Nursing Outcomes and Nurses' Wellbeing

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INTRODUCTION: Substantial research over several decades has documented high burnout rates among hospital nurses globally. However, improvements in nurses' work environments to reduce burnout have been lacking. The Covid-19 pandemic has generated renewed interest in how to reduce nurse burnout.

AIMS: To determine the extent to which high burnout being observed among nurses during the Covid-19 pandemic is primarily the result of increased numbers of critically ill patients or conditions that predated the pandemic.

METHODS: A two-wave email survey was undertaken of all active registered nurses (RNs) in two large U.S. states of New York and Illinois. The first survey was administered between December 16, 2019 and February 28, 2021 before Covid-19 had been identified in the U.S.; the second survey was between March 1 and June 1 of 2021 during continuing Covid-19 surges in critically ill hospitalized patients. An additional survey using many of the same items was administered from January to June of 2021 to physicians and nurses practicing in Magnet Recognized hospitals located nation-wide .

RESULTS: Some 46% of direct care hospital nurses experienced high burnout immediately prior to the identification of Covid-19. When measured in the midst of the Covid-19 pandemic, that number had increased to 50%. The increase in nurse burnout was greatest in critical care rising from 47% pre-Covid to 62% during Covid. High burnout among hospital physicians measured during the pandemic was 30%. Overall, 20 % of hospital nurses reported they intended to leave their jobs within the coming year pre-Covid which increased to 25% during Covid; that rate was 24% for critical care nurses prior to Covid rising to 29% during Covid.

CONCLUSIONS: The very high rates of nurse burnout and intent to leave their jobs in hospitals predated the Covid-19 pandemic. Thus solutions to clinician burnout must address the root causes that have been evident and not addressed in hospitals for decades. This is not a short term problem caused by the surge of critically ill Covid-19 patients but the result of chronic mismanagement of the nurse workforce through chronic nurse understaffing in hospitals and poor work environments. Doctors are also being negatively affected by poor work environments. It would be a very big mistake to return to the same human resource policies after the pandemic has diminished.

KEY WORDS: Nurse burnout, nursing care shortages, Covid-19

Retaining newly Registered Nurses in the profession

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INTRODUCTION: Newly qualified nurses (NQNs) are one group at risk of early exit from the workforce. There is a need to reinforce the 'flaky bridge' (Health Education England [HEE] 2018) and ease 'transition shock' to facilitate NQN retention.

AIMS : (1) establish the current state of the art in the UK for nurse retention and transition from student to Registered Nurse; (2) provide UK healthcare organisations, higher education institutions and individual nurses with an evidence-based approach to plan for successful transition; (3) develop an evidence-based toolkit that enables NQNs and their employers to identify, implement and evaluate an individualised approach to transition.

METHODS: A rapid evidence assessment (REA) of NQN transition and retention was undertaken followed by 40 interviews with final year nursing students, NQNs, clinical leaders and academics and 113 written reflections from final year nursing students captured qualitative data on transition. A 'transition toolkit' was developed and used with one group of students (n=75) and data on retention and employment captured to determine impact on the number of nurses retained at the end of 12 months.

RESULTS: A variety of formal and informal approaches that enhance and support transition were identified by the REA including having a formal orientation period; the initial placement; satisfaction with the unit and clinical supervision; empowerment; pre-registration employment; and low stress levels having had previous experience in the unit. Preceptorship was found to significantly increase NQNs competence, though no firm conclusions could be reached regarding the impact on retention. Qualitative data suggested that NQNs still experience transition shock and support during the transition period was important. Quantitative data indicated that most NQNs were employed full-time and working in local NHS hospitals. Most had undertaken employment during their programme and when qualified had not changed employer or role and did not plan to change. In the post-intervention group, most had engaged with the STaR project material and had accessed their place of first employment through the project. There were no statistically significant differences between cohorts, and no statistically significant relationships among the data.

CONCLUSION: A supportive framework incorporating supernumerary status, preceptorship or equivalent, peer and organisational culture of support can help to ensure a smooth, seamless and comfortable transition. The link between NQN support and retention remains poorly evidenced.

KEYWORDS: nurses, nursing g students, transition, retention

ABSTRACT

Nurses' experiences of the effects of mindfulness training: a qualitative systematic review and meta-synthesis

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INTRODUCTION: Mindfulness training is often offered to health care staff to help them manage stress and burnout in relation to their job. However, there is a need to amalgamate and synthesise the qualitative evidence on how nurses experience this training.
AIM: To explore nurses' experiences of the effects of undertaking mindfulness training.
METHODS: Qualitative meta-synthesis. Qualitative literature from seven scientific databases: Pubmed, Cochran Library, Science Direct, EBSCO, Web of Science, Scopus and PsycINFO were searched. The PRISMA flow diagram was used to report the phases of the literature search. The Critical Appraisal Skills Program (CASP) qualitative research checklist, and the Mixed-Methods Appraisal Tool (MMAT) for mixed method studies were used as appraisal framework. Data synthesis was conducted using Thematic synthesis. The review steps were guided by Adams, Chamberlain, & Giles, 2019 and Whittemore & Knafl, 2005.
RESULTS: Four qualitative studies and 3 mixed-methods studies were included in the review. Five interpretive themes were generated to show how nurses experience of the effects of mindfulness training: 1) Stress conceptualisation and management; 2) Nurses' valued aspects of mindfulness training strategies; 3) Self-care awareness and strategies; 4) Challenges of mindfulness training; 5) Feasibility and acceptance of mindfulness training.
CONCLUSION: Conducting mindfulness-based interventions among nursing professionals helps to reduce work-related stress and has positive effects on work and life.
KEYWORDS: Mindfulness; Nurses; Qualitative review

The impact of Continuing Professional Development on nurses' wellbeing and satisfaction

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INTRODUCTION: The European Centre of Excellence for Research in Continuing Professional Development (CPD) aims to develop a pan-European network of researchers, clinicians, regulators, and professional bodies to advance the science of CPD through research and foster knowledge exchange to promote best practices in CPD that can be translated across Europe.
Currently, the Centre has members from 22 European countries. Three research-working groups have been established to develop key activities into CPD: 1) Evaluating the impact of CPD; 2) Digital Pedagogies for CPD; 3) The economics of CPD.
One of its research activities focuses on exploring CPD needs of newly qualified nurses and midwives (NQNMs) and the impact on their "Intention to leave" and "Job satisfaction".
However, information about the range and extent of CPD activities NQNMs participate in during the first 24 months following graduation is limited. It is also not well known how NQNMs' participation in CPD activities is associated with job satisfaction and intention to leave the organisation or the profession.
AIM: To develop a better understanding of the CPD needs of NQNMs and explore the impact on NQNMs' job satisfaction and intention to leave.
METHODS: A cross-sectional study using an online survey in four European countries: Ireland, UK, Italy, and Croatia.
Sample: 2254 NQNMs.
The questionnaire was developed using three validated sources:
1. The Q-PDN (Brekelmans et al. 2016) measures "motives", "conditions" and "importance" given to CPD and "CPD activities undertaken" by nurses.
2. The McCloskey/Mueller Satisfaction Scale (MMSS) assesses nurses' job satisfaction (Mueller & McCloskey, 1990).
3. Four questions on Intention to leave current workplace (e.g., ward), organisation, or the nursing profession, adapted from Heinen et al. (2013). The last open-ended question, developed by the RCSI research team, asks the main motivation for leaving the profession.
RESULTS: Data collection will start by the end of September 2021. Expected outcomes are: 1) Create a database to inform a further pan-European wide survey of NQNMs and their CPD needs and 2) Provide recommendations to regulators, healthcare providers and policy makers about the CPD needs of NQNMs and factors associated with job satisfaction and Intention to Leave.
CONCLUSIONS: Previous research into CPD demonstrates its potential to improve job satisfaction and retention. Likewise, there is evidence that it is important to support NQNMs through appropriately designed CPD programs. The present European study intends to contribute to the scientific knowledge base on CPD needs and its impact on job satisfaction and retention in NQNMs.
KEYWORDS: European Centre of Excellence; Continuing Professional Development; Newly qualified nurses and midwives; Job satisfaction; Intention to leave.

