



7TH INTERNATIONAL CONFERENCE OF PHD STUDENTS OF NURSING STUDY PROGRAMS

2026
15-16
OCTOBER



ABSTRACTS



University of Pécs
Faculty of Health Sciences

7th International Conference of PhD Students of Nursing Study Programs

15-16 October, 2026

Pécs, Hungary

Edited by:

Prof. dr. József Betlehem

Prof. dr. Annamária Pakai

László Szabó

Patrik Bogdán

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Gábor Varga

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"If I have seen further it is by standing on the shoulders of Giants."
- Sir Isaac Newton-

WELCOME MESSAGE

It is with great honour and enthusiasm that we welcome you to the 7th International Conference of PhD Students of Nursing Study Programs. For the very first time, this prestigious event is hosted by the Faculty of Health Sciences at the University of Pécs, and we would like to express our sincere gratitude for the opportunity to welcome our esteemed colleagues and researchers to Pécs.

In the contemporary advancement of nursing science, evidence-based knowledge has become increasingly paramount. Such knowledge can only be reliably established through professional, methodologically sound scientific research. The most essential framework for cultivating this rigorous work is doctoral (PhD) training, which is fortunately flourishing at an exceptionally high standard across a growing number of universities in Central and Eastern Europe. This academic event pursuit not only contributes to solidifying our professional knowledge base, but also drives the practical development of clinical nursing and secures the future generation of nursing educators and researchers.

Even more significant is the wider impact of such an event: it demonstrates the scientific rigor of nursing to other allied professions and disciplines, thereby enhancing the recognition of our profession and contributing to greater societal appreciation for health sciences and nursing as a whole.

The high standard of this year's conference is vividly reflected in both the quantity and exceptional quality of the submitted and accepted abstracts, while the professional workshop also promises to deliver highly engaging and valuable insights. Above all, however, the most enduring and vital outcome of this gathering is the invaluable opportunity it provides for nursing researchers to connect, share ideas, and forge meaningful, long-lasting collaborations.

We wish you all a stimulating and inspiring conference experience.

On behalf of the Organising Committee

Professor Jozsef Betlehem
Chair of the International Scientific Committee

WELCOME MESSAGE

Dear Participants,

On behalf of the **University of Pécs, Faculty of Health Sciences**, and the Organizing Committee, it is our great pleasure to welcome you to the **7th International Conference of PhD Students of Nursing Study Programs**.

As the host institution of this year's conference, we are especially pleased to welcome our long-standing partner universities and faculties: the **Palacký University Olomouc, Faculty of Health Sciences**; the **Medical University of Lublin, Faculty of Health Sciences**; the **University of Ostrava, Faculty of Medicine**; the **University of South Bohemia in České Budějovice, Faculty of Health and Social Sciences**; and **Comenius University Bratislava, Jessenius Faculty of Medicine in Martin**. Together with the **University of Pécs, Faculty of Health Sciences**, these institutions form a committed academic community dedicated to the advancement of nursing science and doctoral education.

Over the years, this conference has developed into a valued tradition and an important meeting point for doctoral students engaged in nursing science and related fields of health sciences. Its significance extends beyond the presentation of individual research projects. It provides an opportunity for emerging researchers to share their findings, discuss methodological and scientific challenges, receive constructive feedback, and establish professional relationships that may develop into future collaborations.

Nursing science is continuously evolving in response to profound changes in healthcare, society, technology, education, and the needs of patients and communities. High-quality doctoral research has an essential role in this development. This conference also represents something equally important: **academic cooperation across institutions and national borders**. We are therefore particularly proud that, in 2026, the **University of Pécs, Faculty of Health Sciences** has the privilege of hosting this academic community. We hope that the presentations and discussions collected in this abstract book reflect not only the diversity and quality of the research presented at the conference, but also the curiosity, dedication, and professional commitment of the doctoral students behind them.

We would like to express our sincere gratitude to our partner universities, the members of the Scientific and Organizing Committees, our invited speakers, supervisors, colleagues, and all those who have contributed to the organization of this event. Above all, we thank the PhD students whose research, enthusiasm, and commitment give this conference its true purpose and vitality.

We wish all participants inspiring presentations, stimulating discussions, fruitful professional exchanges, new collaborations, and a memorable time together in Pécs.

Welcome to the University of Pécs, and welcome to the 7th International Conference of PhD Students of Nursing Study Programs.

László Szabó
Chair of the Organizing Committee

Patrik Bogdán
Co-Chair of the Organizing Committee

WELCOME MESSAGE

Dear Colleagues, Dear Doctoral Students,

This book of abstracts accompanies the seventh annual conference for doctoral students in nursing. This event has gradually become an established and valued part of academic cooperation among universities across the Visegrad Group countries.

Seven years of this conference series provide an opportunity not only to reflect on its development, but also to consider the tradition that has emerged around it, the values on which it is built, and the purpose that has shaped it from the outset.

The origins of the conference go back to its first year, when it was conceived as a meeting for doctoral students in nursing from the Czech Republic and Slovakia. That first gathering demonstrated the importance of creating a forum in which early-career researchers could move beyond the boundaries of their home institutions, present work in progress, discuss methodological choices, and engage in open scholarly exchange. The experience of that inaugural meeting led directly to the decision to expand the conference in the following year to include universities from all Visegrad Group countries.

This expansion marked the beginning of the conference's international dimension, which has since become one of its defining characteristics. What started as a Czech-Slovak initiative gradually developed into a platform bringing together doctoral students, supervisors, doctoral programme guarantors, and other academic experts from partner universities throughout the V4 region. The annual rotation of host universities is more than a practical arrangement. It reflects the principle of equal partnership and the shared commitment to exchanging experience, ideas, and responsibility across institutions and national borders.

Over the past seven years, the conference has developed into a tradition grounded in continuity, collaboration, and a common commitment to advancing doctoral education in nursing. One of its particular strengths lies in the opportunity to follow the gradual development of doctoral research over time. Many projects have first been presented in their early stages, then revisited as their methodology became more refined, their findings emerged, and their research questions evolved. In some cases, participants have had the rare opportunity to observe the progression from an initial research idea to a completed doctoral dissertation.

This continuity is one of the conference's most distinctive features. It allows us not only to hear individual presentations but also to witness the researchers' professional and scholarly development. We can follow doctoral students as they move from the formulation of a research problem, through methodological decision-making, to the interpretation of findings and their integration into the wider context of nursing science. The conference is therefore not only a forum for presenting research; it is also a place where research is discussed, refined, and shaped.

The presentation of interim findings from doctoral research is especially valuable in this respect. Doctoral students do not participate only once their studies are complete and their conclusions fully established. They present their work while the research process is still underway. This allows them to explain and defend their decisions, receive constructive feedback, and reconsider their projects from the perspectives of colleagues at other academic institutions and in other countries.

The willingness to expose one's research to critical yet constructive discussion is fundamental to scientific work. The conference, therefore, aims to provide an environment that is both supportive and intellectually demanding. It is a setting in which questions can be raised openly, assumptions examined, arguments tested, and alternative interpretations considered. Such dialogue is an essential part of doctoral education and one of the conference's most important contributions.

The international dimension of the conference is equally important. Nursing today faces challenges that extend well beyond the boundaries of individual institutions and countries. Changing population health needs, demographic developments, technological advances, increasing expectations regarding the quality and safety of care, the growing importance of interdisciplinary collaboration, and evolving requirements in healthcare education all call for research that brings together diverse perspectives, experiences, and approaches.

For this reason, the meeting of doctoral students and supervisors from universities across the V4 countries represents much more than an opportunity to present research findings. It creates conditions for professional relationships that may later develop into joint research projects, collaborative publications, methodological partnerships, and sustained academic cooperation. In this sense, the conference also contributes to the formation of a broader community of future researchers and academics in nursing.

Specialist workshops led by distinguished experts are another important element of the conference. They complement the traditional conference programme by offering focused learning, methodological inspiration, and opportunities to develop the skills doctoral students need not only for their dissertations but also for their future academic and research careers. The combination of research presentations, scholarly discussion, professional development, and informal exchange creates an environment in which a genuine academic community can flourish.

The long-term involvement of the guarantors of the doctoral study programmes at the partner universities is also of particular importance. Their academic leadership provides continuity and helps maintain the conference's quality, while also expressing a shared responsibility for the development of doctoral education and for supporting a new generation of researchers. Their sustained cooperation creates a valuable link between the experience of established academics and the potential of emerging scholars.

The purpose of this conference series, therefore, extends beyond the presentation of partial findings from doctoral research. Its broader mission is to cultivate a culture of scholarly dialogue, encourage critical thinking, support young researchers in openly discussing their work, and foster professional relationships based on trust, respect, and collaboration.

