor-apprentice program.
- Using this model, the nurses can schedule their online learning and testing, and then have a face-to-face discussion with their mentors.
- With the assistance of technology, both nurses and supervisors could better understand and control the progress in the clinical ladder program.
- The increasing proportion of staff advancing to their next ladder level in this project indicates that the teaching model is effective in helping nurses to achieve advancement, and may create a sensation for professional progression, increase their confidence in health service delivery and improve quality of care.

## Strategy for change

- Build-up of a counseling team
- Establishment of an online learning course for career advancement
- On-the-job training for literature search skills
- Bulletin board displaying the design of the clinical ladder program

## Problem

In 2015, only one third of nurses' abilities matched their seniorities. None of the nurses proceeded to the next level in the first half of 2016 at our ward.

## Results

After implementing the project, as high as 82% of our nurses were successful in advancing to their next proficiency level.

Comparison of nurse clinical proficiency before and after implementing the program (N=17)

Year	Proficiency levels				Total No.
	N1	N2	N3	N4	
2015 (Before)	3	5	6	3	17
2017 (After)	0	5	4	8	17



## References

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## Supporting engagement through mHealth solutions in patients with chronic health conditions: A mixed methods systematic literature review

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### Introduction

Chronic somatic health conditions are challenges to health worldwide. Different eHealth and mHealth solutions have been suggested in order to support engagement in patients with various health conditions.

Engagement could be understood as a complex process comprising cognitive, emotional, behavioural, relational, and interactional aspects, as well as the usage of a product, service, or system. mHealth refers to medical and public health practices supported by mobile devices, such as mobile phones.

### Aim

The aim was to systematically review and synthesize research regarding engagement through mHealth for patients with chronic somatic health conditions.

### Methods

Systematic literature searches were performed using the databases CINAHL, PubMed and Inspec. A total of 1907 references were found. After inspections, 44 studies were included for quality assessment (CASP).

Deductive qualitative analysis based on a protocol designed for this review was conducted. The protocol comprised information about the studies and four aspects of engagement data to be identified; *1) cognitive aspects 2) behavioural and emotional aspects 3) interactional aspects 4) mHealth usage*



### Result

mHealth usage was the most commonly occurring engagement aspect, for example in terms of system activities. Behavioural and emotional aspects was the second most commonly described engagement aspect, cognitive aspects the third, and interactional aspects the least common aspect found in the included articles.

The results found that engagement is a process and that cognitive, behavioural and emotional, interactional, and mHealth usage related aspects of engagement go hand-in-hand and often influence each other.

Engagement were found to emerge and remain when served a perceived need for example in newly diagnosed patients and in changes concerning health or medication. Disengagement in terms of non-usage could be a positive aspect when caused by lack of need regarding mHealth. Creative and intriguing incentives could stimulate engagement.

### Conclusions

Genuine engagement could be supported by mHealth, if perceived as supportive and meaningful by the patient. Finding new and innovative incentive mechanisms to support engagement when using mHealth solutions for persons with chronic health conditions could help to better enhance engagement. It is important to consider when and where to stake mHealth efforts when striving for long-term engagement.

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