Patterns and trends of nurses' well-being and patient outcomes in the Journal of Nursing Management

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The aim of this presentation is to provide a brief overview of general patterns and trends in publications in the Journal of Nursing Management with a focus on nurses' well-being and patient outcomes in the Journal of Nursing Management and to suggest ways in which this information could be utilised to inform the future strategic direction of and future research and publications within this topic.

A search within the Scopus database (August 2021) revealed that there have been 2,911 publications in Journal of Nursing Management since it's foundation in 1993. Most of these papers are research articles (80%% n=2,343), predominantly from countries with English fluency. A search within Journal the using the CINAHL database (August 2021) using key search terms related to nurses, wellbeing, patient outcomes and patient satisfaction revealed 57 papers concerned, broadly speaking, with nurses' well-being. Two further papers were identified that related to nurses' well-being and patient satisfaction and one that explored well-being and patient outcomes. However, none of these three later papers explored the relationship between nurses' well-being and patient outcomes or satisfaction in any meaningful way, rather the discussion related to both concepts (outcomes and satisfaction) was broadly discussed, alluding to a relationship but not providing any concrete evidence of this. Emerging themes within the 57 papers were as follows: sources and effects of dissatisfaction and stress among nurses; effects of COVID; influencing factors; supportive factors and values-based leadership. Two approaches to measurement of nurse well-being were noted, a demand-support-control model (Alfaro-Díaz et al 2020) and the Warwick-Edinburgh Mental Well-being Scale (Cilar et al 2020).

The findings also revealed that discussions on this topic within the Journal took place in the last two decades, with the first paper emerging in 2001. The majority of papers were published in the last 5 years. Nurses' well-being was generally not referred to specifically, but rather explored and/or discussed within the context of satisfaction/dissatisfaction and/or stress. Sources of dissatisfaction and stress were noted as bullying, violence, lack of career opportunities/social isolation (Huyghebaert et al 2019); overtime /shift work (Watanabe & Yamauchi 2017); coping with death and dying (Saifan et al 2018); type of clinical area-nursing within dementia/oncology settings for example was perceived as more stressful (Edvardsson et al 2009); workload, care rationing and work environments (Harvey et al 2021) and an imbalance between job demands and supervisory support (van Doorn et al 2016). Studies exploring the psychological impact of COVID on nurses have also recently become popular within the journal. Factors that influence whether or not nurses perceive stress or dissatisfaction included altruistic values (Saito et al 2017); job control (Elliot et al 2017); autonomy & control (Dos Santos Alve et al 2017); work relationships (Dos Santos Alve et al 2017) and transformational leadership (Munir et al 2012). Supportive factors for nurses included providing support clinical supervision (Koivu et al 2012); the provision of administrative support (El Haddad et al 2019); family support from the supervisor (DePasquale 2020); peer health assistance support (Pace et al 2020); short sleep breaks (van Woerkom 2020) and utilizing trauma experienced to facilitate personal growth (Okoli et al 2021). A systematic review, identified within the search, revealed some evidence of benefits to nurses' well-being with the enaction of interventions such as mindfulness; supervision training and other preventative interventions (Duhoux et al 2017). One recent paper explored the impact of mindfulness on nurses revealing positive effects (Horton-Deutsch et al 2019). Studies that explored nurses' well-being in the UK (among advanced practitioners) revealed an average well-being score (compared with the general population) but yet a high level of stress (Wood et al 2020). Conversely, Yu et al (2020, China) found that nurses well-being was reduced if they were experiencing stress, especially if this stress was related to issues with other staff. Utriainen et al (2015) developed an interesting theoretical model, using survey data from nurses in Finland, that describes the various factors that contribute to nurses' well-being at work. This included: collegial relationships; perception of contributing to enhancing high-quality patient care; supportive and fair leadership; challenging, meaningful and well organised work and opportunities for professional development. Values-based leadership emerged as supportive for nurses in this regard, although it was observed that nurse managers while understanding the need to support nurses' well being provide a supportive environment, lacked knowledge and skills and often had limited support from higher levels of management (Adams et al 2019).

In keeping with the aims and scope of the Journal of Nursing Management (2021) the Journal primarily publishes research papers, undoubtedly contributing to its overall goal of providing an evidence base for nurses and nurse managers globally. The Journal also aims to inform practitioners and researchers in nursing management and leadership; explore and debate current issues in nursing management and leadership; assess the evidence for current practice; develop best practice in nursing management and leadership examine the impact of policy developments and address issues in governance. The extent to which the Journal is fully achieving these aims, especially in relation nurses' well-being and its effect on patient outcomes, is uncertain, given this analysis. The Journal recognises that "complex and rapidly changing nature of global health care is constantly generating new challenges and questions" and in this regard researchers and clinicians ought to be encouraged and supported to explore novel research questions that arise beyond the day-to-day immediacies and priorities.

Overall, in relation to this topic, greater conceptual clarity is required regarding understandings of well-being, and its link to job satisfaction, job demands & stress. Mechanisms of understanding nurses' well-being need to include understandings of the interdependent relationship of patient and nurse satisfaction. Understanding the influences of nurses' wellbeing needs to go beyond personal health and well-being and encompass organisational and management features, including role autonomy and progression. The concept of "wellbeing at work" (Utriainen et al 2015), rather than well-being per se, may be a useful for researchers to provide greater conceptual clarity. Consideration also needs to be given to the utilisation of a demand/control/support model (Alfaro-Díaz et al 2020, Karasek 1998) to effectively understand and measure well-being in this specific environment. Research ought to be developed and

encouraged that begins to explore the impact of specific interventions for nurses, specific relationships between nurses' well-being and patient outcomes and explores the topic longitudinally to build on the bulk of descriptive cross sectional data that exists. Large multisite international studies would also be useful. Studies to improve nurses'' well-being ought to focus on increasing nurse autonomy within their roles, improving managers' leadership skills and fostering a nurturing environment. Overall there is need to develop and disseminate research that examines the links between nurse well-being and patient outcomes to contribute to the body of knowledge in international nursing management and leadership worldwide.

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Organizational well-being and job satisfaction: cross-sectional study in a nurses' group

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INTRODUCTION: Job satisfaction impacts on multiple aspects of work environment, influencing productivity, performance, absenteeism, permanence, hiring, organizational commitment, nursing care. The purpose of the study was to describe the perception of the level of organizational well-being and job satisfaction by identifying the determinants of unwellness organizational at the ASL 3 Genovese "Villa Scassi Hospital".

METHODS: The cross-sectional study was conducted from April to June 2019; the information was collected through a questionnaire administered to a sample of 318 nurses made of 72 items and socio-demographic characteristics, of which 22 items examining the level of burnout and 50 items investigating the influence of psychosocial factors on the well-being of workers.

