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EUROPEAN FEDERATION OF EDUCATORS IN NURSING SCIENCE

FÉDÉRATION EUROPÉENNE DES ENSEIGNANTS EN SCIENCES INFIRMIÈRES



BOOK OF ABSTRACTS |

FINE WORKGROUP | 19–20 NOVEMBER 2026, PORTO, PORTUGAL

TOGETHER FOR TOMORROW
Rethinking Nursing Education in Europe

UNIVERSITY OF PORTO | EDIFÍCIO ABEL SALAZAR
RUA PROF. VICENTE JOSE DE CARVALHO, 158
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CONFERENCE INFORMATION

FINE WORKGROUP 2026

Together for Tomorrow: Rethinking Nursing Education in Europe

19–20 November 2026
Edifício Abel Salazar, University of Porto, Portugal

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Porto_Book of Abstracts FINE 2026.indd 2 12/11/26 11:54

TABLE OF CONTENTS

1. **Welcome Messages** **2**
2. **Keynote Speakers** **4**
3. **Workgroup Programme** **6**
4. **Book of Abstracts**
   - Index 10
   - Innovation Forum: Oral Communications 12
   - Poster Talking Session 17
   - Poster Exhibition 22
5. **Institutional Partners** **31**

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Porto_Book of Abstracts FINE 2026.indd 1 12/11/26 11:54

1. WELCOME MESSAGES



Dear Colleagues, Dear Friends,

It is our great pleasure to welcome you to Porto for the FINE Workgroup 2026, *'Together for Tomorrow: Rethinking Nursing Education in Europe',* hosted by the University of Porto. This event brings together nurse educators, researchers, students, professional leaders, and healthcare stakeholders from across Europe and beyond to reflect, exchange ideas, and collectively shape the future of nursing education. At a time when health systems are facing unprecedented challenges, including workforce shortages, demographic transitions, chronic disease burden, digital transformation, and growing societal expectations, nursing education stands at a critical crossroads. The question before us is no longer whether nursing education should be harmonized, but how it can evolve to prepare nurses who are capable of responding to the complex health needs of tomorrow's societies.

The theme of this workgroup reflects a shared conviction that the future of healthcare depends on the future of nursing education. Across the two days of discussions, keynote lectures, panels, workshops, innovation forums, poster presentations, and collaborative sessions, participants will explore how nursing education can move beyond compliance and harmonization towards excellence, societal impact, innovation, and workforce sustainability. Particular attention will be given to strengthening clinical competence, fostering future nurse academics, embracing digital and artificial intelligence competencies, and creating meaningful partnerships between education, practice, research, and policy.

A central ambition of this meeting is to strengthen the collective voice of European nursing education. Through dialogue and co-creation, we aim to contribute to the development of a shared vision for educational excellence and to advance initiatives such as a European Observatory for Nursing Education, supporting evidence-informed decision-making and collaboration across countries. This abstract book reflects the richness, diversity, and commitment of our community. The contributions presented here demonstrate the innovation, scholarship, and dedication that continue to drive nursing education forward across Europe. We thank all authors, reviewers, speakers, and participants for their valuable contributions and for their commitment to advancing nursing education, research, and professional development.

We extend our sincere gratitude to our Portuguese colleagues, the local organizing committee, the University of Porto, and all institutional partners for their warm hospitality and outstanding support in making this event possible. As we gather in the vibrant city of Porto, we invite you to engage actively, challenge assumptions, build new collaborations, and imagine together what nursing education can become in the years ahead. The future will not be shaped by individual institutions working alone, but by collective leadership, shared learning, and a common commitment to excellence.

We wish you an inspiring and fruitful *FINE Workgroup 2026*.

Cecile Dury
President of FINE and
Chair of the Scientific Committee

Porto_Book of Abstracts FINE 2026.indd 2 12/11/26 11:54



Dear colleagues,

Welcome to Porto!

It is a real pleasure to bring together colleagues from across Europe for the FINE Workgroup 2026. Thank you for making the journey to be here! At a time when healthcare needs are changing rapidly, nursing education deserves our collective attention, critical reflection and, above all, a shared commitment to the future.

Across Europe, nurses are educated within different systems, with different qualification pathways, traditions and professional contexts. Understanding these differences, learning from one another and identifying what we can build together are essential to strengthening nursing education and preparing the next generations of nurses. The question is not simply how we educate nurses today, but how we equip them to think critically, respond to uncertainty and shape the future of care.

One of the most exciting ambitions of this Workgroup is to work together towards a European Observatory for Nursing Education. This is an opportunity to create something that extends beyond this meeting: a shared space for knowledge, dialogue and collaboration, helping us better understand nursing education across Europe and inform its future development. Its strength will depend on the commitment, experience and ideas that each of us brings to this collective endeavour.

None of this would be possible without the time and commitment of many people. My sincere thanks go to FINE, the Local Organising Committee, the University of Porto and our institutional partners for their support. I am also grateful to all our speakers and to everyone who has submitted work and will share their research and experience with us.

I hope these two days will be intellectually stimulating, generous in the exchange of ideas and the beginning of collaborations that continue long after we leave Porto.

And I hope you will make time for the city, too! Enjoy its streets, its river, its food and its unique character. Some of the most valuable conversations happen beyond the conference room!

Let us learn from one another, build something meaningful together and leave Porto with renewed energy for the future of nursing education in Europe!

Sara Pinto
FINE Executive Board Member and
Chair of the Local Organising Committee

Porto_Book of Abstracts FINE 2026.indd 3 12/11/26 11:54

2. KEYNOTE SPEAKERS



DR. T. HEATHER HERDMAN has served as the Executive Director and Chief Executive Officer of NANDA International – now the International Nursing Knowledge Association – since 2008, following her work as Director of Diagnosis Development, President-Elect, and President.

Her background is in quality within tertiary hospital and outpatient clinic sites, in addition to administration in home health and hospice seftings. Her clinical background is neonatal intensive care, high risk antenatal, and labor and delivery. Her PhD and MS were received from Boston College (USA) and her BSN from the University of South Carolina (Columbia, USA).

She has published extensively on standardized nursing language, especially related to nursing diagnosis, and lectures internationally on clinical reasoning, linking assessment to diagnosis, and clinical validation of diagnoses. She is lead editor of the *NANDA International definitions and classification* textbook, currently in its 13th edition, and is one of the co-leads on developing the Clinical Reasoning Framework within NANDA 360. She remains actively involved in the Classification Development Commiftee within INKA. Dr. Herdman previously held roles as Associate Professor at University of Wisconsin – Green Bay, and has had visiting professor positions at the Federal University of São Paulo and the Federal University of Ceará (Brazil).



DR. FIONA TIMMINS PhD, MSc, MA, FFNRCSI, FAAN, BNS, BSc (Open Health & Social Care), BA (Open), RNT, RGN

Dr Timmins is Professor of Nursing, Dean, and Head of School at the School of Nursing, Midwifery and Health Systems, University College Dublin, Ireland. She is Editor in Chief of the *Public Health Nursing Journal* and an Honorary Editorial Advisor at the *Journal of Advanced Nursing*. She is a competent researcher who has led several interdisciplinary, international research teams over a 25-year period.

She has 25 years' experience of teaching and leadership within the university sector, having held several senior management roles. She has also examined 23 PhD theses and held 16 External Examiner posts in the UK and Ireland. She has been involved in several national and international university Quality Reviews and chaired two of these.

As one of the first nurse academics in Ireland to hold an international Editor in Chief position, Dr Timmins has 15 years of high-level editing experience, including representation on several international Editorial Boards.

Dr Timmins has published numerous papers, with 270 peer-reviewed papers listed in Scopus. Most of these (72%) represent collaborations with international colleagues. This has meant a meaningful contribution to international debates and policy within *nursing* (person-centred care, information and support requirements of cardiac patients and spiritual care provision) and *nurse education* (e.g., management of absenteeism/student stress and nurse portfolio/ reflective practice). Scival (2025) outlined her research topics as follows:

Porto_Book of Abstracts FINE 2026.indd 4 12/11/26 11:54

- Spiritual Care in Nursing Practice and Education
- Nursing Staff Impact on Patient Safety Outcomes
- Workplace Violence and Nurse Well-Being in Healthcare
- Enhancing Evidence Based Practices Globally
- Nursing Education and Professional Development in Health Care

She has wriften or co-authored 11 textbooks, and 8 book chapters. Her publications have received 4,013 recorded citations. representing citations from 106 regions globally.

Her field weighted citation impact is 2.52. Within the last five years 33% of her publications were in the top 10% most cited worldwide. 50% were in the top 10% of Journals worldwide and 72% of her peer-reviewed publications were with international colleagues. Her H-index (Scopus) is 35.