Each year adds another chapter to this shared tradition. At the same time, it reminds us that scientific knowledge does not develop in isolation. It grows through dialogue: between doctoral students and supervisors, among institutions, across methodological perspectives, between countries, and across generations of researchers. It is through this exchange that research questions become more precise, new ideas emerge, and knowledge advances.

The seventh year of the conference also carries a particular symbolic significance. Next year, the conference will return to the university where its international chapter, bringing together universities from the V4 countries, first began. This return may be seen as the completion of the first stage of a shared journey and, at the same time, as the beginning of a new one.

Tradition is not created simply through repetition. It develops when its purpose is preserved, when

experience is passed on, and when continuity allows for renewal. Next year's conference will therefore be more than a return to a place of historical importance in the development of this initiative. It may also mark the beginning of a new cycle: new encounters, new research questions, a new generation of doctoral students, and new forms of international cooperation.

The seventh conference is thus both a continuation of an established academic event and a reminder of the path travelled together. From the first Czech-Slovak meeting, through the expansion of cooperation to universities across the V4 region, to the point at which this first cycle begins to close, the conference has gradually created a space defined by openness, exchange, and a shared commitment to the development of nursing as a scientific discipline.

May this year's meeting bring not only new knowledge and stimulating discussion, but also new questions, new professional connections, and new friendships. These relationships may become the foundation for future research projects, international collaboration, and new knowledge that contributes not only to the advancement of nursing science but ultimately to the quality of care for the people who remain at the centre of our discipline.

I wish all doctoral students inspiring discussions, the confidence to present not only their findings but also the unresolved questions within their research, openness to new perspectives, and the satisfaction that comes with scientific discovery. I would also like to express my sincere appreciation to the organisers, doctoral programme guarantors, supervisors, and all those who continue to support this conference. For seven years, they have helped create an environment in which the next generation of nursing researchers can grow professionally, learn from one another, and develop their place within the international academic community.

Prof. PhDr. Valerie Tothova, Ph.D., Dr.h.c.

PROGRAM

Venue:
University of Pécs Faculty of Health Sciences
7621 Pécs, Vörösmarty street 3.

15th of October, 2026 (Thursday)

9.30 – 10.00	Registration / Building „D” lobby
9.30 – 10.00	Coffee Break / Classroom D8
10.00 – 10.30	Official opening ceremony / Classroom D9
10.45 – 12.00	Session I. / Classroom D9
10.45 – 11.45	Session II. / Classroom D7
12.00 – 13.00	Lunch / Jókai Rendezvényház, 6 Jókai Square, 7621 Pécs, Hungary
13.00 – 14.15	Session III. / Classroom D9
13.00 – 14.15	Session IV. / Classroom D7
14.15 – 14.30	Coffee Break / Classroom D8
14.30 – 16.30	Workshop 1. The Innovation Compass: A FORTH Journey from Research to Impact / Classroom D7
18.00 –	Conference Dinner / Jókai Rendezvényház, 6 Jókai Square, 7621 Pécs, Hungary

16th of October, 2026 (Friday)

8.30 – 9.00	Registration / Building „D” lobby
8.30 – 9.00	Coffee Break / Classroom D8
9.00 – 10.15	Session V. / Classroom D7
9.00 – 10.00	Session VI. Poster Session / Classroom D9
10.00 – 10.30	Coffee Break / Classroom D8
10.30 – 12.30	Workshop II. The Innovation Compass: A FORTH Journey from Research to Impact / Classroom D7
12.30 – 13.00	Closing Ceremony / Classroom D9
13.00 – 14.00	Lunch / Jókai Rendezvényház, 6 Jókai Square, 7621 Pécs, Hungary

DETAILED PROGRAMME

15th of October, 2026

Session I. MENTAL HEALTH, WELL-BEING AND RESILIENCE

Classroom D9

Session leaders: doc. PhDr. Sylva Bártllová
Prof. Dr. József Betlehem
Prof. PhDr. Darja Jarošová, Ph.D
Dr. habil. Orsolya Máté

Moderators: Patrik Bogdán
Mgr. Paulína Bogdaňská
Mgr. Lenka Srámková

10:45 – 11:00

UNDERSTANDING PARENTAL BURNOUT THROUGH PSYCHOLOGICAL RESILIENCE AND PARENTING STYLES

Patrik M. Bogdán¹, Katalin Varga², Livia Tóth³, Kristóf Gróf⁴, Annamária Pakai⁵

¹ Doctoral School of Health Sciences, Faculty of Health Sciences, University of Pécs, Pécs, Hungary

² Eötvös Loránd University, Faculty of Education and Psychology, Department of Affective Psychology, Budapest, Hungary

³ Doctoral School of Health Sciences, Faculty of Health Sciences, University of Pécs, Pécs, Hungary

⁴ Doctoral School of Health Sciences, Faculty of Health Sciences, University of Pécs, Pécs, Hungary

⁵ Institute of Emergency Care, Pedagogy of Health and Nursing Sciences, University of Pécs – Faculty of Health Sciences, Pécs, Hungary

11:00 – 11:15

BURNOUT AND DEPRESSIVE SYMPTOMS AMONG PEDIATRIC NURSES: A GLOBAL COMPARATIVE STUDY

Godfrey Mbaabu Limungi^{1,3}, Klára Simon¹ Mohammed Elmadani¹, Mesmar Amer¹, Osama Hamad¹, Livia Tóth¹, Éva Horváth¹, Besbes Maha¹, Dahabo Galgalo¹, Patrick Nyamemba Nyakundi¹, Nancy Ntinyari¹ Orsolya Máté²

¹ Doctoral School of Health Sciences, Faculty of Health Sciences, University of Pécs, Pécs, Hungary

² University of Pécs, Faculty of Health Sciences, Institute of Emergency Care, Pedagogy of Health and Nursing Sciences, Pécs, Hungary

³ Kenya Medical Training College, Nursing Department, Nairobi, Kenya

⁴ East Carolina University Medical Centre, Greenville, North Carolina, USA

11:15 – 11:30

ASSOCIATIONS OF SOCIAL SUPPORT AND PSYCHOLOGICAL WELL-BEING AMONG SOCIOECONOMICALLY DISADVANTAGED AND NON-DISADVANTAGED PRIMARY SCHOOL STUDENTS

Mária Mokán¹, Zsuzsanna Kivés³, Krisztina Deutsch²

¹University of Pécs, Faculty of Health Sciences, Doctoral School of Health Sciences

²University of Pécs, Faculty of Health Sciences, Institute of Emergency Care, Health Pedagogy and Nursing Sciences

³University of Pécs, Faculty of Health Sciences, Institute of Health Insurance

11:30 – 11:45

TRAUMATIC EVENTS, RESILIENCE, AND RECOVERY IN NURSES EXPERIENCING THE SECOND VICTIM PHENOMENON

Branislav Malý¹, Katarína Žiaková¹

¹Department of Nursing, Jessenius Faculty of Medicine in Martin, Comenius University in Bratislava, Slovak Republic

11:45 – 12:00

„DESPITE EVERYTHING, I STAYED“: NURSES' EXPERIENCES WITH REASONS SUPPORTING THEIR INTENTION TO STAY IN NURSING HOMES

Peter Matejovie¹, Martina Tomagová¹

¹Comenius University in Bratislava, Jessenius Faculty of Medicine in Martin, Department of Nursing

SESSION II.

Classroom D7

NURSING WORKFORCE, OCCUPATIONAL HEALTH AND PROFESSIONAL CHALLENGES

Session leaders: doc. Iva Brabcová, Ph.D.
Prof. Dr. Annamária Pakai
Dr. habil. Viktória Prémusz
Moderators: Mgr. Peter Matejovie
László Szabó
Mgr. Eliška Vaničková

10:45 – 11:00

WHY DOES OCCUPATIONAL STRESS PERSIST AMONG HEALTHCARE WORKERS? A SYSTEMATIC REVIEW OF EVIDENCE AND IMPLEMENTATION GAPS

Kristóf Gróf¹, Livia Tóth¹, Patrik Bogdán¹, Klára Simon¹, Ali Abbas Rahi Al-Murshedi², Mohammed Elmadani², Annamária Pakai²

¹Doctoral School of Health Sciences, Faculty of Health Sciences, University of Pécs, Pécs, Hungary

²Institute of Emergency Care, Pedagogy of Health and Nursing Sciences, University of Pécs – Faculty of Health Sciences, Pécs, Hungary

11:00 – 11:15

APPEASEMENT (“FAWN”) RESPONSE, SELF-SILENCING, AND PERSONAL BOUNDARY EROSION AS POSSIBLE FACTORS RELATED TO SELF-MEDICATION IN NURSES: A SCOPING REVIEW

Caroline Pajtlová¹, Radka Kozáková¹

¹University of Ostrava, Faculty of Medicine, Department of Nursing and Midwifery

11:15 – 11:30

NURSING CARE RATIONING AND SOCIAL COMPETENCES OF NURSES IN ONCOLOGY UNITS – QUALITATIVE STUDY BASED ON FOCUS GROUP

Paulina Bogdańska¹, Stefania Chiappinotto², Chiara Moreal², Alvisa Palese², Beata Dobrowolska³