RESULTS: A total of 318 questionnaires were administered with an adhesion rate of 36.16%. 76.52% of the population is not satisfied with their working condition, while 20.86% is. The levels of emotional exhaustion were high as 30% of the interviewed sample was found to be emotionally stressed "several times a month" due to the work performed. 33.9% and 42.6% of the sample judged their work complex and interesting with a grade of 10.

DISCUSSION: There is a need to make health care organizations more aware that having a class of nurses who show passion and interest in their profession improves the quality of the work itself and the quality of care provided to clients.

KEYWORDS: Satisfaction, job, motivation, nurses, burnout, organizational well-being, autonomy

Innovation in organizational model of the Health Professions Research Unit in an hospital

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BACKGROUND: The organizational model of the Health Professions Research Unit is unique in Italy. It is a centralized sector within of the Intercompany Department of Integrated Activities Research Innovation, afferent to the Complex Infrastructure Research Training Innovation of the «SS Antonio e Biagio e Cesare Arrigo» Hospital of Alessandria. It emerges from a need to promote, structure and broaden research in the clinical-healthcare field with the primary aim of improving patient care. Its internal organization is represented by a Coordinator Director (PhD) with a function assignment and three research nurses.

AIM: Increase scientific production, promote partnerships with scientific communities, encourage the development of professional healthcare networks.

METHODS: The definition of specific result indicators on which to estimate the trend of annual activities. The institution of a company network of Department and Structure and the establishment of collaborations with Institutions and Universities.

RESULTS: From 2019 to 2021, 11 departmental and 67 Structure referents have been identified; 13 collaborations with National and 3 International Institutions have been activated (42% Increase), 23 clinical trials have been activated (92% increase), 7 articles on impacted journals have been published (100% increase) and 7 are under publication, 27 grey literature papers have been produced (47% increase)and have participated to 5 sponsored calls (100% increase)

CONCLUSIONS: The new organizational model established has achieved the objectives set, proving reproducibility in other national and international realities.

NURSING IMPLICATIONS: The model could increase at national and international level the scientific production related to the Healthcare professions with important benefits on the clinical outcomes of patients.

Predictors of poor seroconversion and adverse events to SARS-CoV-2 mRNA BNT162b2 vaccine in cancer patients on active treatment. Role of the Research Nurse"

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BACKGROUND: Vaccines have shown 95% protection from COVID-19 disease in healthy populations. Initial findings in cancer patients suggest a lower seroconversion and greater toxicity possibly related to myelo-immunosuppressive therapies.

AIM: We conducted a prospective study to assess factors predicting poor seroconversion and adverse events following immunization (AEFI) to the BNT162b2 vaccine in cancer patients on active treatment.

METHODS: Blood samples were collected by the research nurse at first dose (visit 1), second dose (visit 2), after 42 days (visit 3) and after 6 months (visit 4). At visit 1, 3 and 4 participants received: Hospital Anxiety and Depression Scale (HADS) and Distress Thermometer. Patients who ended treatment >6 months on active surveillance served as controls.

RESULTS: Between March and July 2021, 320 subjects were recruited and 291 were assessable. The lack of seroconversion at 21 days from the second dose was 1.6% (95% CI, 0.4-8.7) on active surveillance, 13.9% (8.2-21.6) on chemotherapy, 11.4% (5.1-21.3) on hormone therapy, 21.7% (7.5-43.7) on targeted therapy and 4.8% (0.12-23.8) on immunotherapy. Compared to controls, the risk of no IgG response was greater for chemotherapy (P=0.033), targeted therapy (0.005) and hormonotherapy (P=0.051). Lymphocyte count<1x109/L, older age and advanced stage also significantly predicted poor seroconversion. Overall, 43 patients (14.8%) complained of AEFI, mostly of mild grade. Risk of AEFI was greater in females (P=0.001) and younger patients (P=0.009).

CONCLUSIONS: A third booster dose and long-term serological testing is required in subjects who have not responded to the vaccine.

NURSING IMPLICATIONS: nurses must take responsibility for promoting and protecting the health of cancer patients.

KEYWORDS: Anti-SARS-CoV-2 vaccine, BNT162b2 SARS-COV-2 vaccination, Research nurse, Cancer patients.

Can a user-friendly system improve reporting of workplace violence towards emergency nurses? Findings of a multicenter study.

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BACKGROUND: Nurses, particularly emergency nurses, are among the health workers most exposed to workplace violence (WPV). Despite WPV recording systems are becoming more common, the under-reporting is still widespread. Studies suggest that the use of simple and easy registration systems could facilitate the reporting of violent events.

AIM: To verify if a friendly reporting system based on a Mobile-app can facilitate the WPV reporting.

Methods: The University of Florence has developed an application for Android and iOs to report incidents of violence towards emergency nurses. Started from 5 February 2018 and ended on 17 March 2019 in 20 Italian emergency departments, our 6-month study involved the participation of 386 nurses enabled to use this mobile app.

RESULTS: 189 participants answered the questionnaire at the beginning (time T0) and at the end (time T1) of the trial period. The questionnaire item about the frequency of reporting of violent events in the last 6 months was scored: 1 for "Yes, all", 2 for "Yes, some", 3 for "No, only informally", and 4 for "No, not at all". The answers obtained the following arithmetic mean values (M), standard deviation (SD) at time T0 and T1, respectively M = 2.65, SD = 0.972, and M = 2.26, SD = 0.864. The result of the Paired Samples t-Test returned a t=3.614, df= 99 and p-value <0.001.

CONCLUSIONS: This result indicates a statistically significant difference in the change in the propensity to report, even if for small values.

NURSING IMPLICATIONS: The technology cannot solve the problem of underreporting alone. To solve this problem it is necessary to act on several front.

PAROLE CHIAVE: workplace violence, emergency nursing, user-friendly system, under-reporting

Nursing competence in CRRT: creation and validation of a measurement tool

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BACKGROUND: Acute Renal Failure is an essential condition frequently encountered in intensive care units and requires targeted treatment. The nursing team must be adequately trained in the management of the patient undergoing CRRT.

AIM: To build and validate the CRRT–MCT (Continuous Renal Replacement Therapy –Measurement Competency Tool), which aims to measure nursing competence in managing patients undergoing renal replacement techniques.

METHODS: The most current guidelines for CRRT techniques were used to create an instrument to measure nursing competence. A pool of 10 experts evaluated this instrument. The pilot study examined content and face validity. Test-retest reliability with r-Person correlation and internal consistency reliability with Crombach's was assessed.

RESULTS: The CRRT–MCT achieved good content and face validity (S-CVI= 0.96; I-CVI=70%-100%), good internal consistency reliability (Crombach's = 0.83). Two hundred and forty nurses employed in intensive care units did pilot testing and test-retesting. The t-test showed no significant difference between test and retest results, confirming the stability of the tool (Pearson's r = 0.984; p-value <.001)

CONCLUSIONS: The instrument assesses nursing competence concerning CRRT techniques in the ICU and is valid, reliable and understandable.

NURSING IMPLICATION: The creation and validation of this tool enables nurses to understand their level of competence for the care of patients undergoing CRRT with the ultimate aim of becoming aware of their gaps and undertaking training to fill them to provide the best possible nursing care.

KEYWORDS: 'Continuous Renal Replacement Therapy', 'nurse competence', 'measurement tool'.