She is currentlythe top authorin the subject of *Nursing*, within the Irish Universities. Her research lies within two distinct but overlapping themes: teaching and learning and professional nursing issues. She has presented widely on these topics: more than 250 international conferences papers, 140 invited papers and workshops, and her research replicated & cited widely across the globe.



DR. KHRYSTYNA CHAIKA (MD, PhD, MLL)

She is a Technical Officer for Service Delivery and Human Resources for Health at the WHO Country Office in Ukraine.

She works with the Ministry of Health and partners on health workforce planning, education, retention and access to services.



PAVLINA GUK, Technical Officer Nursing and Midwifery, at the WHO Country Office in Ukraine.

She is a Technical Officer for Nursing and Midwifery at the WHO Country Office in Ukraine.

She works with the Ministry of Health and partners to strengthen nursing and midwifery through education, professional development, leadership and the development of standards and policies, with a focus on improving the quality and accessibility of health services.

Porto_Book of Abstracts FINE 2026.indd 5 12/11/26 11:54

3. WORKGROUP PROGRAMME

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Maria João Oliveira (University of Porto)



PROGRAMME | DAY 1 | **19 NOVEMBER 2026**

08H30 | **PARTICIPANT CHECK-IN AND REGISTRATION**

09H30 – 10H15 | **WELCOME & OPENING CEREMONY** | AUDITORIUM CORÁLIA VICENTE

10H15 – 11H15 | **CONFERENCE** | AUDITORIUM CORÁLIA VICENTE

Nursing education and nurse educators as cornerstones of the profession: Why educators matter for the future of nursing?

Chair: Maria Cassar (FINE, Malta)
Keynote: Heather Herdman (INKA, USA)

11H15 – 11H45 | **COFFEE BREAK AND NETWORKING**

Porto_Book of Abstracts FINE 2026.indd 6 12/11/26 11:54

11H45 – 12H45 | **INTERACTIVE PANEL DISCUSSION** | AUDITORIUM CORÁLIA VICENTE

Educating the nursing workforce of tomorrow: Challenges, priorities, and future directions

Moderation: Cécile Dury (FINE, Belgium)
Keynote: José Luis Cobos Serrano (International Council of Nurses, President)
Fiona Timmins (University College Dublin, Ireland)
Khrystyna Chaika (Technical Officer - Service Delivery&Human Resources for Health - WHO Country Office in Ukraine)
Pavlina Guk (National Professional Officer Nursing and Midwifery, WHO Country Office in Ukraine)

Audience participation and Q&A included.

12H45 – 14H30 | **LUNCH**

14H30 – 16H00 | **WORKGROUP** | AUDITORIUM CORÁLIA VICENTE

Building a European Observatory for Nursing Education: Co-creating the Future Together

Session facilitators: Sara Pinto (FINE, Portugal)
Mirko Prosen (FINE, Slovenia)

16H00 – 16H30 | **COFFEE BREAK AND NETWORKING**

16H30 – 17H30 | **POSTER TALKING SESSION** | AUDITORIUM CORÁLIA VICENTE

Moderation: Dimitris Thoefanidis (FINE, Greece)
Ana Teixeira (University of Minho, Portugal)

PT.1. *Inclusive clinical simulation: an educational strategy to raise awareness and enhance nursing students' competencies in the care of people with intellectual disabilities*
Laura Lorenzo Allegue (Spain)

PT.2. *'Here I come, ready or not!' An explanatory, sequential mixed methods study into the self-perceived readiness of new graduate nurses to practice in irish acute general hospitals*
Paul Mahon (Ireland)

PT.3. *Nursing students' voices in curriculum revision: a qualitative inquiry*
Thordis K. Thorsteinsdottir (Iceland)

PT.4. *AI-enhanced personalised feedback following an OSCE in undergraduate nursing education*
Juan Luis González Pascual (Spain)

PT.5. *Clinically oriented advanced practice mental health nursing curriculum: process and outcomes*
Eydís Kristin Sveinbjarnardottir (Iceland)

PT.6. *Mentoring competence and cultural competence among professionals in clinical practice*
Heli Virtanen (Finland)

17H30 – 19H00 | **CONFERENCE GROUP PHOTO AND FINGER FOOD BUFFET**

Porto_Book of Abstracts FINE 2026.indd 7 12/11/26 11:54



PROGRAMME | DAY 2 | **20 NOVEMBER 2026**

08H45 – 09H30 | **MEET THE EXPERT** | ROOM S.1.18
Moderation: Ana Ramos (Polytechnic University of Setúbal, Portugal)
Session to master and PhD students

08H45 – 09H30 | **FINE GENERAL ASSEMBLY** | AUDITORIUM CORÁLIA VICENTE

09H30 – 10H30 | **CONFERENCE** | AUDITORIUM CORÁLIA VICENTE
European priorities for a resilient nursing education: A collaborative agenda
Chair: Jean-François Jézégou (FINE, France)
Keynote: Fiona Timmins (University College Dublin, Dublin)

10H30 – 11H00 | **COFFEE BREAK AND NETWORKING**

11H00 – 12H15 | **INNOVATION FORUM** | AUDITORIUM CORÁLIA VICENTE
How Is nursing education evolving to meet future health needs?
Moderation: Maria do Céu Barbieri (University of Porto, Portugal)
Helga Bragadóttir (FINE, Iceland)

IF.1. *Evidence-based resources and generative artificial intelligence in revising nursing students' independent clinical decisions: a two-cohort quasi-experimental study*
Manana Machitidze (Georgia)

IF.2. *An online escape room game for teaching evidence-based practice: a multinational mixed-methods evaluation*
Soraia Rodrigues (Portugal)

IF.3. *Designing sustainable clinical education: connecting learning goals, reflection, feedback and assessment*
Marlies Declerck (Belgium)

IF.4. *An immersive escape game to teach risk analysis in nursing education: an educational innovation in simulation*
Aurélie Palengat (France)

IF.5. *Rethinking nursing education: an evidence-informed and participatory approach to curriculum development*
Pilar Fuster-Linares (Spain)

IF.6. *Intercultural communication as a key competence in nursing: didactic pathways from living libraries to video-based simulation*
Maria Anna Marchwacka (Germany)

12H15 – 13H30 | **LUNCH**

Porto_Book of Abstracts FINE 2026.indd 8 12/11/26 11:54

13H30 – 16H30 | **WORKSHOPS (HANDS-ON)**

Speaking the same language:
Train-the-trainer workshops on nursing classifications

WORKSHOP A | ROOM S.1.18

The INKA/ NANDA case

Facilitators: INKA, USA

WORKSHOP B | AUDITORIUM CORÁLIA VICENTE

The ICNP/ Nursing ontology case

Facilitators: NursingOntos group (Nursing School, University of Porto, Portugal)

Please note that attendees will attend both workshops, rotating during the session.

16H30 – 17H00 | **CLOSING SESSION** | AUDITORIUM CORÁLIA VICENTE

Honorary FINE awards
Best poster award
Best oral communication award
Announcement of the next FINE conference
Closing remarks

POSTER EXHIBITION | BIBLIOTECA DE QUÍMICA

PD.1. *Clinical leadership in nursing curricula across three European countries: A multinational SWOT and gap analysis*
Soraia Rodrigues (Portugal)

PD.2. *Advancing medication safety through nursing education: Implications for workforce competence and sustainability*
Manana Machitidze (Georgia)

PD.3. *Educational stage and clinical experience in nursing students' revision of AI-assisted clinical decisions*
Manana Machitidze (Georgia)

PD.4. *Building a safer clinical culture: perceptions of teamwork, error reporting, and nursing education in Georgian hospitals*
Manana Machitidze (Georgia)

PD.5. *Giving students the opportunity to study internationally without travelling*
Helga Bragadóttir (Iceland)

PD.6. *Developing leadership in early career nurses and midwives: A health region and Higher Education Institute collaboration*
Denise McKernan (Ireland)

PD.7. *Building advanced practice nursing in south-east Europe: Addressing gaps in education, frameworks and career pathways*
Naime Brajshori (Kosovo)

PD.8. *From ethical experiences to clinical reasoning: A mixed-methods study using NANDA-I, NIC and NOC*
Jana Krivkova (Czech Republic)

PD.9. *Types and characteristics of competence assessment tools used in postgraduate nursing practice*
Maryam Husain (Ireland)

PD.10. *The leadership mentoring in nursing research program for nurse researchers: Outcomes and experiences*
Lisa van Dongen (The Netherlands)

PD.11. *The use of music in the nursing teaching–learning process: an innovative pedagogical strategy to promote student expression, well-being, and engagement*
Sandra Pinto da Costa (Portugal)

Porto_Book of Abstracts FINE 2026.indd 9 12/11/26 11:54

4. BOOK OF ABSTRACTS INDEX

INNOVATION FORUM ORAL COMMUNICATIONS 12

IF.1. Evidence-based resources and generative artificial intelligence in revising nursing students' independent clinical decisions: a two-cohort quasi-experimental study 12