¹Doctoral School of Medical University of Lublin, Poland

²University of Udine, Italy

³Faculty of Health Science, Medical University of Lublin, Poland

11:30 – 11:45

EXAMINATION OF MOTIVATION FOR THE NURSING PROFESSION AMONG YOUTH BEFORE CAREER CHOICE

Filip Csikós¹, Patrik Bogdán², Éva Horváth²

¹Institute of Emergency Care, Pedagogy of Health and Nursing Sciences, University of Pécs – Faculty of Health Sciences, Pécs, Hungary

²Doctoral School of Health Sciences, Faculty of Health Sciences, University of Pécs, Pécs, Hungary

11:45 – 12:00

LOW-DOSE COMPUTED TOMOGRAPHY FOR EARLY LUNG CANCER DETECTION IN HIGH-RISK ADULTS: A SYSTEMATIC REVIEW AND META-ANALYSIS

Thi Phung Nguyen¹, Van Tho Nguyen², Hai Duong³, Hoang Binh Nguyen⁴, Hoai Nam Vu⁵, Thuong Vu Le⁶, Anh Tuan Dinh-Xuan⁷

¹University of Medicine and Pharmacy at Ho Chi Minh City

²Tuberculosis and Lung Disease Department, University of Medicine and Pharmacy at Ho Chi Minh City

³Faculty of Health Sciences, University of Pécs

⁴Department of Thoracic Surgery, Cho Ray Hospital

⁵Respiratory Department, Cho Ray Hospital

⁶Respiratory Department, University Medical Center of Ho Chi Minh City

⁷Université Paris Cité, Cochin Hospital, INSERM UMR-S 1343

SESSION III.

Classroom D9

NURSING COMPETENCIES, PATIENT SAFETY AND PATIENT-CENTRED CARE

Session leaders: Prof. Dr. József Betlehem
Prof. PhDr. Darja Jarošová, Ph.D.
Dr. habil. Orsolya Máté
Prof. Dr. Zsófia Verzár

Moderators: Patrik Bogdán
Mgr. Paulína Bogdańska
Mgr. Eliška Vaničková

13:00 – 13:15

GENERAL NURSES' KNOWLEDGE OF THE SAFE ADMINISTRATION OF INJECTABLE MEDICATIONS: PRELIMINARY SURVEY RESULTS

Eliška Vaničková¹, Valérie Tóthová¹

¹Faculty of Health and Social Sciences, Department of Nursing, Midwifery, and Emergency Care, University of South Bohemia in České Budějovice

13:15 – 13:30

CULTURAL COMPETENCE OF NURSES IN PREVENTIVE EDUCATION FOR ADULT PATIENTS FROM DIFFERENT CULTURAL AND LINGUISTIC BACKGROUNDS IN PRIMARY CARE

Hana Nguyenová¹, Valérie Tóthová¹

¹Institute of Nursing, Midwifery and Emergency Care, Faculty of Health and Social Sciences, University of South Bohemia in České Budějovice, Czech Republic

13:30 – 13:45

SAFETY AND PREVENTIVE STRATEGIES OF HEALTHCARE PROFESSIONALS IN CONTACT WITH PATIENTS WITH MENTAL ILLNESS: A LITERATURE REVIEW

Barbora Tylichová¹, Sylva Bártlová¹

¹University of South Bohemia in České Budějovice, Faculty of Health and Social Sciences, Institute of Nursing, Midwifery and Emergency Care, České Budějovice, Czech Republic

13:45 – 14:00

OPTIMIZING EMERGENCY DEPARTMENT EXPERIENCES FOR FAMILIES OF CHILDREN WITH AUTISM: A SYSTEMATIC REVIEW

Osama Hamad, Simon Klára, Godfrey Mbaabu, Tóth Livia, Horváth Éva, Amer Mesmar, Orsolya Máté

¹Doctoral School of Health Sciences, Faculty of Health Sciences, University of Pécs, Pécs, Hungary

14:00 – 14:15

POST-ARTERIOVENOUS FISTULA CREATION SITE DIABETIC WOUND IN AN ESRD PATIENTS ON HEMODIALYSIS SUCCESSFULLY TREATED WITH FAR INFRARED THERAPY: A CASE REPORT

Hamed Ahmad Alshahri^{1,2}, Omaima Al Jabal²

¹Faculty of Health Sciences, University of Pécs, Pécs, Hungary.

²Department of Nephrology, Renal Dialysis Unit, Sultan Qaboos Hospital, Ministry of Health, Salalah, Oman

SESSION IV.
ACUTE, PERIOPERATIVE AND CLINICAL CARE

Classroom D9

Session leaders: doc. PhDr. Sylva Bártllová
doc. Iva Brabcová, Ph.D
Prof. Dr. Annamária Pakai
Dr. habil. Viktória Prémusz

Moderators: Mgr. Peter Matejovie
Mgr. Lenka Šrámková
László Szabó

13:00 – 13:15

IMPACT OF OBESITY ON TREATMENT COURSE, LENGTH OF HOSPITALIZATION AND HEALTHCARE COSTS IN POLYTRAUMA PATIENTS AT THE BRNO UNIVERSITY HOSPITAL TRAUMA CENTRE

Lenka Šrámková^{1,2}, Miroslav Kopecký¹

¹Faculty of Health Sciences, Palacký University Olomouc

²Brno University Hospital

13:15 – 13:30

EARLY HEPATIC STRESS AFTER ON-PUMP VERSUS OFF-PUMP CARDIAC SURGERY, AND THE MODIFYING ROLE OF INTRAOPERATIVE HYPEROXIA: A RETROSPECTIVE COHORT STUDY

Ammar Mahmood Jaber¹, Rudolf Kiss², Csaba Bálint¹, László Czigler², Ali Abbas Rahi¹, Zsófia Verzár¹

¹Doctoral School of Health Sciences, Faculty of Health Sciences, University of Pécs H-7621 Pécs, Hungary

²Heart Institute, Medical School, University of Pécs, H-7624 Pécs, Hungary

13:30 – 13:45

PREHOSPITAL RECOGNITION AND CLINICAL SIGNIFICANCE OF HYPO- AND HYPERKALAEMIA

Kitti Máté-Póhr^{1,2,3}, Kristóf Gróf², Annamária Pakai², József Betlehem²

¹Hungarian National Ambulance Service

²Faculty of Health Sciences, University of Pécs

³Doctoral School of Health Sciences, University of Pécs

13:45 – 14:00

SELECTING THE MOST APPROPRIATE HEALTH-RELATED QUALITY OF LIFE INSTRUMENT FOR NURSING RESEARCH IN PATIENTS AFTER ACUTE MYOCARDIAL INFARCTION: APPLICATION OF IMOGENE KING'S THEORY OF GOAL ATTAINMENT

Vladimír Bergl¹, Kateřina Ivanová²

¹Centre for Research, Faculty of Health Sciences, Palacký University Olomouc, Czech Republic

²Department of Public Health, Faculty of Medicine and Dentistry, Palacký University Olomouc, Czech Republic

14:00 – 14:15

KNOWLEDGE OF CANCER RISK FACTORS AND EARLY WARNING SIGNS AMONG UNIVERSITY STUDENTS: A SYSTEMATIC REVIEW AND META-ANALYSIS

Bashir Ibrahim¹, Mohammed Elmadani¹, Simon Klára¹, Máté Orsolya¹

¹Doctoral School of Health Sciences, Faculty of Health Sciences, University of Pécs, Pécs, Hungary

16th of October, 2026

SESSION V. Classroom D7
PUBLIC HEALTH, EPIDEMIOLOGY AND HEALTH-RELATED OUTCOMES

Session leaders: Prof. Dr. József Betlehem
doc. Iva Brabcová, Ph.D.
Prof. PhDr. Darja Jarošová, Ph.D.
Dr. habil. Orsolya Máté
Moderators: Prof. Dr. Zsófia Verzár
Patrik Bogdán
Mgr. Paulína Bogdańska
Mgr. Eliška Vaničková

9:00 – 9:15

ATTITUDES TOWARDS COLORECTAL CANCER SCREENING AMONG HEALTHCARE PROFESSIONALS: METHODOLOGICAL PREPARATION AND INSTRUMENT ADAPTATION OF A HUNGARIAN STUDY

Beáta Vizsralek^{1,2}, Kristóf Gróf, Vilmos Warta⁴, Annamária Pakai¹

¹University of Pécs, Faculty of Health Sciences, Szombathely Campus

²Zala County Szent Rafael Hospital, Zalaegerszeg

³University of Pécs, Faculty of Health Sciences, Pécs Campus

⁴University of Pécs Medical School, Institute of Health Language and Communication, Pécs