Educating the cancer patient about the immunotherapy toxicity: a descriptive observational study

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BACKGROUND: Immunotherapy can cause immune-related adverse events. Recognizing and communicating these symptoms is important for the patient to allow nurses to manage them promptly, avoiding complications or interruptions in therapy.

AIM: We conducted an observational study with the objective of creating a readable tool to be shared with patients to provide information on immune-related adverse events and provide clinical guidance to prevent and manage symptoms. Secondary objective was to determine the acceptability of the tool through a questionnaire developed ad hoc.

METHODS: For each patient, data were collected such as: sex, age, educational qualification, marital status, area of residence, diagnosis, comorbidities, therapy, performance status. The information tool and a questionnaire were administered with the aim of evaluating its acceptability and feasibility.

RESULTS: 35 patients were enrolled (mean age 65 years, standard deviation 10.7). The drugs used are: Pembrolizumab, Nivolumab, Atezolizumab, Durvalumab. A preliminary analysis of the data revealed a poor knowledge of immune-related adverse events (skin rash, thyroid disorders, pneumonia, gastrointestinal disorders, fatigue). All patients find the educational tool useful and easy to understand for recognizing and managing symptoms of therapy. The format of the tool was also appreciated.

CONCLUSIONS: Patient education is of fundamental importance to ensure early identification of immune-related adverse events, to avoid severe grades of toxicity and therapy interruptions, also causing a poor patient quality of life.

NURSING IMPLICATIONS: The nurse has a fundamental role in educating the patient about possible immune related adverse events and training courses are also needed in collaboration with oncologists.

KEYWORDS: immune-related adverse events, cancer patients, therapeutic education.

Social and community theatre as a response to the stress experienced by nurses, health professionals, and the relatives of those treated during the pandemic: the experience of the Mauriziano Hospital

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BACKGROUND: Medical Humanities and participatory experiences connect Culture, Art and Health promoting well-being, health. The Social and Community Theater is part of this approach. From the data collected by health care professionals and family members, it emerged the great fragility to which we were exposed in time of pandemic.

AIM: Describing the experience of care, connection and empathic understanding of health care professionals and family members' fragility and pain during the Covid period, in order to highlight the importance of an health and social community that takes care of itself.

METHODS: Qualitative descriptive study conducted according to the methodology of the Social and Community Theatre with the involvement of internal networks: Directions, nursing and health groups and external partneship (anthropologists, psychologists, artists). Dramatic/theatrical approach autobiographical narration's one.

RESULTS: Five hundred people involved in two events in which they shared stories of care professionals and patients' families. The great pain obtained a new human and symbolical meaning. Connection of different symbolical levels : body, relationship, olive tree, ground, water.The book "An olive tree to remember and celebrate life" was published: it enriches narrations with human value. Moreover recurring and common themes and emotions emerged from the analysis.

CONCLUSIONS: The experience created the conditions for the structured use of the methodology in order to strengthen life skills in health care professionals for events management, that generates high levels of work stress.

NURSING IMPLICATIONS: Reflection on the importance of giving voice and sharing the experiences in multiprofessional and social communities to give meaning to the ethical and human sense of one's action in the   relationship of care.

KEYWORDS: Nurses, family members, care relationship, narratives, symbols, Social and Community Theater

Nutrition and Health: Survey on Food Awareness in Teenagers

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BACKGROUND: According to the WHO, 86% of deaths and 75% of healthcare costs in Europe are attributable to diseases, which share risk factors, including obesity, overweight and high blood pressure. Common point to these factors is their modifiability, adopting correct life habits.

AIM: It is, therefore, appropriate to investigate teenagers' eating habits, in order to familiarize them with the risks associated with incorrect diet, develop their critical thinking regarding sources of information and strengthen their life skills. The chosen approach to achieve these goals is to develop food education programs focused on Peer education.

METHODS: To collect the necessary data, Focus groups have been run in November 2017, in "Da Vigo Nicoloso High School" in Rapallo (Genoa). A random selection of participants, within homogeneous groups (ages 13-14 and 17-18), has been applied.

RESULTS: Eating choices among teenagers represent a strong element of identity. Sharing experiences produces consequences on individual and collective tastes. Awareness in young people regarding correct food choices grows with increasing age; so does sensitivity to being conditioned by interpersonal relationships and messages conveyed through the mass media.

CONCLUSIONS: It is advisable to develop education programs, specifically aimed at individuals in the age range 13-18. This will both develop their skills in the field of food awareness, and it will enable them to become the source of positive influences within their families and among their acquaintances.

Nursing Implications: Nurse plays a fundamental role as an active subject in this field of primary prevention, transmitting knowledge to the recipients, coordinating with other professional figures (psychologists/professional educators).

KEYWORDS: Education, Nutrition, Health, Eating disorders, Food awareness, Teenagers, Social media

Prevalence of Post Traumatic Stress Disorder, Anxiety and Depression among COVID-19 survivors 1 year after Intensive Care discharge.

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BACKGROUND: Survivors of Intensive Care are known to be at increased risk of developing longer-term psychopathology issues. Aim. The aim of this study was to determine the prevalence of posttraumatic stress disorder, anxiety and depression among COVID-19 survivors 1 year after discharge from an Italian Intensive Care Unit (ICU).

METHODS: We conducted a cross-sectional study between April and August 2021 among 86 adults COVID-19 survivors in Lecco (Italy). The PTSD was measured using the PTSD-checklist (PCL), HADS scale was used to measure anxiety and depression. Chi-square test or Fisher exact two-tailed tests were used to test for associations and the multiple logistic regressions model to determine factors that were independently associated with the outcome variables.

RESULTS: The mean PTSD, anxiety and depression scores were (38.6 ± 6.3), (5.1 ± 3.8), (6.9 ± 3.7) respectively. Based on cut-off scores, the prevalence of PTSD (PCL ≥ 45), anxiety (HADs score ≥ 8) and depression (HADs score ≥ 8) were (n = 20, 23.2%) (n = 22, 25.6%) and (n = 38, 44.2%) respectively. COVID-19 survivors who experienced a decreased level of exercise post-ICU discharge were more likely to show symptoms of depression (AOR = 2.57; 95%CI: 1.31–6.85, p = 0.027) and anxiety (AOR = 3.19; 95%CI: 1.29–8.32, p = 0.021) compared to those whose exercise remained the same post-ICU discharge. In addition Older COVID survivors (≥55 years) were more likely to show symptoms of depression (AOR = 8.2, 95% CI: 1.97–24.45, p = 0.001) and anxiety (AOR = 3.26; 95%CI: 1.12–8.1, p = 0.022) compared to younger ones (< 55 years).

CONCLUSIONS: Our findings show that PTSD, anxiety and depression are common among the COVID-19 survivors in Lecco.

Nursing Implications: Nurses play a key role in the public health response to such crises, delivering direct patient care and reducing the risk of exposure to the infectious disease.

KEYWORDS: COVID-19, Anxiety, Depression, Post-traumatic stress disorder; Intensive Care Unit.

Workplace well-being of Advanced Practice Nurses and patient outcomes

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BACKGROUND: Workplace well-being has been defined as a state of pleasure in doing your own job. Work engagement is an effective indicator to measure workplace well-being.

AIM: To investigate the level of work engagement among the Advanced Practice Nurses and describe patient outcomes.

METHODS: A survey based on Utrecht Work Engagement Scale-17 (ranging 0-6) was administered to 11 Advanced Practice Nurses; data were collected in August 2021. Different outcomes were detected: incidence of pressure ulcers in COVID 19 patients; postoperative issues; number of cornea donations in eligible patients (from 2017 to 2020); number of preoperative stoma site marking.