IF.2. An online escape room game for teaching evidence-based practice: a multinational mixed-methods evaluation 12

IF.3. Designing sustainable clinical education: connecting learning goals, reflection, feedback and assessment 13

IF.4. An immersive escape game to teach risk analysis in nursing education: an educational innovation in simulation 14

IF.5. Rethinking nursing education: an evidence-informed and participatory approach to curriculum development 15

IF.6. Intercultural communication as a key competence in nursing: didactic pathways from living libraries to video-based simulation 16

POSTER TALKING SESSION 17

PT.1. Inclusive clinical simulation: an educational strategy to raise awareness and enhance nursing students' competencies in the care of people with intellectual disabilities 17

PT.2. 'Here I come, ready or not!' An explanatory, sequential mixed methods study into the self-perceived readiness of new graduate nurses to practice in irish acute general hospitals 18

PT.3. Nursing students' voices in curriculum revision: a qualitative inquiry 18

PT.4. AI-enhanced personalised feedback following an OSCE in undergraduate nursing education 19

PT.5. Clinically oriented advanced practice mental health nursing curriculum: process and outcomes 20

PT.6. Mentoring competence and cultural competence among professionals in clinical practice 21

Porto_Book of Abstracts FINE 2026.indd 10 12/11/26 11:54

POSTER EXHIBITION 22

PD.1. Clinical leadership in nursing curricula across three European countries: a multinational SWOT and gap analysis 22

PD.2. Advancing medication safety through nursing education: implications for workforce competence and sustainability 23

PD.3. Educational stage and clinical experience in nursing students' revision of AI-assisted clinical decisions 23

PD.4. Building a safer clinical culture: perceptions of teamwork, error reporting, and nursing education in Georgian hospitals 24

PD.5. Giving students the opportunity to study internationally without travelling 25

PD.6. Developing leadership in early career nurses and midwives: a health region and Higher Education Institute collaboration 26

PD.7. Building advanced practice nursing in south-east Europe: addressing gaps in education, frameworks and career pathways 26

PD.8. From ethical experiences to clinical reasoning: a mixed-methods study using NANDA-I, NIC and NOC 27

PD.9. Types and characteristics of competence assessment tools used in postgraduate nursing practice 28

PD.10. The leadership mentoring in nursing research program for nurse researchers: outcomes and experiences 29

PD.11. The use of music in the nursing teaching–learning process: an innovative pedagogical strategy to promote student expression, well-being, and engagement 29

Porto_Book of Abstracts FINE 2026.indd 11 12/11/26 11:54

4. BOOK OF ABSTRACTS

INNOVATION FORUM ORAL COMMUNICATIONS

IF.1. Evidence-based resources and generative artificial intelligence in revising nursing students' independent clinical decisions: a two-cohort quasi-experimental study

Manana Machitidze[1]

1 School of Health Sciences, University of Georgia

BACKGROUND: Generative artificial intelligence (AI) is increasingly used in nursing education, but its influence on students' independent clinical reasoning remains uncertain. This study compared how an evidence-based nursing diagnostic resource and GPT-5 affected revisions of independently developed clinical decisions.

AIM: To compare revision patterns after consultation with NANDA International or GPT-5 across two undergraduate medical–surgical nursing cohorts and examine whether effects differed by educational stage.

METHODS: A controlled quasi-experimental study included 60 nursing students. Students first completed the same clinical case independently, then reviewed their responses using either NANDA International or GPT-5. Revisions across five nursing-process domains were classified as improved, unchanged, or clinically less appropriate. Categorical outcomes were compared using the Fisher–Freeman–Halton exact test.

RESULTS: Medical–Surgical Nursing II students had higher baseline scores than Medical–Surgical Nursing I students (median 8.4 vs 7.2, p = .002), but revision patterns did not differ significantly between cohorts. In the combined analysis, goals and expected outcomes improved in 56.3% of NANDA International users versus 7.1% of GPT-5 users (p<.001). Nursing interventions also differed significantly (p = .003): all NANDA International users retained their original interventions, whereas 17.9% of GPT-5 users made clinically less appropriate revisions. For nursing diagnosis and prioritisation, improvement occurred in 62.5% and 39.3%, respectively, but the difference was not significant (p=.188).

DISCUSSION AND CONCLUSIONS: Evidence-based resources more consistently supported appropriate revision of selected clinical decisions than GPT-5. Generative AI should therefore complement, rather than replace, independent reasoning, patient-specific judgement, and verification against professional evidence in undergraduate nursing education.

IF.2. An online escape room game for teaching evidence-based practice: a multinational mixed-methods evaluation

Soraia Rodrigues[1], Carlos Daniel Ferreira[1]

1. Tâmega and Sousa High School of Nursing, IPSN, CESPU, Portugal

BACKGROUND: Evidence-based practice (EBP) is a core competence in nursing and health education, yet its concepts are often perceived as abstract and difficult to learn. Serious games may offer engaging, active ways to consolidate this knowledge.

AIM: To evaluate an online escape room game on EBP by describing players' EBP

Porto_Book of Abstracts FINE 2026.indd 12 12/11/26 11:54

knowledge and their perceptions of the game's educational value, usability and design.

METHODS: In earlier stages of the study, we created an online game to consolidate EBP knowledge, based on Sackett *et al*. (1996). A mixed-methods study was later conducted in higher education institutions in five European countries between February and June 2026. Students, educators and healthcare professionals played the game during workshops. EBP knowledge was measured with a 47-item test based on the five steps of EBP, developed through expert content validation. Group differences were analysed with Welch analysis of variance. Focus groups with 157 participants (90 students, 42 healthcare professionals, 25 educators) explored players' perceptions and were analysed through qualitative content analysis. Ethical approval and informed consent were obtained.

RESULTS: The test was completed by 250 participants (195 students, 25 educators, 28 healthcare professionals, 2 other). The mean score was 72.2% (standard deviation 13.3), with good internal consistency (Kuder-Richardson 20 = 0.81). Educators (85.1%) and healthcare professionals (81.3%) scored significantly higher than students (69.3%; $p<0.001$), and differences between countries persisted among students. Six categories emerged from the focus groups. Participants described the game as engaging, innovative and suitable for teaching EBP, with collaborative group play as its main strength. Successful gameplay depended on prior EBP knowledge, gaming experience and language skills, and the game was seen as reinforcing rather than replacing classroom teaching. Unclear instructions, time pressure and a demanding final phase led to guessing and loss of engagement.

DISCUSSION AND CONCLUSIONS: The escape room game shows strong pedagogical potential as a complementary, collaborative tool for EBP education, should be used after core concepts have been taught. Clearer instructions, explicit links to the five EBP steps, feedback explaining correct reasoning and more flexible time limits are recommended. The knowledge test provides a reliable total score for group comparisons, although item-level refinement is needed.

IF.3. Designing sustainable clinical education: connecting learning goals, reflection, feedback and assessment

Marlies Declerck[1], Marlies Baeten[1], Lieve Haumont[1], Karen Vansteenkiste[1], Ingrid Moldenaers[1]

1. UCLL, Bachelor of Nursing Programme, Belgium

BACKGROUND: Clinical placements prepare nursing students for increasingly complex autonomous practice. In a four-year, 240-credit bachelor programme, students progress from a 20-day basic care placement to six 25-day domain placements, a 20-day elective placement and two 53-day final placements. In domain placements, four weeks of theory precede practice, creating a scaffolded pathway linking learningoutcomes, workplace experience, reflection, feedback and assessment.

PURPOSE: This presentation describes how scaffolded sequencing, individual supervision, digital reflection and competency-based assessment support progression towards autonomous practice. It also examines students' experiences and questions the long-term feasibility.

DESCRIPTION OF THE INITIATIVE: Each student is supported by an academic supervisor, a trained mentor and the wider nursing team. Supervision includes guidance, mid-placement and final evaluation. In a digital platform, students formulate goals aligned with seven CanMEDS roles, review them twice and document a learning event every two days. Nurses provide feedback on reflection and performance. Student and mentor evaluations, goals, reflections and workplace feedback inform a three-way final dialogue. The academic supervisor

Porto_Book of Abstracts FINE 2026.indd 13 12/11/26 11:54

assigns the final score across criteria of the seven roles.

OUTCOMES AND LESSONS LEARNED: Quality surveys inform feedback to placement sites and supervisors. Data collected between 2017 and 2025 showed high student satisfaction with academic-supervisor feedback and support (mean 4.3/5) and final-assessment quality (mean 4.5/5). The model combines student, clinical and academic perspectives in one learning record. However, obtaining rich workplace evidence, documenting underperformance, assessing clinical reasoning and scheduling joint meetings remain challenging.