9:15 – 9:30

PREVALENCE OF ELECTROLYTE IMBALANCE AMONG PATIENTS WITH INTRACRANIAL HEMORRHAGE AND ISCHEMIC STROKE

Zsófia, Anna Ujvári¹, Gábor Berta¹

¹Institute of Emergency Care, Pedagogy of Health and Nursing Sciences, University of Pécs – Faculty of Health Sciences, Pécs, Hungary

9:30 – 9:45

CHANGES IN TASTE AND FOOD PREFERENCES RELATED TO THE CORONAVIRUS DISEASE IN HUNGARY

Miklós Sugár¹, Bence L. Raposa²

¹Doctoral School of Health Sciences, Faculty of Health Sciences, University of Pécs, Pécs, Hungary

²University of Pécs, Faculty of Health Sciences, Institute of Nursing Sciences, Basic Health Sciences and Health Visiting

9:45 – 10:00

WHAT HOSPITAL REGISTRIES MISS: HEAT-ALERT-THRESHOLD DAYS, AMI ADMISSIONS AND LONG-TERM MORTALITY IN HUNGARY

Ali Abbas Rahi Al-Murshed¹, Csaba Bálint¹, Ammar Mahmood Jaber¹, Zsófia Verzár¹

¹Doctoral School of Health Sciences, Faculty of Health Sciences, University of Pécs, Pécs, Hungary

10:00 – 10:15

PALLIATIVE CARE IN NURSING EDUCATION IN HUNGARY: EDUCATIONAL GAPS AND IMPLICATIONS FOR ELNEC-INFORMED CURRICULUM DEVELOPMENT

László Szabó¹, Annamária Pakai¹, Miklós Lukács¹

¹University of Pécs, Faculty of Health Sciences

**SESSION VI.
POSTER SESSION**

Classroom D9

Session leaders: doc. PhDr. Sylva Bártllová
Prof. Dr. Annamária Pakai
Dr. habil. Viktória Prémusz

Moderators: Mgr. Peter Matejovie
Mgr. Lenka Šrámková
László Szabó

9:00 – 9:10

TRANSPLANT COORDINATORS IN MODERN HEALTHCARE: A SCOPING REVIEW OF PROFESSIONAL ROLES, COMPETENCIES AND EDUCATIONAL PREPARATION

Małgorzata Juda¹, Aneta Lesiak, Paweł Więch¹

¹Faculty of Health Sciences and Psychology, Institute of Nursing, University of Rzeszów, Rzeszów, Poland

9:10 – 9:20

CAREER PLANS AND MENTAL WELL-BEING OF CZECH NURSING STUDENTS AT THE END OF THEIR STUDIES

Kateřina Greplová¹, Darja Jarošová¹, Radka Kozáková¹, Renáta Zeleníková¹, Miroslava Janoušková², Dominika Šeblová²

¹Department of Nursing and Midwifery, Faculty of Medicine, University of Ostrava, Czechia

²Department of Public Health, Second Faculty of Medicine, Charles University, Czechia

9:20 – 9:30

SEVERITY OF DEPRESSION IN PATIENTS AFTER THORACIC SURGERY

Katarzyna Piasek¹, Damian Wiśniewski¹, Aneta Lesiak¹, Paweł Więch¹

¹University of Rzeszów, Collegium Medicum, Faculty of Health Sciences and Psychology, Institute of Nursing

9:30 – 9:40

LIFESTYLE PREHABILITATION IN OLDER ADULTS AS AN ELEMENT OF NURSING SUPPORT IN THE PROCESS OF HEALTHY AGEING

Wiktoria Smoraę¹

¹University of Rzeszów, Doctoral School, Faculty of Health Sciences and Psychology

ABSTRACTS

Hamed Ahmad Alshahri^{1,2}, Omaima Al Jabal²

¹*Faculty of Health Sciences, University of Pécs, Pécs, Hungary.*

²*Department of Nephrology, Renal Dialysis Unit, Sultan Qaboos Hospital, Ministry of Health, Salalah, Oman*

POST-ARTERIOVENOUS FISTULA CREATION SITE DIABETIC WOUND IN AN ESRD PATIENTS ON HEMODIALYSIS SUCCESSFULLY TREATED WITH FAR INFRARED THERAPY: A CASE REPORT

Background: Delayed wound healing following arteriovenous fistula (AVF) creation is a challenge in patients with end-stage renal disease (ESRD), particularly those with diabetes. Far infrared (FIR) therapy may support tissue repair and microvascular function. This case describes FIR therapy delivered during routine hemodialysis for a persistent postoperative AVF wound.

Case presentation: A 63-year-old woman with ESRD secondary to diabetic nephropathy, receiving maintenance hemodialysis three times weekly, developed a persistent wound at the left upper-arm AVF creation site one month after surgery. The wound showed no significant improvement after two weeks of standard care with sterile dressings and topical antimicrobial treatment. Because daily wound therapy visits were impractical, FIR therapy was delivered during dialysis using a Firapy TY-102F device for 40 minutes per session, three times weekly, at a distance of 25–30 cm and a surface temperature of 40–42°C. Healing was monitored using wound size, exudate, tissue characteristics, and the Pressure Ulcer Scale for Healing (PUSH).

Results: Wound area decreased from 6.0 cm² at week 1 to 3.5 cm² at week 3 and 1.2 cm² at week 6, with complete closure by week 8. PUSH scores decreased from 12 to 8, 5, and 0, respectively. Granulation tissue developed, exudate resolved, and complete epithelialization occurred. At six-month follow-up, the AVF remained patent, with no recurrent wound breakdown or infection. Dialysis adequacy was maintained, with Kt/V greater than 1.4.

Conclusion: FIR therapy delivered during routine hemodialysis was associated with complete healing of a persistent postoperative AVF wound in this patient, while reducing the need for additional hospital visits. Controlled studies are needed to establish efficacy, safety, and standardized protocols in patients with ESRD.

Keywords: Far infrared therapy; arteriovenous fistula; wound healing; hemodialysis; diabetic nephropathy.

Ali Abbas Rahi Al-Murshed¹, Csaba Bálint¹, Ammar Mahmood Jaber¹, Zsófia Verzár¹
¹Doctoral School of Health Sciences, Faculty of Health Sciences, University of Pécs, Pécs, Hungary

WHAT HOSPITAL REGISTRIES MISS: HEAT-ALERT-THRESHOLD DAYS, AMI ADMISSIONS AND LONG-TERM MORTALITY IN HUNGARY

Introduction / Objective

Extreme heat is an established trigger of acute cardiovascular events, yet it remains unclear whether days meeting a national heat-alert temperature threshold translate into more hospitalized acute myocardial infarction (AMI) or worse survival afterwards. We aimed to examine whether heat-alert-threshold days were associated with daily AMI admission rates and cumulative all-cause mortality after AMI hospitalization.

Materials and Methods

We analyzed all AMI events recorded in the Hungarian Myocardial Infarction Registry between 1 January 2018 and 31 December 2019, with mortality follow-up to 16 June 2021. A heat-alert-threshold day was defined a priori as a daily mean temperature ≥ 25 °C at each county's assigned meteorological station — the criterion used by the National Public Health Center for first-tier alerts. Admissions were modelled on a 14,600 county-day panel using summer-restricted quasi-Poisson regression adjusted for day-of-week, month, year and county, with station-level cluster-robust standard errors and a 999-replicate cluster bootstrap. Mortality was analyzed with stratified Cox models.

Results

Among 30,883 events from 29,596 patients (mean age 67.2 ± 12.8 years; 60.3% male), 1933 (6.3%) occurred on threshold days, with balanced baseline characteristics (all SMD < 0.10). Threshold days were associated with fewer recorded summer admissions (aIRR 0.93, 95% CI 0.90–0.96; bootstrap CI 0.90–0.97), strongest at lag 0 and cumulative across lags 0–3 (0.90, 0.85–0.95). Over a median 763 days, 8420 deaths (28.4%) occurred; exposure was unrelated to all-cause mortality (aHR 0.96, 0.87–1.05).

Conclusions

This inverse signal is not evidence of protection. It is most plausibly explained by conditioning on hospital survival: heat may shift cardiovascular catastrophe into the prehospital space a registry cannot see. Measuring the cardiovascular burden of heat requires linkage to emergency medical services and out-of-hospital death data.

Keywords: heat-alert-threshold day; heat wave; acute myocardial infarction; STEMI; NSTEMI; cumulative mortality.