RESULTS: The results showed a median age of 48 [41-52] years, most of the partecipants were women (63.64%). Advanced Practice Nurses showed high levels of engagement as a whole (5.18±0.30) and on vigor (4.91±0.82), dedication (5.51±0.80) and absorption categories (5.12±0.68). 360 patients with COVID-19 were observed and only 17 of them (4,5%) had Pressure Ulcers (density incidence: 2,72ulcers/1000 patients·day).

Intervention by case manager completely solved the patient's problem in 10 cases (71.43%) during the postoperative period. A 13% increase in corneal donations was observed in eligible patients from 2017 to 2020. Preoperative stoma site marking was present in 103 (99.3%) of eligible patients.

CONCLUSIONS: Advanced Practice Nurses present high levels of work engagement. Outcome results are coherent with the literature; a high level of work engagement seems to correlate with better patient outcomes.

NURSING IMPLICATIONS: Postgraduate nursing training improves clinical outcomes for patients and process indicators. Healthcare organizations management should value workplace well-being of their Advanced Practice Nurses.

KEYWORDS: Work engagement, Advanced Practice Nurses, Outcomes.

Nurses' attitutudes about the ESAS scale in oncology: cross sectional observational study

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BACKGROUND: The evaluation of signs and symptoms in cancer patients has to be realized by validated screening tools, such as the ESAS scale that is considerend by scientistists an appropriate instrument.

AIM: I conducted an observational study.

The primary objective of my study was to describe the nurses' attitude towards the ESAS questionnaire. The secondary objective was to assess the level of agreement between the compilation of the ESAS by the nurse and by the patient.

METHODS: I prepared a questionaire with eleven items for the nurses in order to understand their attitude forward the ESAS scale.

Secondly, I administered the ESAS scale to the cancer patients and the nurses also completed the scale; they answered using their knowledges about the patients.

RESULTS: 12 nurses took part to my project.

For each question at least one nurse answered "completely in agreement" and no one answered "disagreement" or "completely disagreement".

Furthermore, a significant difference between the answers gave by the nurses and the answers gave by the patients is present for 5 symptoms of the ESAS scale: pain, tiredness, drowsiness, nausea, shortness of breath.

For the other symptoms (depression, anxiety, appetite and wellbeing) I didn't find significant differences.

CONCLUSIONS: The evaluation of signs and symptoms in cancer patients is an activity of primary importance as it is able to significatly improve the quality of life and the therapeutic results.

Nursing Implications: nurses must take responsibility in order to promote and protect the health of cancer patients.

KEYWORDS: ESAS scale, signs and symptoms, cancer patients

Nursing education in Albania: Evolution and future prospects of health policy

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BACKGROUND: Nursing in Albania has grown rapidly over the past decade in response to government initiatives to strengthen primary care. There is limited data on how this expansion has impacted the role of the nurse leadership, the scope of practice, and the characteristics of the workforce.

AIM: The purpose of this study is to try to describe the current demographic and occupational characteristics of Albanian nurses.

METHOD: A national survey was undertaken to describe the demographics, clinical roles, and skills of nurses. This retrospective study will attempt to describe the situation of nurses from 2009-2021 and the analysis in the processed dataset was carried out to explore changes in the workforce over time.

Results: This study presents a retrospective analysis of Albanian nursing regarding the evolution of nursing. It also provides some information on the preparations for vocational training. In this study it is highlighted that there has been a reformulation of the theme of nursing professional qualification, and the need to improve the quality of educational processes and a wide offer of continuing education for Albanian nurses.

CONCLUSION: This study identified that some of the structural barriers to nursing in Albanian general care have been addressed over time. However, it also identifies ongoing barriers that impact the development of the nurse's role. Understanding and addressing these issues is critical to optimizing both the effectiveness of the nursing workforce and undergraduate education.

NURSING IMPLICATIONS: There is a clear indication of increased intellectual and conceptual accumulation in the decades when professional nursing education at the technical level has been part of the public policy agenda. This knowledge serves as a reference for the formulation of new actions aimed at other professionals who provide direct assistance to the population.

KEYWORDS: Health policy, Leadership, Nurse' roles, nursing workforce

The Role Of The Leader On The Nurses Perception Of Work Well-Being

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BACKGROUND: Work well-being can affect performance and quality of care. Previous literature described the influence of leadership styles on nurse turnover, job satisfaction, attitudes and behaviours. There is a need to explore more nurses' perception of their leaders and related effects in the work environment. Aim: The aim of this study was to explore relationships between nurses' inspiration by the leader and nurses perceptions of work pleasure, work problems, and teamwork satisfaction.

METHODS: This was a cross-sectional pilot study based on the theory of social exchange (Gouldner, 1960). We administered some of QEEW instrument scales to nurses working in five medical-surgical wards of a hospital. Simple linear regression analysis were performed.

RESULTS: We received 81 completed questionnaires. The inspiration by the leader showed to be an antecedent of work pleasure (R^2=26%), work problems (R^2=30%), and teamwork satisfaction (R^2=28%).

CONCLUSIONS: An inspiring leadership was associated with nurse perceptions of reduced work problems, and increased teamwork satisfaction and work pleasure. The role of the leader and the use of an appropriate leadership style is therefore essential to increase levels of well-being in nurses. Future studies with a larger sample are needed to confirm our findings.

NURSING IMPLICATIONS: Our results suggest that leadership style has a prediction effect on perceived nurse well-being. Moreover, leadership style has an impact on work climate and interdisciplinary teamwork. Therefore, chief executives should invest energies in leadership training and continuing education in order to develop among ward manager's effective leadership competencies.

KEYWORDS: Leadership style; Nurse; Satisfaction; Work Pleasure; Work problems; Work Well-being.

Identification of nursing workload determinants for management of staffing resources: a cross-sectional pilot study

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Background: Top managers and policy makers measure nursing workload (NW) based on nurse-to-patient ratios or on nursing hours per patient a day, as a standard. To offer patients care of quality and to prevent negative outcomes on staff, leaders should consider specific workflow aspects when determining staffing assets.

AIM: The aim of this study was to identify some of NW determinants, particularly those linked to adequacy of staffing resources.

METHODS: This was a cross-sectional prospective pilot study. Data were gathered in five medical-surgical wards of a University Hospital, through an online survey, asking nurses at the end of every shift, for three consecutive weeks, to describe the workload perceived.

RESULTS: We collected 205 surveys. A multivariate regression model was tested. Adequacy of staffing resources was significantly related to NW (=0.372), whether nurse-to-patient ratio was not.

CONCLUSIONS: Our findings, although arising from a pilot study, are very important for organizations. These results put in discussion what was up to now used to take decisions on staffing resources, i.e., Nurse-to-Patient Ratios or Nursing Hours Per Patient a Day indicators. Further research is needed to confirm our results.

NURSING IMPLICATIONS: Our findings can be useful to hospitals middle and top management for definition of staffing assets. Adequacy of staffing includes not only the number of nurses and nurse assistants present in the shift, but also their expertise and ability to organize the work of these resources. Therefore, staffing adequacy rather than nurse-to-patient ratio should be considered when planning staffing assets. Interventions to improve nurses and nurse assistants' expertise are essential.

KEYWORDS: Nursing workload; Staffing resources; Workflow; Management; Leadership.