CONCLUSIONS AND RECOMMENDATIONS: Structured goals, reflection, multi-source feedback and staged evaluation support student agency and defensible assessment. To remain sustainable amid rising student numbers, limited placement capacity and workload pressures, the greatest opportunity in redesigning clinical education may not lie in providing more supervision, but in reorganising supervision and assessment. This aligns with ongoing developments towards more integrated and innovative approaches to clinical education, including include integrating simulation, coaching, reflection and supervision, alongside a dedicated learning pathway for clinical leadership.

IF.4. An immersive escape game to teach risk analysis in nursing education: an educational innovation in simulation

Aurélie Palengat[1]

1. Croix-Rouge Compétence, France

BACKGROUND: Analysing risks associated with professional practice often remains abstract. An immersive simulation, based on the escape game principle, makes it concrete: working collaboratively, students investigate a medication-related adverse event.

PURPOSE: To enable second-year nursing students learn to analyse adverse events, using a simulated medication error method called ALARM (Association of Litigation And Risk Management).

DESCRIPTION OF THE INITIATIVE: The sequence lasts one hour: a 10-minute briefing, 20 minutes of gameplay, and a 30-minute debriefing. Groups of five to six students work in an immersive room with interactive walls, where digital avatars recount events from their own perspective.

The scenario depicts an opioid overdose in an older inpatient on a geriatric ward. Students have access to an electronic patient record, an emergency trolley and a controlled drugs cabinet. They reconstruct the timeline, calculate the dose received, identify the antidote, then explore the contributing factors. Each correct answer reveals one digit of a final code.

The debriefing uses the PEARLS (Promoting Excellence and Reflective Learning in Simulation) tool and encourages students to express their reactions, clarify the facts, analyse contributing factors and consider the transfer of learning. The final code corresponds to the 4,630 serious adverse events reported in France in 2024, opening a discussion on under-reporting and the culture of patient safety.

OUTCOMES AND LESSONS LEARNED: The sequence involved 172 students in 30 groups. In June 2026, a first anonymous evaluation collected 125 responses to the debriefing assessment for healthcare simulation, with a score of 6.7 out of 7. A second satisfaction-focused evaluation collected 111 responses, in which students rated the immersion as strong 93%, 84% felt fully psychologically safe, 91% reported a better understanding of risk management, and 96% reported improved knowledge. These results are self-reported and do not measure actual learning.

CONCLUSIONS AND RECOMMENDATIONS: Combining digital elements with real clinical equipment places students in the role of investigators. The ALARM methodology

Porto_Book of Abstracts FINE 2026.indd 14 12/11/26 11:54

shifts the focus from individual error to contributing factors. The initiative can be adapted to other risk situations, opening perspectives for future uses. Objective assessment of learning outcomes and their transfer to clinical placements is still needed.

IF.5. Rethinking nursing education: an evidence-informed and participatory approach to curriculum development

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BACKGROUND: Rapid changes in health systems, population needs and the nursing profession call for undergraduate education to evolve through curriculum transformation, not only identifying what future nurses need to learn but also reconsidering how curricular priorities are defined and whose perspectives should inform them.

PURPOSE: To describe an evidence-informed and participatory approach to transforming an undergraduate nursing curriculum, from identifying future population and learner needs to prioritising educational challenges for multidisciplinary co-creation.

DESCRIPTION OF THE INITIATIVE: The process comprises three phases. First, approximately 15 nursing faculty members conducted a peer-based evidence synthesis to identify current and future population needs and their implications for nursing. Findings were organised into seven domains: transformation of care; complexity and person-centred care; prevention, health promotion and empowerment; equity and population health; digital and technological transformation; resilience and sustainability; and professional evolution. Rather than translating all identified needs directly into curricular content, a second phase focused on synthesising and prioritising educational challenges emerging from the evidence. This process also considered the learning needs and expectations of emerging generations of nursing students, including evidence-based practice, approaches to feedback, flexible clinical learning, clinical judgement, progressive autonomy in learning, and professional wellbeing, resilience and mental health. Four to five priority challenges were selected to guide the next phase: a multidisciplinary co-creation laboratory involving students, nursing faculty, healthcare professionals and experts from complementary fields.

OUTCOMES AND LESSONS LEARNED: The evidence synthesis highlighted that future nursing requires competencies extending beyond clinical knowledge, including prevention, continuity and coordination of care, digital competence, equity, leadership, adaptability and person-centred practice. The prioritisation process demonstrated the importance of translating broad societal and professional changes into a manageable set of educational challenges rather than simply adding new curricular content.

CONCLUSIONS AND RECOMMENDATIONS: This approach frames curriculum development as an iterative process linking evidence, societal needs, learner perspectives and educational innovation. The planned co-creation laboratory will provide the next step in translating priority challenges into curricular responses and may offer a transferable model for participatory curriculum transformation in nursing education.

Porto_Book of Abstracts FINE 2026.indd 15 12/11/26 11:54

IF.6. Intercultural communication as a key competence in nursing: didactic pathways from living libraries to video-based simulation

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BACKGROUND: International migration and internationalisation are reshaping nursing workforces, education and care (WHO, 2025). In Germany, recognition procedures reached record levels in 2024 and were dominated by federally regulated health professions (Author 2025). These procedures are shaped not only by administrative requirements but also by institutional selection and power (Sommer, 2021), while migrant nurses encounter barriers related to language, professional integration and organisational conditions (Schilgen *et al*., 2019). Intercultural communication must therefore be understood as a power-sensitive, reflexive professional competence rather than as knowledge about 'other cultures'.

PURPOSE: This contribution develops theory-informed didactic pathways for intercultural communication across nursing education, continuing education and professional development and asks how nurse educators are prepared to facilitate such learning.

DESCRIPTION OF THE INITIATIVE: The conceptual framework links four dimensions of intercultural interaction–power asymmetry, collective experience, self- and other-images and cultural patterns–with subject-, case-, language- and communication-sensitive education in the health professions (Marchwacka, 2026). Living-library encounters make experiences of migration, recognition and discrimination accessible to dialogue. Critical incidents from recognition procedures support the structured analysis of perspective, emotion, language and power and the development of reasoned alternatives. An exploratory qualitative study of video-recorded simulated patient-admission conversations adds an embodied dimension: self-observation and guided debriefing enable hesitation, tension and irritation to become objects of reflection (Marchwacka, 2026).

OUTCOMES AND LESSONS LEARNED: These approaches are not inherently reflective. Living libraries may instrumentalise personal experience, case work may reproduce stereotypes and video may become a tool of surveillance. Their educational value depends on voluntary participation, psychological safety, power-critical facilitation and structured debriefing. This raises a central question: Are nurse educators adequately prepared to recognise institutional discrimination, avoid culturalising explanations and guide emotional and embodied reflection?

CONCLUSIONS AND RECOMMENDATIONS: Teacher education and continuing professional development should therefore integrate intercultural, language-sensitive, power-critical and debriefing competencies systematically rather than confining them to isolated diversity modules.

Porto_Book of Abstracts FINE 2026.indd 16 12/11/26 11:54

POSTER TALKING SESSION

PT.1. Inclusive clinical simulation: an educational strategy to raise awareness and enhance nursing students' competencies in the care of people with intellectual disabilities

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BACKGROUND: People with intellectual and developmental disabilities experience more than twice as many adverse events during healthcare provision as individuals without disabilities (Alonso-Sardón *et al*., 2022). In specific areas, such as pain management, patients with intellectual disabilities show a higher prevalence of pain-related problems, increased mortality, and lower rates of analgesic prescribing (2022 Global Year for Translating Pain Knowledge to Practice - IASP, n.d.). Among the factors contributing to these health inequalities is the lack of training among healthcare professionals (Mitchell *et al*., 2022).

PURPOSE: The aim of this educational innovation initiative was to raise awareness among undergraduate nursing students and enhance their clinical, communication, and coping skills in the care of patients with pain and intellectual disabilities.

DESCRIPTION OF THE INITIATIVE: A clinical simulation was designed involving a standardised patient with an intellectual disability presenting with pain. The learning objectives were to develop skills in patient-centred communication, multimodal pain assessment, and interprofessional communication. The knowledge and strategies required to manage the simulation were provided through a prior theoretical session on pain management and pain in vulnerable populations. This activity was implemented within the third-year undergraduate nursing module Maintenance and Restoration of Health, which uses clinical simulation as its primary teaching methodology. Within this type of module, students are expected to integrate knowledge, competencies, and areas of professional practice.

OUTCOMES AND LESSONS LEARNED: Overall, 95.4% of students reported that the activity enabled them to gain a better understanding of the needs of individuals with disabilities. Furthermore, 93.2% considered that the activity encouraged reflection on their own attitudes and found it motivating, while 94.3% perceived it as beneficial for their future professional practice.

CONCLUSIONS AND RECOMMENDATIONS: Clinical simulation provides an experiential learning approach that helps students integrate knowledge related to meeting the healthcare needs of people with disabilities (Edwards & Nash, 2023). Consequently, educating future healthcare professionals from the undergraduate level onwards may have a positive impact on reducing the inequalities that currently exist in the healthcare of individuals with intellectual disabilities.