Vladimír Bergl¹, Kateřina Ivanová²

¹Centre for Research, Faculty of Health Sciences, Palacký University Olomouc, Czech Republic

²Department of Public Health, Faculty of Medicine and Dentistry, Palacký University Olomouc, Czech Republic

SELECTING THE MOST APPROPRIATE HEALTH-RELATED QUALITY OF LIFE INSTRUMENT FOR NURSING RESEARCH IN PATIENTS AFTER ACUTE MYOCARDIAL INFARCTION: APPLICATION OF IMOGENE KING'S THEORY OF GOAL ATTAINMENT

Introduction / Objective: Health-related quality of life (HRQoL) has become an important outcome indicator in contemporary nursing care for patients after acute myocardial infarction. Although several standardized instruments are available, selecting a questionnaire that captures physical, psychological, and social dimensions of recovery while reflecting a nursing theoretical framework remains challenging. Imogene King's Theory of Goal Attainment emphasizes communication, interaction, shared decision-making, and collaborative goal setting between the nurse and the patient. This study aimed to identify the HRQoL instruments most frequently used after acute myocardial infarction and to evaluate their suitability for nursing research based on Imogene King's conceptual framework.

Materials and Methods: A systematic literature review was conducted in accordance with the PRISMA 2020 guidelines. Original studies published between 2012 and 2024 were identified through PubMed, MEDLINE, the Czech Medical Bibliography, and Google Scholar. Studies assessing HRQoL after acute myocardial infarction using standardized instruments were included. Twenty-six studies met the predefined eligibility criteria. The identified instruments were subsequently evaluated according to their frequency of use, availability of a validated Czech version, and conceptual compatibility with Imogene King's Theory of Goal Attainment.

Results: The review identified both generic and disease-specific HRQoL instruments, most frequently the Short Form-36 Health Survey (SF-36), EuroQol 5-Dimension (EQ-5D), World Health Organization Quality of Life-BREF (WHOQOL-BREF), MacNew, and the Seattle Angina Questionnaire. A distinctive aspect of this review was the comparison of these instruments with the conceptual domains of Imogene King's theory from a nursing perspective. Among the evaluated instruments, SF-36 demonstrated the broadest coverage of physical, psychological, and social dimensions and showed the highest conceptual compatibility with King's personal and interpersonal systems. However, none of the identified instruments adequately assessed therapeutic communication, patient participation, shared goal setting, or the nurse–patient interaction process.

Conclusions: SF-36 appears to be the most appropriate instrument for assessing HRQoL in nursing research involving patients after acute myocardial infarction. Owing to its multidimensional structure and compatibility with Imogene King's Theory of Goal Attainment, it has been selected as the primary outcome measure for an ongoing longitudinal nursing study. Future research should complement standardized HRQoL instruments with measures evaluating communication, patient engagement, and collaborative goal attainment to provide a more comprehensive assessment of nursing outcomes.

Keywords: nursing research; health-related quality of life; acute myocardial infarction; Imogene King; SF-36

Patrik M. Bogdán¹, Katalin Varga², Lívía Tóth³, Kristóf Gróf⁴, Annamária Pakai⁵

¹*Doctoral School of Health Sciences, Faculty of Health Sciences, University of Pécs, Pécs, Hungary*

²*Eötvös Loránd University, Faculty of Education and Psychology, Department of Affective Psychology, Budapest, Hungary*

³*Doctoral School of Health Sciences, Faculty of Health Sciences, University of Pécs, Pécs, Hungary*

⁴*Doctoral School of Health Sciences, Faculty of Health Sciences, University of Pécs, Pécs, Hungary*

⁵*Institute of Emergency Care, Pedagogy of Health and Nursing Sciences, University of Pécs – Faculty of Health Sciences, Pécs, Hungary*

UNDERSTANDING PARENTAL BURNOUT THROUGH PSYCHOLOGICAL RESILIENCE AND PARENTING STYLES

Background: Parental burnout can develop when prolonged parenting-related demands exceed the psychological resources available to parents. Beyond impairing parental well-being, this condition may also influence parenting behavior and the quality of interactions within the family. Drawing on the parental adaptation of the job demands–resources framework, this study explored how psychological resilience and different parenting styles relate to parental burnout. We also investigated whether parenting styles may contribute to the pathway linking resilience to burnout after accounting for relevant sociodemographic characteristics.

Methods: The study employed a cross-sectional online survey among 447 parents in Hungary. Participants anonymously completed the Parental Burnout Assessment, the Parenting Styles and Dimensions Questionnaire, and the 10-item Connor–Davidson Resilience Scale. Statistical analyses included nonparametric correlation and group-based procedures, multiple linear regression with bootstrap estimation, and mediation models.

Results: Greater psychological resilience was consistently related to lower levels across all parental burnout dimensions ($p < 0.05$). Authoritative parenting was associated with lower burnout, whereas authoritarian and permissive parenting showed relationships in the opposite direction ($p < 0.05$). After adjustment for covariates, authoritative parenting and greater fulfillment in the parental role were identified as protective factors, while authoritarian parenting represented a significant risk factor ($p < 0.05$). The mediation models suggested that parenting styles accounted for part of the relationship between resilience and burnout, with particularly relevant indirect pathways observed for emotional exhaustion, contrast with the previous parental self, and emotional distancing ($p < 0.05$).

Conclusions: The findings suggest that parental burnout cannot be understood solely in terms of individual vulnerability or parenting demands. Rather, it may emerge from the interplay between parents' psychological resources and the ways in which they approach their parenting role. These results support prevention and intervention strategies that strengthen psychological resources while also addressing potentially maladaptive parenting patterns.

Keywords: parental burnout; parenting styles; resilience; emotional exhaustion; resource depletion; parenting identity; stress and coping; family functioning

Paulina Bogdańska¹, Stefania Chiappinotto², Chiara Moreal², Alvisa Palese², Beata Dobrowolska³

¹*Doctoral School of Medical University of Lublin, Poland*

²*University of Udine, Italy*

³*Faculty of Health Science, Medical University of Lublin, Poland*

NURSING CARE RATIONING AND SOCIAL COMPETENCES OF NURSES IN ONCOLOGY UNITS – QUALITATIVE STUDY BASED ON FOCUS GROUP

Introduction / Objective: This study explored oncology nurses' perceptions of nursing care rationing and its relationship with selected social competences of nurses, such as empathy, moral sensitivity, and communication skills. It examined factors contributing to omitted or incomplete nursing care in oncology settings.

Materials and Methods: A qualitative descriptive study was conducted using a semi-structured focus group interview (FGI) on March 17, 2026, at the Medical University of Lublin. Eight female oncology nurses (0.5–39 years of experience) were recruited through purposive and snowball sampling. Data were analysed using Braun and Clarke's six-phase thematic analysis. Reporting followed COREQ guidelines.

Results: The thematic analysis of the focus group interview revealed 5 main themes and 23 subthemes: 1) Organisation of work (5 subthemes: short-staffed, organisation on the ward, nurse process, too many tasks, atmosphere at work), 2) Communication (2 subthemes: communication nurse-nurse, communication nurse-other health worker), 3) Compassion/empathy: (7 subthemes: patient attitude, nurse attitude, empathetic approach to patients, burnout protection, support from other health workers, lack of self-satisfaction with care, devotion to patients), 4) Personal matters: (4 subthemes: nurse character, more than one workplace, more experienced nurse, private matters) and 5) Teamwork: (4 subthemes: atmosphere at work, mentoring/introduction to work, complementing, division of labour).

Conclusions: The findings indicate that compassionate nursing care depends not only on individual empathy, but also on organisational and team-related factors. Staff shortages, workload and time pressure may limit opportunities for emotional support and patient-centred care. Effective communication, teamwork and mentoring facilitate high-quality care, while maintaining appropriate professional boundaries may help protect nurses from excessive emotional burden and burnout.

Keywords: rationing nursing care, oncology nursing, social competencies, empathy

Peter Matejovic¹, Martina Tomagová¹

¹ Comenius University in Bratislava, Jessenius Faculty of Medicine in Martin, Department of Nursing

„DESPITE EVERYTHING, I STAYED“: NURSES' EXPERIENCES WITH REASONS SUPPORTING THEIR INTENTION TO STAY IN NURSING HOMES

Introduction / Objective: Nursing homes in Slovakia face a serious problem retaining nurses, which negatively affects the quality and sustainability of the nursing care provided. Our aim is to present the results of a study focused on exploring nurses' experiences with the reasons supporting their intention to stay in their current positions in nursing homes.

Materials and Methods: A qualitative exploratory design was used for this study. The sample consists of 15 nurses selected via purposive sampling from six nursing homes in Slovakia. Data were collected through personal semi-structured, face-to-face interviews lasting an average of 57.2 minutes. The data were analyzed using reflexive thematic analysis in ATLAS.ti 9 software. All participants were informed about the study's objectives, data collection methods and provided informed consent. The study was approved by the appropriate ethics committee.

Results: From the obtained data, we generated 6 main themes and several subthemes: Concert between nurses' expectations and practice, Coping strategies as the basis for managing work overload, Interdisciplinary and multidisciplinary team dynamics, Recognition of the professional role of the nurse, Leadership style of managers, and Achieving professional growth.