Being listened to is good: for the nurse and for the profession

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BACKGROUND: There are approximately 8,500 nurses and pediatric nurses enrolled in the Order. The working reality of nurses is complex with many critical issues, both in the organization, in inter-professional relations and in relations with users.

In this context, phenomena of early abandonment of work, emotional exhaustion, burn-out, anxiety and stress appear, which significantly affect health and well-being conditions.

The Order of Nursing Professions (OPI), to understand the needs of the profession, involved a team of nurse counselors, a listening service to welcome and support operators in times of difficulty, personal crisis and professional transformation.

AIM: Create the health-well-being conditions of the nurse and the client; Improving self-knowledge and awareness, self-esteem, acquiring one's potential, living emotions with greater balance, seeking inner harmony. Support the relationship, compliance, improve organizational well-being and leadership

METHODS: Creation of a working group of expert nurses counselors and coordinator designation; Creation of a safe space "Listening Desk"; Continuous training and supervision; Dissemination of information; Active listening and individual and group interviews.

RESULTS: Safe space for listening and welcoming; Sharing of emotional and professional experiences; Reduction of conflict; Improvement of interpersonal relationships; Adoption of strategies for reducing anxiety and crisis levels; Activation of a request for help.

CONCLUSIONS: The Listening Desk represents a reality that brings the institution closer to the needs of the operators.

They find a space of awareness to face the emotional crisis, the necessary synergies are created to improve their well-being, nurses their resources and dedicate time and love for themselves.

NURSING IMPLICATIONS: Improvement of professional relationships. Optimization of the health-well-being conditions of the nurse and the client. Promote relationships, compliance, organizational well-being and leadership

KEYWORD: Hospitality, Leadership, emotional exhaustion, emotional crises, health wellness, awareness, support, I listen, helping relationship, moral distress.

Working wellbeing between new employees and expert nurses

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INTRODUCTION: The human factor represents a fundamental element in health care processes and influences the result; never as between 2019 and 2020 has such a large number of new hires been introduced in the various public and private companies for social and health assistance. In this context, a fact-finding survey was conducted by the Decentralization Commission of Opi Genova in the months of June and July. The aim was to measure organizational health in terms of variables depending on the relationship between colleagues with different professional experience.

METHODS: To conduct the survey, a structured interview was conducted with the nursing staff on work well-being and the relationship between professionals with a sample of nurses operating in different types of health organizations in Genoa.

RESULTS: The results of the survey generally show the presence of stress and fatigue in all structures considered mainly due to the emotional burden of the months of the pandemic. Professional integration and general satisfaction were found in all types of structures considered. Some dimensions such as climate essentially depend on each individual case and on the personal character component of each individual. The quantitative results were represented by graphs and the qualitative results by word clouds.

CONCLUSIONS: To fulfill their role it is necessary that operators are satisfied and motivated within the organization in which they operate. It is therefore necessary that all operators are satisfied and satisfied by the emotional context in which they are inserted.

KEYWORDS: wellbeing, job satisfaction, expert nurses, novice nurses, organizational climate

Nursing students and sport: health promotion, team building and professional skills education

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BACKGROUND: Nursing profession requires a complex set of capacities, such as team building, reaching a common goal, understanding of different roles, good communication, and positive conflict resolution. Teaching this kind of competencies during the university course is challenging. Team sports require quite similar abilities to those of a nursing tam. Introducing team sport into academic course could contribute to teach and to train these key competencies to nursing students.

AIM: To improve important personal skills for nursing profession through team sport.

METHODS: Students were invited to participate in team sport activities. To promote autonomy and initiative students were asked to create two teams (soccer and volleyball), to organize groups, to assign roles, and to choose the uniform. The two teams participated to a city university sports championship. Nursing school supported students in all the activities. At the end of the sport season, an anonymous questionnaire was administered to students.

RESULTS: 24/107 nursing students (22.4%) participated, 13/24 males (54%) and 11/24 females (46%), (mean age 22.42 years, SD±2.28). 15/24 students (62.5%) attended all the training sessions. Students satisfaction was generally very positive in terms of physical wellness (87.5%), team building (95.8%), sharing and working for common goals (100%), and positive conflict resolution (100%), both when witnessed and experienced. All students would repeat and recommend the experience.

CONCLUSIONS: Results were generally positive, but further research is necessary to evaluate potential positive effects in terms of nursing activities.

NURSING IMPLICATIONS: Nursing course is very challenging, and promoting team-sport activities among students could have positive impact on professional skills education.

KEY WORDS: Nursing students, team sport, professional skills

Essential elements in determining patient's complexity of nursing care

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BACKGROUND: Nurses dedicate majority of working time to satisfy patients' needs, which are oftentimes complex. Although the concept of patient's complexity of care (PCC) has been extensively studied, it remains undefined in its essential characteristics. Various tools for assessing PCC have been developed, yet, there is no gold standard of reference.

AIM: This study intends to explore the elements that determine PCC focusing on the patient's needs.

METHODS: The bed management team of a University Hospital developed in 2010 a PCC measurement instrument, similar to a triage system, to classify rapidly patients into macro-levels of care complexity (low, medium, high, intensive). Descriptive analysis of prospectively collected data registered in nursing records during 2016-2017 are presented in this study. The incidence of individual metrics on the value assigned to the overall PCC level was calculated.

RESULTS: 26593 patients' records were analyzed. The final level of PCC was equal to patient's level of autonomy in 92,2% of cases, to clinical stability in 74,4% and to cognitive status in 58,4%.

CONCLUSIONS: Our finding indicate that essential elements to determine PCC are patient's autonomy and clinical stability. Therefore, nurses can use these metrics to classify quickly PCC in their work settings.

NURSING IMPLICATIONS: Identifying and measuring PCC is very important for nurses. It can facilitate and support nurse decision-making in design, implementation and evaluation of activities aimed at improving patient care. Moreover, it can help in the distribution of care loads in the shift, and from an organizational point of view, it can allow defining staffing assets.

KEY WORDS: Patient; Complexity of care; Levels of complexity; Nursing; Determinants.

Nursing management and prevention of malnutrition in the patient with head-neck cancer

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BACKGROUND The nursing record is often devoid of tools for nutritional evaluation: detection of signs and symptoms, nutritional screening such as the Malnutrition Universal Screening Tool (MUST) and the Mini Nutritional Assessment (MNA), anthropometric parameters: such as weight; with these tools. Therefore, it is possible to frame the patient according to his nutritional status and establish the most appropriate care path. Inappropriate documentation can create a negative nutritional spiral that carries an increased risk of serious health-related complications. It also hinders follow-up. In the literature it emerges the importance of using dysphagia screening and nutritional status assessment, these must be introduced into the hospital routine to avoid the damage caused by dysphagia and malnutrition. The literature shows how nutritional risk affects the increase in mortality, morbidity, days of hospitalization and re-admission to hospital one year after discharge. Malnourished patients had a longer hospital stay than normally fed patients, used more drugs and underwent more diagnostic tests and finally greater mortality. Malnutrition, to treat it appropriately, would be enough to be detected with simple screening tools.

AIM: This study aimed to estimate the prevalence of hypoalbuminemia in hospidalized elders before treatment for free flap plastic surgery after intervention for head-neck cancer, their nutritional status and lenght of stay.

METHODS: Retrospective observational study with 28 patients with head and neck cancer who underwent free flap recostruction in hospital at the Galliera Hospital Genoa during two years from Jenuary 2017 to December 2018. Clinical and surgical procedure-related factors were retrieved from a database and analyzed.