Porto_Book of Abstracts FINE 2026.indd 17 12/11/26 11:54

PT.2. 'Here I come, ready or not!' An explanatory, sequential mixed methods study into the self-perceived readiness of new graduate nurses to practice in irish acute general hospitals

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BACKGROUND: The global nursing shortage is compounded by high attrition among Newly Graduated Nurses (NGNs), many of whom leave the profession within their first year. For those who remain, transition to professional practice is challenging. While international research has explored these difficulties, little is known about NGNs' experiences in the Irish context.

PURPOSE: Informed by an integrative review of NGN self-perceived readiness for practice, and narrative reviews of the evolution of nurse education in Ireland, and the theories of reality (Kramer, 1974) and transition shock (Duchscher, 2009), this explanatory sequential mixed methods study examined NGNs' self-perceived readiness for practice in Irish acute general hospitals.

DESCRIPTION OF THE INITIATIVE: The quantitative phase involved an online survey (n=78) of final semester student nurses and nurses with up to two years post-qualification experience (PQE). The qualitative phase comprised four focus groups with a similar cohort (n=19).

OUTCOMES AND LESSONS LEARNED: NGNs experience transition as a "massive jump", with an average self-perceived readiness for practice score of 64%. Limited support during training and transition negatively affected competence development, which was strongest in foundational skills and weakest in specialised clinical skills. Significant differences in self-perceived competence emerged between final semester students and nurses with over one-year PQE, highlighting the first year of practice as formative. Across all research questions, five interconnected drivers of readiness emerged: educational preparation, authentic clinical participation, professional responsibility, workplace support and experiential learning over time. Participants described moving from the uncertainty of undergraduate education, where "internship is 100% not real enough", through feeling "thrown to the wolves" on entering practice, before gradually developing confidence and professional comfort. Transition involved navigating complex social, emotional, personal, and professional challenges.

CONCLUSIONS AND RECOMMENDATIONS: The study provides insights into NGN readiness for practice in Ireland, extends prior research findings to this jurisdiction, and offers empirical, theoretical, methodological, contextual, and practical recommendations at micro, meso, and macro levels.

PT.3. Nursing students' voices in curriculum revision: a qualitative inquiry

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BACKGROUND: Students' voices are important to reveal discrepancies between intended

Porto_Book of Abstracts FINE 2026.indd 18 12/11/26 11:54

learning designs and the lived curriculum. Students are key stakeholders in the regular revisions of the nursing curriculum. The best ways to address their concerns need to be addressed.

AIM: The aim of this study was to explore nursing student views on how to enhance their satisfaction with their studies and guide faculty in curriculum development at the Faculty of Nursing and Midwifery at the University of Iceland.

METHODS: The theoretical frameworks of student voice and the MUSIC Model of Motivation guided the study. Qualitative group interviews were conducted in autumn 2024 with a total of 12 nursing students from years 2 to 4 of the four-year BS programme. With Thematic Analysis, patterns and themes in the interview data were identified and described.

RESULTS: Four themes protruded and subthemes including positive and negative descriptions. Firstly, students expressed a good overall view of the study programme, but there were organisational challenges. They had internal and external reasons for doing extracurricular clinical work. Secondly, they thought the teaching approaches needed updating, naming time planning, course material, and feedback. Thirdly, coordination between courses was challenging. Fourthly, in clinical studies, the supervision and organisation were mentioned. Within each theme the discourse of the students reflected both experiences of power and powerlessness.

DISCUSSION AND CONCLUSIONS: This interview study reveals the important voices of students, not reflected in regular quantitative study assessment reports. Practical and relevant aspects of the programme's internal and external organisation and structure protruded in the interviews. Students could be empowered by certain aspects of their studies while certain challenges could result in powerlessness. For a successful revision and development of the nursing curriculum, students should be included at least as informants in the curriculum development.

PT.4. AI-enhanced personalised feedback following an OSCE in undergraduate nursing education

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BACKGROUND: Competency-based education is central to contemporary nursing curricula, emphasising the development and assessment of professional competencies rather than knowledge alone. According to Miller's pyramid, competence is evaluated at the «shows how» and «does» levels. While assessment in clinical placements provides authentic evidence of performance, it is often challenging to standardise (Høegh-Larsen *et al*., 2023). Consequently, the Objective Structured Clinical Examination (OSCE) is widely used to assess competence at the «shows how» level (Ogunyemi *et al*., 2017). Despite its strengths, students frequently report limited feedback following OSCEs (Alsahafi *et al*., 2016). Effective feedback should be timely, personalised, and support future learning. Advances in artificial intelligence (AI) have created new opportunities to improve assessment processes through the generation of immediate and individualised feedback (Alrazeeni *et al*., 2026).

PURPOSE: To evaluate undergraduate nursing students' perceptions of AI-generated personalised feedback following an Objective Structured Clinical Examination (OSCE).

DESCRIPTION OF THE INITIATIVE: This teaching innovation project was implemented in a four-year undergraduate nursing programme (240 ECTS). OSCEs are undertaken during external clinical practice modules in years 2, 3 and 4 within a university simulation centre. Traditionally, students received only numerical scores (0-10) for each competency assessed during the OSCE with no accompanying qualitative

Porto_Book of Abstracts FINE 2026.indd 19 12/11/26 11:54

feedback. An AI-based tool was developed to provide personalised feedback following the second-year OSCE. Reports included strengths, areas for improvement, and recommendations for further learning.

OUTCOMES AND LESSONS LEARNED: 180 students were invited to receive AI-generated feedback. Of 102 students requesting a report, 34 completed an evaluation questionnaire. Findings indicated that students perceived the feedback as personalised (3.56/5), useful for identifying strengths (3.91/5) and areas for improvement (3.91/5), and helpful in guiding future learning (3.85/5). Acceptance was high, with participants expressing a strong preference for receiving similar feedback in future assessments (4.59/5). Perceived appropriateness of AI-generated feedback was moderately positive (3.47/5).

CONCLUSIONS AND RECOMMENDATIONS: AI-generated personalised feedback appears to enhance the educational value of OSCEs by providing timely, structured, and actionable information beyond conventional numerical grading. This approach may offer a scalable strategy for strengthening feedback practices and supporting competency development in large undergraduate nursing cohorts.

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Alrazeeni, D. M., Alharrasi, M., Rony, M. K. K., Biswas, R. K., Tama, I. J., Halder, C. R., Deb, B., Bashar, F., & Akter, F. (2026). Transforming nursing education with artificial intelligence: A systematic review (2010–2025). *SAGE Open Nursing*, 12. https://doi.org/10.1177/23779608261424597.

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PT.5. Clinically oriented advanced practice mental health nursing curriculum: process and outcomes

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BACKGROUND: Despite more than a century of psychiatric mental health nursing, advanced practice mental health nursing (APMHN) remains underdeveloped in many European countries. In 2022, a sparsely populated country launched its first clinically focused APMHN master's program through innovative collaboration and the use of all available resources. The program emphasizes practical competencies, workforce development, and expanded access to mental health.

PURPOSE: To describe the preparation, implementation, outcomes, facilitators, and barriers involved in developing a nationally coordinated, clinically focused APMHN program and to encourage participants to reflect on similar initiatives.

DESCRIPTION OF THE INITIATIVE: The initiative was possible through extensive collaboration among universities, hospitals with psychiatric units, community health services, and a university partner in the United States. Two cohorts have graduated, and a third has been enrolled. The curriculum emphasizes advanced assessment, diagnostic and therapeutic skills, flexible learning, and diverse clinical placements. Students rotate across clinical settings, including rural mental health services. Educational innovations include high-fidelity simulation, standardized

Porto_Book of Abstracts FINE 2026.indd 20 12/11/26 11:54

patients, paid internships, and blended teaching approaches.

OUTCOMES AND LESSONS LEARNED: All students in the inaugural cohort graduated with an MSc degree in 2024, followed by a second cohort in 2026. Program evaluation included separate focus groups with students and faculty, conducted by specialists from a Centre for Teaching and Learning. Findings highlighted the value of simulation-based learning, cross-sector collaboration, flexible clinical placements, and exposure to rural practice. Participants reported a deeper understanding of the APMHN role and its potential contribution to improving mental health care delivery and access.

CONCLUSIONS AND RECOMMENDATIONS: The program successfully established a blended Nurse Practitioner/Clinical Nurse Specialist model adapted to national needs. Strong academic-clinical partnerships, innovative teaching methods, and flexible clinical experiences were critical to success. Recommendations include sustaining interprofessional and academic-clinical collaboration, expanding rural training opportunities, integrating simulation throughout the curriculum, supporting paid clinical placements, and engaging policymakers to strengthen recognition and implementation of the APMHN role in mental health.