Conclusions: Nurses' intention to stay in nursing homes is the result of a combination of personal, work-related, and organizational reasons. For the successful retention of nurses, it is crucial not only to manage the workload itself, but especially to foster a sense of social and professional recognition of their role, a supportive leadership style, functional team dynamics, and the fulfillment of expectations related to nursing practice. Our findings provide the management of these facilities with a basis for developing targeted stabilization strategies, the implementation of which is essential for retaining nurses and maintaining a high quality of nursing care.

Project is supported by VEGA 1/0123/24: Work motivation and its impact on nurse turnover: sequential explanatory mixed-method study.

Keywords: Nurse, Nursing home, Intention to stay, Reflexive thematic analysis

Filip Csikós¹, Patrik Bogdán², Éva Horváth²

¹*Institute of Emergency Care, Pedagogy of Health and Nursing Sciences, University of Pécs – Faculty of Health Sciences, Pécs, Hungary*

²*Doctoral School of Health Sciences, Faculty of Health Sciences, University of Pécs, Pécs, Hungary*

EXAMINATION OF MOTIVATION FOR THE NURSING PROFESSION AMONG YOUTH BEFORE CAREER CHOICE

Background: There is a significant shortage of healthcare professionals worldwide and in Hungary, with nurses being particularly affected. In Hungary, the national shortage of nurses is estimated at 30%.

Purpose of the research: The aim of our research was to explore the intrinsic (internal) and extrinsic (external) motivations of male bachelor-level nursing students, as well as their attitudes toward the breadwinner role, financial security, and the compatibility of these expectations with the nursing profession. We also examined how the social perception of nursing as a “female profession” influences men’s career choices, and what factors may support the recruitment of men into nursing education. The findings may contribute to developing career-orientation programs targeting 14–18-year-old male secondary school students, helping to mitigate the workforce shortage.

Sample and methods: The research was quantitative, cross-sectional, and conducted online between 08 November 2025 and 28 February 2026. Sampling was carried out using expert and snowball methods. The target group consisted of male nursing students studying at Hungarian and Czech universities. Data were collected using a self-developed questionnaire that incorporated international motivation scales. Microsoft Excel and Jamovi 2.6.44.0 were used for analysis; One-Way ANOVA and Chi-square tests were applied.

Results: Among participants (N=101), financial stability and the breadwinner role were significant motivational factors in both the Hungarian and international samples ($p < 0.05$), while Czech students showed neutral attitudes. Although no significant relationship was found between technological equipment and ward preference ($\chi^2 = 0.032$; $p = 0.858$), 75.2% of respondents identified technology as a primary attraction. A weak-to-moderate, significant positive correlation emerged between the need for professional development and leadership ambitions ($r_s = 0.291$; $p = 0.003$). A total of 86.1% plan to pursue further studies, and workplace support needs were uniformly high. The primacy of career choice did not influence future professional plans ($p > 0.05$). Three of five hypotheses (H1, H3, H4) were confirmed.

Conclusion: Male nursing students’ commitment appears independent of initial career choice motivations, indicating successful professional socialization. Retaining male workforce in nursing requires financial stability, technological innovation, and supported career pathways with opportunities for further education. Male nurses’ leadership ambitions hold strategic importance for healthcare human-resource development.

Keywords: Male motivation, Career choice, Career Motivation, Male nurses, Medical field

Thi Phung Nguyen¹, Van Tho Nguyen², Hai Duong³, Hoang Binh Nguyen⁴, Hoai Nam Vu⁵, Thuong Vu Le⁶, Anh Tuan Dinh-Xuan^{7*}

¹University of Medicine and Pharmacy at Ho Chi Minh City

²Tuberculosis and Lung Disease Department, University of Medicine and Pharmacy at Ho Chi Minh City

³Faculty of Health Sciences, University of Pécs

⁴Department of Thoracic Surgery, Cho Ray Hospital

⁵Respiratory Department, Cho Ray Hospital

⁶Respiratory Department, University Medical Center of Ho Chi Minh City

⁷Université Paris Cité, Cochin Hospital, INSERM UMR-S 1343

LOW-DOSE COMPUTED TOMOGRAPHY FOR EARLY LUNG CANCER DETECTION IN HIGH-RISK ADULTS: A SYSTEMATIC REVIEW AND META-ANALYSIS

Background: Lung cancer remains the leading cause of cancer death worldwide. Growing evidence supports low-dose computed tomography (LDCT) as an effective tool for increasing early-stage detection and reducing lung cancer mortality. However, screening is associated with potential harms, the reported effects vary across studies, and uncertainties remain regarding the widespread application of this method to populations beyond heavy smokers. This systematic review and meta-analysis therefore aimed to evaluate the effect of LDCT screening on early-stage lung cancer detection in adults at elevated risk, with secondary analyses of overall lung cancer detection, lung cancer-specific and all-cause mortality, screening-related harms, and heterogeneity by study design, comparator, geographic region, and follow-up duration.

Methods: Five electronic databases were searched, including PubMed, Embase, Cochrane, Web of Science, and Scopus, with no language or time restrictions. A reference list and manual search were performed. Randomized trials and comparative cohort studies evaluating LDCT against non-LDCT control strategies were included. Risk ratios (RRs) were pooled using random-effects models. Risk of bias was assessed using RoB 2 and ROBINS-I, and certainty of evidence using GRADE. The registered number of this study in PROSPERO was CRD420261469390.

Results: Twenty reports representing 17 independent study populations and 334,069 participants were included. LDCT was associated with increased early-stage lung cancer detection (RR = 2.63, 95% CI 1.80 – 3.83; I^2 = 97%) and overall detection (RR = 1.43, 95% CI 1.20 – 1.71; I^2 = 84%). The primary analysis suggested lower lung cancer-specific mortality (RR = 0.76, 95% CI 0.61 – 0.93; I^2 = 82%), but the association was attenuated after studies at high, serious, or critical risk of bias were excluded (RR = 0.89, 95% CI 0.78–1.02; I^2 = 35%). No significant all-cause mortality reduction was observed (RR = 0.95, 95% CI 0.87–1.05; I^2 = 79%). Screening-related harms included false-positive findings, additional investigations, occasional surgery for benign disease, and overdiagnosis. Certainty of evidence was rated low across the four main outcomes.

Conclusions: LDCT increased early-stage and overall lung cancer detection. A possible lung cancer-specific mortality benefit was observed, but its magnitude was uncertain and influenced by studies at elevated risk of bias. No clear all-cause mortality benefit was demonstrated.

Kateřina Greplová¹, Darja Jarořov¹, Radka Kozkov¹, Renta Zelenkov¹, Miroslava Janouřkov², Dominika řeblov²

¹*Department of Nursing and Midwifery, Faculty of Medicine, University of Ostrava, Czechia*

²*Department of Public Health, Second Faculty of Medicine, Charles University, Czechia*

CAREER PLANS AND MENTAL WELL-BEING OF CZECH NURSING STUDENTS AT THE END OF THEIR STUDIES

Introduction / Objective: The transition from nursing education to clinical practice is a critical period influencing retention of newly graduated nurses. This study aimed to identify the career plans of Czech nursing students at the end of their studies and assess their mental well-being before graduation.

Materials and Methods: Forty higher vocational schools and sixteen universities offering General Nursing programmes in Czechia were invited to participate. The sample included 387 students (240 bachelor's and 147 higher vocational students). Mental well-being was assessed using the WHO-5 Well-Being Index, while career intentions were evaluated using questions on planned employment and further education. Data were collected online via REDCap between March and June 2026.

Results: The most common career plan was employment in a Czech hospital (75.5%). Continuing education was more frequently reported by bachelor's students (42.1%). Mean WHO-5 scores were 42.0 ± 21.5 (95% CI 39.1–44.9) among university students and 42.1 ± 21.9 (95% CI 38.4–45.8) among higher vocational students, indicating similarly low mental well-being. No significant difference was found between the groups ($p = 0.97$).

Conclusions: Most Czech nursing students intend to enter the Czech hospital workforce after graduation. However, the low mental well-being observed in both groups highlights the need for targeted mental health support during the transition to professional practice, which may improve adaptation and long-term retention.

Keywords: career plans, nursing students, mental well-being

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Kristóf Gróf¹, Lívía Tóth¹, Patrik Bogdán¹, Klára Simon¹, Ali Abbas Rahi Al-Murshedi²,
Mohammed Elmadani², Annamária Pakai²

¹ Doctoral School of Health Sciences, Faculty of Health Sciences, University of Pécs, Pécs, Hungary

² Institute of Emergency Care, Pedagogy of Health and Nursing Sciences, University of Pécs – Faculty of Health Sciences, Pécs, Hungary

WHY DOES OCCUPATIONAL STRESS PERSIST AMONG HEALTHCARE WORKERS? A SYSTEMATIC REVIEW OF EVIDENCE AND IMPLEMENTATION GAPS

Aim: Despite the extensive body of research on occupational stress and burnout among healthcare workers, these issues remain highly prevalent. This study aims to critically examine why, despite substantial evidence and available interventions, workplace stress in healthcare settings has not been effectively resolved.