RESULTS: 28 patients (19 men, 9 women) were included in this study. The mean age of the study population was 61 years (range, 18 to 80 yr). The mean BMI was 23.30 kg/m2 (range, 17.53 to 30.9 kg/m2). The mean lenght of stay was 35 days (range, 11 to 122 days). The mean of the level albumin was 3.34 g/dl (range, 2.1 to 4.5 g/dl). One surgical mortality was noted.

The data emerged from the survey report the values of albumin (p-value<0.001) and lymphocytes (p-value<0.074) decreasing compared to the entrance, an extremely significant figure is also that of the days of hospitalization (p-value<0.001), which almost double in presence of one or more complications. The comparison between the average value of the days of stay of the stitches in patients without complications and the mean value of the days of stay of sutures in patients with complications (p-value<0.0003), with a percentage deviation of 51.96%.

The difference in patients with a lower incoming plasma albumin level compared to the group with normal levels allowed comparative analyses with respect to outcomes.

13 patients demonstrated albuminemia levels below the threshold of normal input, 15 adequate levels. The 13 patients with different albumenemic libellus developed site infection with an increase in average hospitalization days of 49.92 days (st.dev 26.26) against an average of the other group of 22.80 days (st.dev 10.50) the difference was significant The two-tailed P value equals 0.0011; also the permanence of the stitches in site is different between the two groups with an average of 45.77 days (st.dev 20.31) against an average of the other group of 23.80 days (st.dev 6.20) The two-tailed P value equals 0.0003

Conclusion: the prevalence of hypoalbuminemia, and the nutritional status and the length of stay seems to be related. Thus, it is suggested that monitoring albumin levels should be done to evaluate the risk that the patient has to develop malnutrition and other complications during hospital stays.

KEYWORDS: Hypoalbuminemia; Hospitalization; Malnutrition; Nutritional care; Oral cancer; Free flap; Lenght of stay.

Knowledge and attitude towards identification of sepsis, systemic inflammatory response syndrome (SIRS) and septic shock among nurses in wards of three Genoese Hospitals: an observational descriptive study

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BACKGROUND: Sepsis is a life-threatening condition which is difficult to recognize. The use of a questionnaire developed by Dr Rahman et al in 2018 could be a valid instrument for assessing the knowledge and attitudes of nursing staff towards the recognition of this syndrome.

AIM: We conducted a descriptive observational study at three Genoese hospitals (E.O. Ospedali Galliera, IRCCS Ospedale Policlinico San Martino and Ospedale Villa Scassi) to investigate the knowledge and attitudes of nurses regarding sepsis, systemic inflammatory response syndrome (SIRS) and septic shock.

METHODS: After gaining the author's authorization, the questionnaire was translated into Italian with the backward-forward translation method. Subsequently, five experts were asked to state the Content Validity Index on a 4-point Likert Scale with a final value of 0.88. Then the research instrument was forwarded to the head nurses of the medical, specialist, surgical, critical, and intensive wards of the three hospitals mentioned above.

RESULTS: Nurses were reach between July and September 2021 and data collection will end on Sunday 19 September 2021. Different degrees of nursing skills will be identified, and the expected results will be classified according to the experience of the nurses, the type of care provided in the individual hospital departments and specialized staff training.

CONCLUSIONS: The understanding and awareness of nurses on sepsis, SIRS and septic shock should be high to improve the patients' outcome.

NURSING IMPLICATIONS: Nurses should recognize the indicators of sepsis, SIRS and septic shock so that appropriate treatment and care can be started off for affected patients.

KEY WORDS: sepsis, septic shock, systemic inflammatory response syndrome (SIRS), nurses' knowledge, attitude.

Analysis of quality palliative care in a specialized medicine setting: an observational study

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BACKGROUND: Recently health economic expenditure has increased considerably determining an increased awareness of excessive use of "low-value care" treatments, especially for chronic-degenerative diseases.

AIM: Describing Quality of life (QoL) of patients and palliative care's skills of nurses in internal medicine unit.

Methods: Observational study conducted in an internal medicine unit that admit patients with chronic critical illness. Patients' QoL was measured with the integrated Palliative Care Outcome Scale (IPOS), and nursing staff skills regarding palliative care with the Questionnaire of Professional Skills Nurses in Palliative Care (QVPICP). IPOS was administered at admission and one week later.

RESULTS: All the patients (n=13) accepted to participate to the study (mean age 80 years; SD ±15). Eight (61%) were female. All the nurses invited (n=17) completed the QCPICP. Most of them was female (70%). The mean age was 40 years SD ±14. Nurses perceived they have skills, knowledge, and abilities to approach patient's palliative care path (mean QVPICP: 7). IPOS means scores were worse in the following variables: pain (before: 3; after: 4); lack of mobility (before: 3; after: 4); sleepiness (before: 3; after: 4); depression (before: 3; after: 4).

CONCLUSION: Patient's QoL showed a worsening in the after assessment. Although nurses perceived themselves skilled in taking care of patients with palliative care needs, organizations may not allow nurses to perform their role to the best of their competencies.

Nursing Implications: Team briefing and debriefings in internal medicine unit may promote a holistic approach aimed at improving patients' QoL.

KEYWORDS: patient satisfaction, quality of life, Hospitals, Chronic Disease, Health-Related Quality Of Life, Palliative Care Nursing, palliative care, nurse led, Clinic, Nurse-Led, Nurse Led Clinics

Children and Youths' Perception of Food: An Evolutionary Concept Analysis

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BACKGROUND: Children's and adolescents' food experiences are inadequately understood. A concept analysis is needed to help advance a conceptual definition of children and adolescents' perception of food.

AIM: This work aims to clarify the concept of food perception among children and adolescents following Rodgers's evolutionary method for concept analysis.

METHODS: A search on two databases, CINAHL and PubMed, was conducted between October 2020 and April 2021. The key search terms used were: perception, awareness, recognition, child, adolescent, food, nutrition. Inclusion criteria were: English language, scholarly/peer-reviewed articles published between 2000 and 2020, studies of children and adolescents' perceptions of food using qualitative or quantitative or mixed methods. A total of fifteen articles that met the inclusion criteria were analyzed. The coding process and thematic analysis followed the phases of Rodgers's Evolutionary Method. Thematic analysis revealed common themes related to the concept, attributes, antecedents, and consequences.

RESULTS: Four attributes were identified, including food taste and appearance, availability, cost and convenience, time effort and nutritional value. The antecedents are parental, social, emotional, and cognitive development influences. The consequences include adequate nutrition, healthy lifestyle, growth, and malnutrition.

CONCLUSIONS: This is the first study exploring the concept of food perceptions among children and adolescents, examining the key elements that determine and influence this concept including the influences of culture.

NURSING IMPLICATIONS: Further studies exploring the use of this concept among other disciplines and specific clinical settings are needed to allow nursing researchers to perform more tailored and valuable future interventions around this topic and this population.

KEY WORDS: concept analysis; children; nursing; food; perception

Sexual and reproductive health in adolescents: validation of the questionnaire SexContraKnow instrument in Italian

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BACKGROUND: Adolescents have an inadequate level of health literacy, particularly regarding sexual and reproductive health and the use of birth control methods. This contributes to a high percentage of unintentional pregnancies and sexual behaviors that endanger the entire population.