PT.6. Mentoring competence and cultural competence among professionals in clinical practice

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BACKGROUND: Mentoring students is an essential part of professionals' work in social, health and emergency services, alongside caring for clients and patients. Mentoring competence is a broad concept encompassing mentors' qualities and the creation of a supportive and psychologically safe learning environment that facilitates students' learning. Furthermore, mentoring students requires cultural competence, including interpersonal and safety skills, cultural sensitivity and awareness, and cultural skills.

AIM: The aim of this study was to assess mentoring competence, including cultural competence, among professionals involved in student mentoring in clinical practice in social, health and emergency services, and to examine factors associated with mentoring competence.

METHODS: A cross-sectional survey design was used. Data were collected in one of the 21 wellbeing services counties in Finland in September–October 2026. The sample was recruited from the entire population of professionals (N = 15,500) involved in student mentoring in social, health and emergency services, excluding physicians and other medical experts. Participation was voluntary. Mentoring competence was measured using two instruments: (1) the Mentor Competence Instrument (MCI), a validated 43-item instrument comprising seven dimensions, rated on a four-point Likert scale from 1 (fully disagree) to 4 (fully agree); and (2) the Mentor's Cultural Competence Instrument (MCCI), a validated 21-item instrument comprising three dimensions, rated on the same four-point Likert scale. Participants' background characteristics included age, gender, service area, service unit, work experience, participation in mentor education, and experience in student mentoring. The data will be analysed statistically.

RESULTS: Results will be available in November 2026. Data collection is ongoing. Preliminary findings indicate that mentoring competence is good, whereas cultural competence is relatively weak.

DISCUSSION AND CONCLUSIONS: Preliminary findings highlight the importance of

Porto_Book of Abstracts FINE 2026.indd 21 12/11/26 11:54

systematically coordinating mentoring in wellbeing services counties and healthcare organisations and providing individually tailored support to strengthen professionals' mentoring competence.

POSTER EXHIBITION

PD.1. Clinical leadership in nursing curricula across three European countries: a multinational SWOT and gap analysis

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BACKGROUND: Clinical leadership is increasingly recognised as a core nursing competency, essential for patient safety, quality of care and professional identity. However, the way it is embedded in nursing curricula remains unclear, and a shared definition is still lacking.

AIM: To identify strengths, weaknesses, opportunities, threats and curricular gaps in how clinical leadership is addressed in nursing curricula, in relation to a clinical leadership competency framework, previously developed through a literature review, comprising six domains and 14 competencies.

METHODS: A multinational content analysis was conducted through a structured workshop within a European consortium of nursing education institutions from three countries, involving 85 participants (47 nursing students, 21 teachers and 17 clinical mentors). Country groups reviewed curriculum documents and pedagogical descriptions and performed a SWOT analysis, later synthesised at consortium level. Groups then rated, by consensus, the curricular coverage of each framework competency on a 0–4 scale (4 = fully addressed and developed; 0 = unable to respond). Competency and domain scores were calculated as simple averages.

RESULTS: Clinical leadership was progressively, though often implicitly, introduced through clinical placements, communication, ethics, decision-making, interprofessional collaboration and active pedagogies such as simulation, role-play and project-based learning. Weaknesses included absence from explicit learning outcomes, dependence on individual teachers, limited space in the early years and indirect assessment without explicit criteria. Threats included hierarchical clinical cultures, workforce pressures and conceptual ambiguity. Mean coverage was 3.00 for competencies and 2.95 for domains. Communication and Collaboration was the highest-rated domain (3.29) and Innovation and Change the lowest (2.61), with Change Management the lowest-rated competency (2.48).

DISCUSSION AND CONCLUSIONS: Clinical leadership is present in nursing curricula but remains insufficiently explicit, unevenly assessed and dependent on individual teachers and placement contexts. A shared definition, explicit learning outcomes, structured assessment criteria and stronger academic–clinical partnerships are needed to build a progressive leadership pathway, with particular attention to team leadership and guidance, and to placement objectives that progress from observation to participation in care coordination.

Porto_Book of Abstracts FINE 2026.indd 22 12/11/26 11:54

PD.2. Advancing medication safety through nursing education: implications for workforce competence and sustainability

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BACKGROUND: Safe medication administration is central to patient safety and healthcare quality. In settings where much of the nursing workforce is vocationally prepared, concerns remain about readiness for complex clinical decision-making and consistent adherence to medication safety standards. This study examined associations between nurses' educational preparation, continuing professional development (CPD), and adherence to medication safety principles.

AIM: To assess nurses' knowledge and application of the WHO "Ten Rights of Medication Administration" and examine associations between educational preparation, CPD participation, and adherence to medication safety standards. Physicians' and patients' perceptions of nurses' competence were also explored.

METHODS: A cross-sectional mixed-methods study was conducted from February to June 2024 in 15 hospitals. Participants included 400 nurses, 200 physicians, and 150 patients. Structured questionnaires assessed nurses' knowledge and reported adherence to the WHO "Ten Rights of Medication Administration" and perceptions of professional competence. Quantitative data were analysed using chi-square tests, odds ratios, and Pearson correlation. Open-ended responses were analysed thematically, and quantitative and qualitative findings were triangulated.

RESULTS: Most nurses reported adherence to medication safety standards; 86.0% consistently verified patient identity and 91.8% ensured dosage accuracy. However, 10–15% did not consistently follow established guidelines. Nurses with higher education, clinical experience, and CPD participation demonstrated greater adherence than nurses with vocational education and clinical experience alone (93.4% vs 85.4%). Higher education was moderately associated with perceived competence ($r = 0.41$, $p < .001$). Physicians and patients reported greater confidence in nurses with advanced education. Differences between nurses' self-assessment and external evaluations indicated a need for stronger competency validation and feedback mechanisms.

DISCUSSION AND CONCLUSIONS: Higher education combined with clinical experience and structured CPD was associated with safer medication practices and stronger professional competence. Expanding bachelor-level education pathways and competency-based CPD may strengthen patient safety, interdisciplinary trust, workforce capability, and long-term nursing workforce sustainability.

PD.3. Educational stage and clinical experience in nursing students' revision of AI-assisted clinical decisions

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BACKGROUND: Clinical experience is expected to strengthen nursing students' clinical reasoning and their ability to critically appraise externally generated recommendations; however, little is known about whether progression through undergraduate nursing education influences how students revise independently developed clinical decisions after consulting generative artificial intelligence.

AIM: To compare the clinical appropriateness of revisions to independently developed clinical decisions following GPT-5 consultation among

Porto_Book of Abstracts FINE 2026.indd 23 12/11/26 11:54

undergraduate nursing students at different stages of clinical education.

METHODS: This secondary analysis used data from a two-cohort quasi-experimental educational study involving 60 undergraduate nursing students. Medical–Surgical Nursing I students (n = 35) had recently entered clinical practice, whereas Medical–Surgical Nursing II students (n = 25) had completed an additional semester of clinical training. All students independently completed the same clinical case before consulting GPT-5. Revisions were classified as improved, unchanged, or clinically less appropriate across nursing-process domains, and cohort differences were analysed using exact tests.

RESULTS: Medical–Surgical Nursing II students achieved significantly higher baseline clinical-case scores than Medical–Surgical Nursing I students, but the direction of revisions following GPT-5 consultation did not differ significantly between cohorts. Although descriptive differences were observed in several nursing-process domains, additional theoretical preparation and clinical experience were not associated with consistently more appropriate revision of independently developed clinical decisions.

DISCUSSION AND CONCLUSIONS: These findings suggest that progression through clinical education alone may be insufficient to ensure critical evaluation of AI-generated recommendations and highlight the need for explicit educational strategies that develop verification skills alongside clinical reasoning.

PD.4. Building a safer clinical culture: perceptions of teamwork, error reporting, and nursing education in Georgian hospitals

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BACKGROUND: A strong patient-safety culture depends on effective teamwork, open communication, and timely reporting of errors and near misses. This study examined how nurses, physicians, and patients perceived teamwork, error reporting, nursing education, and their contribution to safe clinical practice.

AIM: To compare stakeholder perceptions of nurse–physician collaboration, error reporting, professional competence, and barriers to safe care, and to identify implications for nursing education and continuing professional development.

METHODS: A cross-sectional mixed-methods study was conducted from February to June 2024 in 15 hospitals. Participants included 400 nurses, 200 physicians, and 150 hospitalised patients receiving medication treatment. Structured questionnaires included closed, Likert-scale, and open-ended items. Quantitative data were analysed using descriptive statistics, cross-tabulation, chi-square testing, risk estimates, and measures of association; open-ended responses were analysed thematically.