Design: Systematic review.

Methods: A structured review of peer-reviewed literature published from 2010 onwards was conducted using major databases (PubMed, Scopus, Web of Science). Studies addressing occupational stress, burnout, and coping strategies among healthcare professionals were included, with particular focus on high-intensity clinical settings.

Results: The literature consistently demonstrates high levels of stress and burnout among healthcare workers across different countries and clinical contexts. Although numerous risk factors and evidence-based interventions have been identified, implementation remains limited. Key barriers include structural constraints, chronic workforce shortages, misalignment between individual- and system-level interventions, and the normalization of stress within healthcare culture.

Conclusion: The persistence of occupational stress in healthcare cannot be attributed to a lack of knowledge, but rather to systemic failures in implementation and structural limitations. Addressing this issue requires a shift from individual-focused interventions toward comprehensive organizational and policy-level changes.

Keywords

burnout; occupational stress; healthcare workers; coping strategies; mental health; workforce retention

Osama Hamad¹, Klára Simon¹, Godfrey Mbaabu¹, Lívía Tóth¹, Éva Horváth¹, Amer Mesmar¹, Orsolya Máté¹

¹*Doctoral School of Health Sciences, Faculty of Health Sciences, University of Pécs, Pécs, Hungary*

OPTIMIZING EMERGENCY DEPARTMENT EXPERIENCES FOR FAMILIES OF CHILDREN WITH AUTISM: A SYSTEMATIC REVIEW

Introduction / Objective: Emergency Department (ED) visits can be stressful for children with autism spectrum disorder (ASD) and their families due to sensory sensitivities, communication challenges, unfamiliar environments, and prolonged waiting times. Understanding family experiences in emergency settings is essential for improving family-centered care. This systematic review examined the available evidence on the experiences of families of children with ASD during ED visits and identified interventions and practices that support more positive care experiences.

Materials and Methods: A systematic literature search was conducted in PubMed, Scopus, CINAHL, and Web of Science. Studies examining the experiences, perceptions, and needs of families of children with ASD in emergency care settings were included. Eligible articles were screened using predefined criteria, and data were extracted systematically. Findings were synthesized narratively to identify common challenges, themes, and strategies for improving family experiences.

Results: ED visits were frequently described as stressful for families of children with ASD, with common challenges including sensory overload, communication barriers, prolonged waiting times, and limited autism-specific staff awareness. More positive experiences were associated with caregiver involvement, adapted communication, and flexible, individualized care. Studies also highlighted the value of sensory-friendly environments, staff training, visual communication supports, and individualized care planning in improving family experiences.

Conclusions: The findings suggest that family experiences in the ED can be improved through autism-informed, family-centered care. Key strategies include staff training, sensory-friendly adaptations, individualized communication, and active caregiver involvement. Integrating these approaches into routine emergency services may reduce distress and improve care quality for children with ASD and their families.

Keywords: Autism Spectrum Disorder; Emergency Department; Family Experience; Family-Centered Care.

Bashir Ibrahim¹, Mohammed Elmadani¹, Simon Klara¹, Mate Orsolya¹

¹*Doctoral School of Health Sciences, Faculty of Health Sciences, University of Pécs, Pécs, Hungary*

KNOWLEDGE OF CANCER RISK FACTORS AND EARLY WARNING SIGNS AMONG UNIVERSITY STUDENTS: A SYSTEMATIC REVIEW AND META-ANALYSIS

Background: Cancer remains a leading cause of morbidity and mortality worldwide, with early detection playing a crucial role in improving survival outcomes. However, limited awareness of cancer risk factors and warning signs continues to contribute to delayed diagnosis. Undergraduate university students represent a key population for cancer awareness, yet existing evidence suggests variability in their level of knowledge.

Objective: This systematic review and meta-analysis aimed to synthesize existing evidence on cancer knowledge among undergraduate students, focusing on awareness of risk factors and recognition of warning signs, and to estimate the pooled prevalence of adequate cancer knowledge.

Methods: A systematic search was conducted in PubMed, Scopus, and Web of Science without date restrictions, following PRISMA guidelines. Observational and interventional studies assessing cancer knowledge among university students were included. Data extraction and quality assessment were performed independently by two reviewers using the Mixed Methods Appraisal Tool (MMAT). A meta-analysis of proportions was conducted using a random-effects generalized linear mixed model with logit transformation. Heterogeneity was assessed using I^2 and τ^2 statistics. Subgroup analyses and meta-regression were performed to explore sources of variability.

Results: A total of 28 studies comprising 11,425 participants were included. The pooled prevalence of adequate cancer knowledge was 68.4% (95% CI: 51.4%–81.6%), with substantial heterogeneity ($I^2 = 98.4\%$). Awareness was highest for well-known risk factors such as smoking, while knowledge of reproductive, metabolic, and environmental risk factors was limited. Recognition of warning signs was largely confined to obvious symptoms such as lumps, with poor awareness of non-specific or early symptoms. Subgroup analyses showed no significant differences by region or field of study. No evidence of publication bias was detected ($p = 0.221$). Sensitivity analysis yielded consistent results.

Conclusion: Cancer knowledge among undergraduate students is moderate but highly variable, with significant gaps in awareness of less recognized risk factors and early warning signs. These findings highlight the need for targeted, standardized educational interventions to improve cancer literacy and support early detection efforts.

Malgorzata Juda¹, Aneta Lesiak, Paweł Więch¹

¹Faculty of Health Sciences and Psychology, Institute of Nursing, University of Rzeszów, Rzeszów, Poland

TRANSPLANT COORDINATORS IN MODERN HEALTHCARE: A SCOPING REVIEW OF PROFESSIONAL ROLES, COMPETENCIES AND EDUCATIONAL PREPARATION

Introduction: Transplant coordinators play a key role in organ donation and transplantation by coordinating multidisciplinary teams, supporting donor management, facilitating communication with donor families, and ensuring compliance with clinical, ethical and legal standards. However, their professional roles, competencies and educational preparation vary considerably across healthcare systems. This scoping review aimed to map the available evidence regarding the professional roles, competencies and educational preparation of transplant coordinators in order to provide the theoretical background for further research on their professional functioning and work-related outcomes.

Materials and Methods: A scoping review was conducted in accordance with the Joanna Briggs Institute methodology and reported following the PRISMA-ScR guidelines. A comprehensive literature search was performed in PubMed/MEDLINE, Scopus, Web of Science, CINAHL and Embase, supplemented by manual screening of reference lists. Studies describing transplant coordinators involved in organ donation and transplantation were included regardless of study design. Data were extracted using a standardized charting form and synthesised using descriptive and thematic analysis.

Results: The available literature consistently identified transplant coordinators as essential professionals responsible for coordinating complex clinical pathways, facilitating interdisciplinary collaboration, communicating with donor families, supporting donor management, and promoting quality and patient safety. Considerable international variation was observed in competency requirements, educational pathways and certification processes.

Conclusions: Transplant coordinators have evolved into advanced healthcare professionals integrating clinical, organisational, leadership and communication competencies. Mapping the available evidence provides the theoretical foundation for future research evaluating transplant coordinators' professional functioning, quality of professional life and organisational support, while supporting the development of competency-based educational frameworks and evidence-informed organisational strategies.

Keywords: transplant coordinator; organ donation; competencies; nursing; scoping review

Godfrey Mbaabu Limungi^{1,3}, Klára Simon¹ Mohammed Elmadani¹, Mesmar Amer¹, Osama Hamad¹, Livia Tóth¹, Éva Horváth¹, Besbes Maha¹, Dahabo Galgalo¹, Patrick Nyamemba Nyakundi¹, Nancy Ntinyari⁴ Orsolya Máté²

¹Doctoral School of Health Sciences, Faculty of Health Sciences, University of Pécs, Pécs, Hungary

²University of Pécs, Faculty of Health Sciences, Institute of Emergency Care, Pedagogy of Health and Nursing Sciences, Pécs, Hungary

³Kenya Medical Training College, Nursing Department, Nairobi, Kenya

⁴East Carolina University Medical Centre, Greenville, North Carolina, USA

BURNOUT AND DEPRESSIVE SYMPTOMS AMONG PEDIATRIC NURSES: A GLOBAL COMPARATIVE STUDY

Background: Pediatric nurses are exposed to emotionally demanding clinical environment that increases their vulnerability to burnout and depressive symptoms. Although the burden of psychological distress among nurses has been widely documented, limited evidence exists regarding cross-continental variation among pediatric nurses.

Objective: To examine burnout and depressive symptoms among pediatric nurses across continents.