AIM: The purpose of this study is to validate the questionnaire, Sexcontraknow Instrument, in Italian, in order to evaluate the health literacy of adolescents, aged 14 to 19, regarding sexual and reproductive health, particularly on the use of contraceptive methods.

METHODS: This is a quantitative research study that aims to validate a knowledge tool on sexual and reproductive health in the adolescent population.

RESULTS: The Sexcontraknow Instrument questionnaire has been translated according to the process indicated by the EORTC Quality of Life Group validation criteria. The linguistic validation of the questionnaire in Italian was carried out using the forward-backward translation method. The content validity process was carried out by a group of 9 experts in the area of sexual education addressed to the study population, such as: doctors, midwives, gynecologists, teachers and health assistants. The face validity process, however, was carried out with a sample of convenience made up of 12 students aged 14 to 19 years, homogeneous in the gender.

CONCLUSIONS: The SexContraKnow Instrument questionnaire has been transalated in Italiana and face and content validity has been performed.

NURSING IMPLICATIONS: Having a tool that help evaluate the knowledge of young people, aids the nurse in preparing and making up for shortcomings through proper education, reducing the negative effects of poor literacy.

KEYWORDS: Health literacy, sexual and reproductive health, contraceptives, adolescents, evaluation process

Assessing patients' self-efficacy in Chronic Obstructive Pulmonary Disease: translation, content and face validation of the "Understanding COPD Questionnaire"

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BACKGROUND: Chronic Obstructive Pulmonary Disease (COPD) is a condition that badly influences patients' quality of life. The self-efficacy reached by educational programs is related to the patient's satisfaction, as active participation is fundamental to physical improvement and learning new skills.

Aim: To translate in Italian and assess the content and face validity of the "Understanding COPD (UCOPD) Questionnaire" pourposed by Dr. B. O'Neill in 2012.

METHODS: Once author's consent was gained, the forward Italian translation was independently performed by two native speakers. The reconciled Italian version was then backward translated by two english speakers with comments, according to the "European Organisation for Research and Treatment of Cancer quality of life" guidelines. The final version was analyzed by experts to evaluate the level of relevance of each item using a 4-point Likert Scale. From these results we calculated the Item and Scale Content Validity Index (I-CVI; S-CVI). Subsequently, face validity was conducted by asking non-experts, using semi-structured interviews, if the survey was clear and easy to understand.

RESULTS: For the content validity analysis were enrolled 5 physicians, 4 nurses, 2 physiotherapists).

The survey showed a good level of content validity (S-CVI 0.90, I-CVI 0.63–1). The face validity analysis was conducted on 7 people affected by COPD. They declared to understand and clearly read all the items of the questionnaire.

CONCLUSIONS: The translated UCOPD Questionnaire was confirmed in its content and face validity.

NURSING IMPLICATIONS: Further perspectives are the use of the questionnaire to assess the level of self-efficacy and satisfaction in a cohort of Italian patients.

PAROLE CHIAVE: COPD, Patient education, survey, Tool validation

Music before undergoing cardiac catheterisation between preference and reality. A pilot study

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BACKGROUND: Previous studies have reported beneficial effects of music in the context of health care: anxiolytic, distracting, pain reliever, promoting nutrition, socialization and comfortable environment.

AIM: In this pilot study, the patient's point of view before undergoing cardiac catheterization procedure was described. Attitudes to music, including habitual listening by genre and broadcasting were compared with its useful in hospital and in the specific pre-procedural condition.

METHOD: In this cross-sectional study, the interview was conducted through a semi-structured paper questionnaire, subjected to face validity. The sample consisted of patients waiting for the procedure (N=45) included by randomized sampling. A Spearman coefficient was conducted to observe statistically significant correlations. Data were analysed using 24.0 SPSS software.

RESULTS: 80% of respondents prefer Italian pop music during procedural waiting, played by loudspeakers (71%). they think music can help them engage the wait (55.6%) and alleviate unpleasant feelings (33.3%). Favorable attitude to music in hospital (91.1%) is significantly correlated to its useful in hospital (p=0.01) but only 8.9% actually use it.

CONCLUSIONS: Music Preferences support pre-recorded Italian pop music played with loudspeakers, recognized by the patient as the most desired activity while waiting for the procedure.

NURSING IMPLICATIONS: The patient's choice to attribute to music the ability to alleviate unpleasant sensations before the procedure is due to the need for emotional support, to which it can effectively respond. Studies are needed to explore preferences before, during and after music listening and also educate stakeholders in the use of guidelines for music based interventions.

KEY WORDS: music, music therapy, cardiac catheterization, patient preference, psychological distress.

Nursing Professional Identity: A Cross-Sectional Study

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BACKGROUND: Becoming a good nurse is a mandatory goal for each nurse and a daily challenge. Nurses have the responsibility to maintain the highest level of professional integrity and quality not only to protect patients and their families but also to positively influence nursing students. In fact, students learn how to become good nurses if they really experience that from all nurses they meet during their training. It could be useful to take a "general picture" of nurses who work every day into our hospitals.

AIM: To evaluate the level of nursing professional identity. Methods. A cross-sectional study was designed. An anonymous structured questionnaire was administered to nurses in a hospital Rome.

RESULTS: 334 nurses participated and they were mainly female (80%); mean age: 37.11ys (SD 8.49); 15.87% had health professionals in family, and nursing profession was the first choice for the 72.16%; 93.71% had family support. In nursing profession, empathy and both human and technical requirements were important for more than 94.91%. 84.73% would repeat the nursing choice, and 79.64% would recommend that. Only 64.97% was satisfied about their profession.

CONCLUSIONS: Nursing profession is a controversial profession, with motived and passionate professionals but still unsatisfied. Professional identity is a delicate and complex topic, and an essential part that consistently influences the personal attitude to reach the best nursing practice.

NURSING IMPLICATIONS: Professional identity is one of the first aspects to take into account to better understand in which way nurses could influence colleagues, patients and their families, and finally nursing students during their daily practice.

KEY WORDS: Professional identity, nursing profession, nurses

Impact of COVID-19 on the parent-nurse relationship in NICU: a phenomenological study of nurses lived experience

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BACKGROUND: During the Covid-19 pandemic, the family presence in hospital was reduced, or excluded, to limit the contagiousness, but that could impact negatively on the quality of communication, family education, and the best development outcome for the newborn.

AIM: This study aims to explore and describe if and how the pandemic influenced the relationship and care provided to the family in NICU (Neonatal Intensive Care Unit).

Methods: This is a descriptive qualitative study. The data were collected through a questionnaire and semi-structured interviews with 7 NICU nurses from different Italian Regions in the period June-August 2021, by snowball sampling. Thematic analysis by Braun & Clarke method was conducted.

RESULTS: The data show an overview of the hospitals' choices about parents' access to NICUs, from total to partial closure. The thematic analysis revealed how some nurses have boycotted corporate choices in favor of child's and family's well-being, while others have consolidated the idea that NICUs must remain closed. Moreover, nurses report that they standardized their practice rather than individualize care.

CONCLUSIONS: The Covid-19 limitations created many inconveniences and negatively impacted the quality of the care provided, as the safety of the discharge of these fragile patients. Nursing Implications: It is important to evaluate how this situation impacts long-term patient outcomes, but also how some organizational decisions influence the well-being of professionals, who facing difficult choices, during a health emergency. This study aims to give leadership data to understand the value that the family has in the care process in NICU and that parents cannot be considered "visitors".

KEYWORDS: NICU, Covid-19, paediatric nursing, family engagement, Family Centered Care