RESULTS: Perceptions of teamwork and reporting differed markedly across professional groups. Although 71.3% of nurses considered nurse–physician teamwork essential, only 55.5% of physicians reported effective collaboration and 37.5% believed it was not occurring. Error reporting was supported by 92.3% of nurses but by 65% of physicians. Only 3.2% of nurses acknowledged personally making a medication-related error, while 24% of physicians reported awareness of such errors within their own department or hospital. Nurses and patients identified

Porto_Book of Abstracts FINE 2026.indd 24 12/11/26 11:54

insufficient nursing knowledge and education as leading barriers to safe care, alongside communication gaps. Adherence to medication-safety principles was higher among nurses with higher education than among vocationally educated nurses (93.4% vs 85.4%).

DISCUSSION AND CONCLUSIONS: The findings indicate gaps between recognising the importance of teamwork and reporting and their perceived implementation in practice. Nursing education and continuing professional development should strengthen interprofessional communication, speaking-up skills, professional accountability, and non-punitive learning from errors. Safer clinical cultures require shared responsibility, transparent communication, and organisational systems that support reporting and feedback.

PD.5. Giving students the opportunity to study internationally without travelling

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BACKGROUND: Study abroad programs for students have been around for decades; however, with the cost of travelling from one country to another. Financial, geographical and personal circumstances may prevent students from participating. Widespread access to and use of the Internet has expanded global opportunities for both faculty and students, and this is particularly evident in Collaborative Online International Learning (COIL) initiatives.

PURPOSE: The theoretical and practical foundations of COIL are introduced, along with examples of the benefits and challenges for faculty and students. This presentation builds on a decade-long experience of COIL collaboration between two schools of nursing, one in Europe and one in the United States of America. During the presentation participants will get the opportunity to explore whether COIL could be applied to their own courses.

DESCRIPTION OF THE INITIATIVE: To initiate COIL its key elements need to be realized: what COIL is and what it is not, its benefits and challenges, what support and resources are needed, and how to prepare and get started. Finding a fitting partner, i.e. a course and faculty/teacher, is key to success. In our case, two parallel comparable courses in nursing administration and leadership joined forces in COILing with two common lectures and three common assignments, including common readings and online group discussions overseas, over the spring semester.

OUTCOMES AND LESSONS LEARNED: COIL provides an opportunity for every student, no matter what their life situation may be, to engage with students from another country and experience the transformative learning that accompanies the development of a global perspective. Students who are not able to leave the country, for any reason, are able to participate in global education with COIL. COIL, however, involves strategic and thorough planning before the curriculum is designed, and it requires the course faculty to commit to true partnership.

CONCLUSIONS AND RECOMMENDATIONS: Our experience indicates that COIL is worthwhile for both students and faculty. COIL is an optimal way of giving nursing students the opportunity to study internationally without ever travelling, and faculty the opportunity for professional growth in their teaching role. More nursing schools and their faculty should consider COIL for widening their students' and faculty's horizons and global thinking. However, the use of COIL in nursing education needs to be developed and studied further.

Porto_Book of Abstracts FINE 2026.indd 25 12/11/26 11:54

PD.6. Developing leadership in early career nurses and midwives: a health region and Higher Education Institute collaboration

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BACKGROUND: Nursing and midwifery leaders play a critical role in quality patient care, staff wellbeing and giving a voice to frontline professionals (Cummings *et al*., 2021; Prestia, 2020). Strong leadership is indeed key to the ongoing development of the professions. However, in order to create the leaders of tomorrow we must foster leadership competencies in early career nurses today. The Centre for Nursing and Midwifery Advancement collaborates with the local health region to support nursing and midwifery professional growth and development. In pursuit of this The Nursing and Midwifery Challenge was launched. The programme aims to empower early career nurses and midwives to work to the top of their registration and engage confidently and courageously with their multidisciplinary colleagues as professional and patient advocates with the common goal of global health improvement.

PURPOSE: The aim was to evaluate the impact of this programme on early career nurses' leadership competence and confidence.

DESCRIPTION OF THE INITIATIVE: Participants from across the health region join five collaborative learning sessions, meeting national, regional and academic leaders who share insights into topics such as Human Factors, Leadership, Quality, Integrated care, Communication, Self-Care and Career development. Regional nursing and midwifery leaders support programme participants through mentoring group projects based on regional priorities and a speed networking event showcasing senior roles and career trajectories. Quantitative and qualitative feedback was obtained throughout and on completion of the programme.

OUTCOMES AND LESSONS LEARNED: Survey findings indicated that 50% of participants had gone on to promotional roles. A participant commented 'there is a beauty in bringing out the best in ourselves so we can bring out the best in others, and trying to identify and gently work on the stumbling blocks stopping us from moving forward'.

CONCLUSIONS AND RECOMMENDATIONS: Key to the success of this strategic initiative is the collaborative approach taken across the health region and academia to ensure that content reflects the realities of clinical practice and addresses the current challenges in health leadership regionally and nationally.

Cummings, G. *et al*., (2021) The essentials of nursing leadership: A systematic review of factors and educational interventions influencing nursing leadership. *Int J Nurs Stud*, 115, 103842.

Prestia, A. S. (2020) The Moral Obligation of Nurse Leaders: Covid-19. *Nurse Lead*, 18)4), 326-328.

PD.7. Building advanced practice nursing in south-east Europe: addressing gaps in education, frameworks and career pathways

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BACKGROUND: Advanced Practice Nursing (APN) has increasingly been viewed as an essential tool for strengthening healthcare systems through advanced clinical skills, evidence-based practices, leadership, research, and interprofessional collaboration. However, while APN is growing across Europe, its application in South-East Europe continues to suffer from dissimilarities across the region with regard to educational preparation, professional recognition, regulatory frameworks and pathways.

PURPOSE: To better understand how APN is evolving in South-East Europe.

Porto_Book of Abstracts FINE 2026.indd 26 12/11/26 11:54

DESCRIPTION OF THE INITIATIVE: The country's educational landscape and APN development stages were looked into with a focus on Master studies, professional roles and regulations.

OUTCOMES AND LESSONS LEARNED: The findings show that some countries, like Slovenia and Croatia, have passed further stages of becoming advanced nursing education entities, while Romania and Bulgaria have just started entering the world. In several Western Balkan countries, including Albania, North Macedonia, Serbia, Bosnia and Herzegovina, and Montenegro, dedicated master's-level programmes in Advanced Practice Nursing are currently not available. This shows that the region is struggling with standardized APN education and knowledge sharing.

CONCLUSIONS AND RECOMMENDATIONS: The introduction of the Master of Science programme in Advanced Nursing Practice in Kosovo marks a new development in the region. The programme, which lasts for two years and has 120 ECTS credits, is designed to prepare nurses for advanced nursing roles, such as Clinical Nurse Specialist and Nurse Practitioner, through the integration of advanced clinical practice, research and competency-based education. Comparing different countries in the region shows that educational developments are not enough for the effective establishment of APN roles in practice. More coordination between master's education and competencies, regulation, scope of practice and career plans is needed to consolidate these components and promote the development of APNs in South-East Europe.

PD.8. From ethical experiences to clinical reasoning: a mixed-methods study using NANDA-I, NIC and NOC

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BACKGROUND: Clinical reasoning in nursing requires recognition of ethical, psychological and relational concerns alongside physiological needs. Donation after circulatory death (DCD) provides a context for examining how empirical nursing experiences can inform diagnostic reasoning through standardised nursing terminology.

AIM: To examine how ethical concerns identified in DCD care can be conceptually represented using NANDA International (NANDA-I), Nursing Interventions Classification (NIC) and Nursing Outcomes Classification (NOC), and to explore their relevance for clinical and ethical reasoning education.

METHODS: A secondary integrative analysis of a sequential exploratory mixed-methods study combined qualitative findings from eight intensive care nurses with survey results from 360 nurses, including 121 with direct DCD experience. Findings were integrated through a joint display and subsequently subjected to taxonomy-based cross-mapping.

RESULTS: Six domains concerned nurses' moral burden, psychological discomfort and spiritual concerns, alongside patient dignity, end-of-life comfort and family coping. Among nurses with direct DCD experience, family discussion (mean 4.10) and respiratory sounds (mean 3.76) were more discomforting than terminal extubation (mean 3.06) and the no-touch interval (mean 2.98). Conceptually relevant NANDA-I diagnoses included Moral distress (00175), Impaired psychological comfort

Porto_Book of Abstracts FINE 2026.indd 27 12/11/26 11:54

(00379), Risk for impaired human dignity (00488) and Readiness for enhanced family coping (00075). Proposed NIC interventions included Values Clarification (5480), Emotional Support (5270) and Dying Care (5260), with NOC outcomes including Coping (1302), Stress Level (1212) and Comfortable Death (2007).

DISCUSSION AND CONCLUSIONS: The findings provide an empirical foundation for teaching clinical and ethical reasoning. Conceptual NANDA-I–NIC–NOC linkages offer a structured approach to distinguishing ethically relevant human responses, identifying the appropriate subject of nursing assessment and considering corresponding interventions and outcomes. They may inform educational strategies aimed at strengthening students' clinical reasoning and ethical decision-making competencies. The proposed linkages require expert review and clinical validation before clinical application.

PD.9. Types and characteristics of competence assessment tools used in postgraduate nursing practice

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BACKGROUND: Post-registration nursing and midwifery education represents continuing professional development and continuous learning process. Post-registration educational programmes aim to increase knowledge, skills, competences and professional values of registered nurses and midwives. Thus, while competence development plays an important role in post registration education, the type of competencies required and the higher order nature of these give rise to a need for a different approach to assessment. The literature search and review reveal a number of frameworks and tools for competence assessment of nurses post registration, however, tools that have been tested for reliability and validity remain limited. Validity and reliability of the tools remain a challenge for researchers and academics declare it an area in need of further investigation.

AIM: The overall aim was to summarise the evidence on the types and characteristics of valid and reliable competence assessment methods/tools/frameworks used in post registration/graduate nursing practice. Objectives: 1) To establish the evidence to date about the types and nature of competence assessment tools for postgraduate/post registration nursing practice, and 2)To ascertain the evidence to date about the validity and reliability of competence assessment tools for post registration/graduate nursing practice.

METHODS: A scoping review following the Joanna Briggs Institute guidelines. Data sources: A database search was conducted in Medline, CINAHL and EMBASE in July 2020 and updated in July 2025. Articles were screened according to inclusion and exclusion criteria. A preliminary search of PROSPERO, MEDLINE, the Cochrane Database of Systematic Reviews, and the JBI Database of Systematic Reviews and Implementation Reports was conducted and no current or underway systematic reviews on the topic were identified. Review Methods: The Joanna Briggs institute Preferred Reporting Items for Systematic reviews and Meta-Analyses extension for Scoping Reviews (PRISMA ScR) guided the conduct of this review.

RESULTS: A total of 38 studies and 4 systematic reviews were identified. The studies included a total of 32 competence assessment scales, 24 newly developed and 8 adapted existing scales.

DISCUSSION AND CONCLUSIONS: The types of competence assessment scales varied in length of the scale, area of nursing practice, item generation, response options, and assessment criteria. There is no evidence of a uniform method for the development

Porto_Book of Abstracts FINE 2026.indd 28 12/11/26 11:54

of the tools, however, most of the tools were developed as part of a multi method/ multistage research process. Measurement properties of the scales lacked consistency and uniformity. The review also highlighted the need for a standard process of competence scales development and testing and also the testing of scales in different environments and contexts.

PD.10. The leadership mentoring in nursing research program for nurse researchers: outcomes and experiences

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BACKGROUND: PhD-prepared nurses have an important role in the advancement of nursing and nursing science by generating knowledge and its implementation in clinical practice and education. Earlier studies have shown that PhD-prepared nurses often experience challenges in their career and professional development. This requires effective leadership practices. Therefore, the Leadership Mentoring in Nursing Research program for PhD-prepared nurses was developed. This program supports leadership development in research and aims to strengthen nursing research in the Netherlands.

AIM: To evaluate changes in leadership practices, career development, and research productivity of PhD-prepared nurses after participation in the leadership program and to gain insight into expectations and experiences related to the program.

METHODS: A pretest-posttest study with online surveys and semi-structured interviews was conducted among three cohorts of PhD-prepared nurses following the leadership program (n=38). Leadership practices were evaluated using the Leadership Practices Inventory. Research productivity was measured with the Tschannen benchmark. Semi-structured interviews explored participants' expectations and experiences of following the program as well as their career development. Descriptive statistics were calculated and thematic analysis was applied to the interview data.

RESULTS: Participants strengthened their leadership practices. They also showed increased research productivity and often advanced into higher positions. The program was found to meet the participants' expectations as they valued the different parts of the program. Participants described being able apply the new leadership practices in their work. They described that they became better equipped in leading their own professional development, their research program, and leading their research team.

DISCUSSION AND CONCLUSIONS: The leadership program was found to enhance leadership and career development of PhD-prepared nurses. Development of similar programs is recommended to enable larger numbers of PhD-prepared nurses globally to participate, which will result in resilient future nurse leaders in nursing and nursing science, ultimately improving outcomes of patients and communities worldwide.

PD.11. The use of music in the nursing teaching–learning process: an innovative pedagogical strategy to promote student expression, well-being, and engagement

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BACKGROUND: The integration of arts-based pedagogies in nursing education has aroused growing interest in educational practice and healthcare provision (Sandberg, 2024). Scientific evidence indicates that musical interventions effectively reduce anxiety, stress, and depression (Contreras, 2022), providing a non-invasive, low-cost complementary approach to foster emotional regulation and physiological stability in high-pressure academic environments (Dalli & Pehlivan, 2026). Furthermore, listening to music has been shown to enhance concentration, memory retention, and cognitive load alleviation (Caleja *et al*., 2025; Dalli & Pehlivan, 2026).

Inspired by a passion for music, the practice of music therapy, and the teaching-learning process, the authors explored possibilities for the creative use of music as innovative strategies in nursing education.

PURPOSE: Based on literature evidence and the analysis of music therapy workshops delivered to nursing students, this study explores the integration of musical and creative interventions as innovative pedagogical strategies within the teaching–learning process.

DESCRIPTION OF THE INITIATIVE: The initiative is grounded in the flexible role of the nurse educator as a facilitator of the learning process through the intentional application of music. The lecturer incorporates music listening during nursing teaching–learning moments to assist students in blocking environmental distractions, enhancing task focus, and stimulating interest in learning. In parallel, music therapy workshops are conducted, applying practical musical dynamics (both vocal and instrumental) adapted from professional music therapy practice. These active approaches foster creativity, reflective thinking, interpersonal competencies, empathy, communication, teamwork, and overall student well-being.

OUTCOMES AND LESSONS LEARNED: By examining students' emotional and cognitive responses to music, this initiative offers evidence-based insight into the viability of music as a tool for stress alleviation and emotional support. The findings contribute to the design of supportive pedagogical interventions, empowering nursing students to navigate academic challenges effectively while promoting holistic well-being throughout their educational journey.

CONCLUSIONS AND RECOMMENDATIONS: Musical interventions yield sustainable improvements in psychological, physiological, and academic outcomes among health sciences students. Nurse educators are encouraged to adopt structured curriculum integration and embrace the pedagogical flexibility required to unlock the creative, expressive, and wellness potential of future healthcare professionals.

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Contreras, J. A. (2022). The effects of a music intervention on stress, anxiety, and academic performance among new undergraduate nursing students (Doctoral dissertation, Texas Woman's University). ERIC.

Dalli, O. E., & Pehlivan, S. (2026). The effectiveness of music interventions on psychological, physiological and academic outcomes in health sciences students: A meta-analysis. *BMC Medical Education*, 26, Article 357.

Sandberg, B. (2024). Effects of arts-based pedagogy on competence development in nursing: A critical systematic review. *Nursing Reports*, 14(2), 1089–1118.

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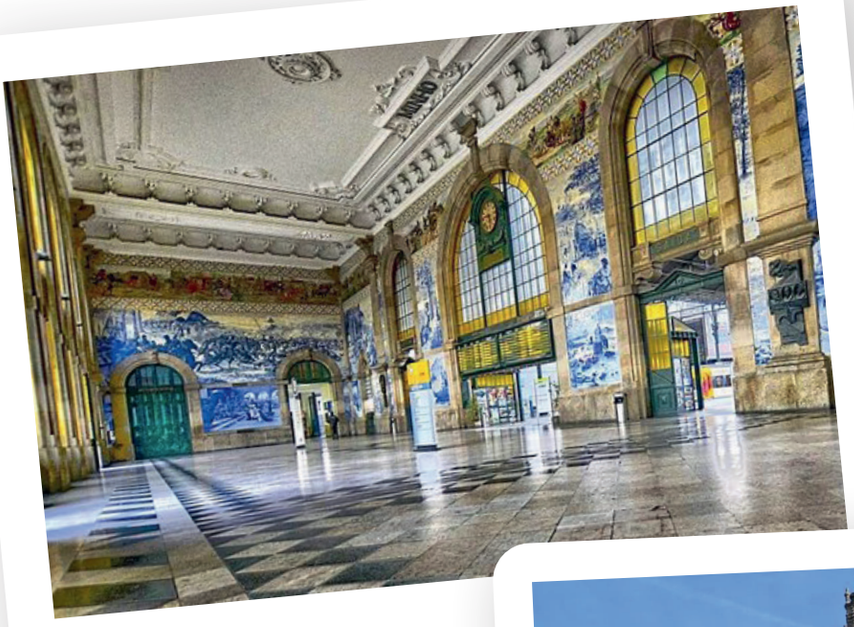


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