Methodology: A cross-sectional comparative study was conducted among 604 pediatric nurses from Africa, Asia, Europe, Oceania, North America and South America, using quota, purposive and convenience sampling. Participants were recruited mainly through online platforms. Data were collected using a self-report questionnaire assessing burnout and depressive symptoms. Descriptive statistics summarised participant characteristics, while Kruskal-Wallis test with Bonferroni-adjusted pairwise comparisons and Chi-square tests examined continental differences and prevalence rates.

Results: The overall prevalence of burnout was 49.3%, while depressive symptoms were reported by 26% of the participants. Significant continental differences were observed in emotional exhaustion $\chi^2(5) = 15.739$, $p = 0.008$, depersonalization $\chi^2(5) = 15.63$, $p = 0.008$, personal accomplishment $\chi^2(5) = 27.78$ $p < 0.001$, depressive symptoms $\chi^2(5) = 18.11$, $p = .003$. Pediatric nurses from South America reported significantly higher emotional exhaustion than those from Europe ($p = .032$). Participants from Asia demonstrated significantly higher depersonalization compared with Europe ($p = .002$) and significantly lower personal accomplishment compared with Africa, Europe, North America and Oceania. Africa and South America reported significantly higher depressive symptom scores compared with Oceania. Burnout prevalence was highest in South America (62%) and lowest in Oceania (31.2%), while depressive symptoms were highest in Africa (31.6%) and lowest in Oceania (9.1%).

Conclusion: Burnout and depressive symptoms among pediatric nurses vary significantly across continents, highlighting important regional differences in mental health outcomes. These findings emphasise the need for context-specific policy interventions that address regional healthcare system challenges and strengthen workforce support to promote the psychological well-being of pediatric nurses globally.

Keywords: Pediatric nurses; burnout; depressive symptoms; psychological distress; global health

Ammar Mahmood Jaber¹, Rudolf Kiss², Csaba Bálint¹, László Czigner², Alí Abbas Rahi¹, Zsófia Verzár¹

¹*Doctoral School of Health Sciences, Faculty of Health Sciences, University of Pécs H-7621 Pécs, Hungary*

²*Heart Institute, Medical School, University of Pécs, H-7624 Pécs, Hungary*

EARLY HEPATIC STRESS AFTER ON-PUMP VERSUS OFF-PUMP CARDIAC SURGERY, AND THE MODIFYING ROLE OF INTRAOPERATIVE HYPEROXIA: A RETROSPECTIVE COHORT STUDY

Introduction. Cardiopulmonary bypass (CPB) triggers systemic inflammation and ischemia–reperfusion that can transiently impair hepatic function, whereas off-pump surgery avoids extracorporeal circulation. Intraoperative hyperoxia is common and may amplify oxidative stress. Whether perfusion strategy or hyperoxia is associated with early hepatic injury, and whether oxygen modifies any pump effect, is unclear.

Materials and Methods. In a single-center cohort of 228 adults undergoing cardiac surgery (on-pump, n = 168; off-pump, n = 60; STROBE-compliant), serum AST (GOT), ALT (GPT) and LDH were measured pre- and postoperatively. Hyperoxia was defined as a priori as early postoperative pO₂ > 200 mmHg. Between-group, within-patient, and pump-by-oxygen analyses used Mann–Whitney U, Wilcoxon signed-rank, and four-group Kruskal–Wallis tests, respectively.

Results. Baseline markers did not differ (all $p > 0.05$). Postoperatively, on-pump patients had higher AST (median 59 vs 30.5 U/L; $p < 0.001$; $r = 0.53$) and LDH (389.5 vs 186.5 U/L; $p < 0.001$; $r = 0.82$), whereas ALT was unchanged ($p = 0.89$). Hyperoxia was almost entirely confined to the on-pump group (95.8% vs 28.3%; $p < 0.001$) but was not associated with any marker within pump strata (all $p > 0.10$).

Conclusions. CPB, but not hyperoxia, was strongly associated with early AST and LDH elevations consistent with transient hepatosplanchnic stress, whereas ALT was preserved suggesting predominantly ischemic/canalicular rather than hepatocellular injury. Because hyperoxia was collinear with on-pump status, an independent oxygen effect could not be isolated and warrants dedicated randomized evaluation.

Keywords: cardiopulmonary bypass; off-pump coronary artery bypass; on-pump coronary artery bypass; hepatic function; hyperoxia.

Branislav Malý¹, Katarína Žiaková¹

¹Department of Nursing, Jessenius Faculty of Medicine in Martin, Comenius University in Bratislava, Slovak Republic

TRAUMATIC EVENTS, RESILIENCE, AND RECOVERY IN NURSES EXPERIENCING THE SECOND VICTIM PHENOMENON

Introduction/Objectives: Nurses affected by the emotional or physical consequences of an adverse event are referred to as *second victims*. Resilience can mitigate the negative effects of stressful events, facilitate recovery, and promote more adaptive coping. Therefore, we examined the relationship between resilience and second victim reactions to a traumatic event, the perceived usefulness of available support measures, the duration of recovery after a traumatic event, and selected demographic characteristics.

Materials and Methods: This study was carried out among 137 nurses working in the surgical and internal medicine departments and the ICU of the University Hospital Martin between June and September 2025. Participation was voluntary and anonymous. Data were collected using two instruments: the SeViD questionnaire and the CD-RISC-10^{SLOVAK}® scale. Statistical analyses were performed using logistic regression and linear modeling. The study was approved by the Ethics Committee of the Jessenius Faculty of Medicine of Comenius University (Approval No. EK 67/2024).

Results: A total of 109 nurses (mean age 42.2 years) experienced a traumatic event at least once during their professional career. More severe reactions to a traumatic event predicted a longer recovery period, while receiving support outside formal support systems was associated with a lower risk of prolonged recovery. Resilience was not significantly associated with recovery duration; however, more severe reactions to a traumatic event were associated with lower levels of resilience. A higher age was marginally associated with higher resilience scores.

Conclusions: Stronger second victim reactions were associated with longer recovery periods and lower resilience levels. Informal support facilitated faster recovery, highlighting the importance of accessible support mechanisms for nurses following traumatic events.

This study was supported by Comenius University grant UK/1448/2026 "Second Victims Among Nurses: The Impact of Adverse Events".

Keywords: Second victims, nurses, traumatic event, resilience, recovery, informal support, adverse event.

Kitti Máté-Póhr^{1,2,3}, Kristóf Gróf², Annamária Pakai², József Betlehem²

¹Hungarian National Ambulance Service

²Faculty of Health Sciences, University of Pécs

³Doctoral School of Health Sciences, University of Pécs

PREHOSPITAL RECOGNITION AND CLINICAL SIGNIFICANCE OF HYPO- AND HYPERKALAEMIA

Introduction and Objective: Dyskalaemia is a potentially life-threatening condition in prehospital care, occurring in 0.36–2.6% of patients requiring emergency care. Timely recognition and treatment can reduce mortality. We aimed to assess the clinical significance of point-of-care potassium measurement and the challenges of prehospital dyskalaemia recognition.

Materials and Methods: We conducted a cross-sectional, retrospective study at Markusovszky University Teaching Hospital between March 2021 and March 2024. The study included 241 patients with dyskalaemia. Their data were supplemented with 185 patient care records from the Hungarian National Ambulance Service. Data were analyzed using SPSS 26.0, with descriptive statistics, chi-square tests and correlation analysis.

Results: Female sex ($p < 0.001$) and hypertension ($p = 0.04$) were significantly associated with hypokalaemia. In hyperkalaemia, hypertension and diabetes mellitus were the most common comorbidities ($p < 0.001$). Vomiting and diarrhoea were the most frequent presenting symptoms in hypokalaemia, while weakness predominated in hyperkalaemia ($p = 0.001$). Peaked T waves were the most frequent ECG abnormality. A substantial proportion of patients were transported to hospital by ambulance.

Conclusion: Recognition of potassium disturbances in the prehospital setting is challenging due to limited diagnostic resources and therapeutic options. As timely treatment can reduce mortality, further investigation is warranted. Electrolyte disturbances should be considered when assessing unexplained symptoms, sudden deterioration in initially stable patients, or newly detected cardiac arrhythmias.

Keywords: hypokalaemia, hyperkalaemia, dyskalaemia, prehospital care, emergency care

Mária Mokán¹, Zsuzsanna Kivés³, Krisztina Deutsch²

¹University of Pécs, Faculty of Health Sciences, Doctoral School of Health Sciences

²University of Pécs, Faculty of Health Sciences, Institute of Emergency Care, Health Pedagogy and Nursing Sciences

³University of Pécs, Faculty of Health Sciences, Institute of Health Insurance

ASSOCIATIONS OF SOCIAL SUPPORT AND PSYCHOLOGICAL WELL-BEING AMONG SOCIOECONOMICALLY DISADVANTAGED AND NON- DISADVANTAGED PRIMARY SCHOOL STUDENTS

Introduction/Objective: Limited Hungarian evidence is available on the mental health of socioeconomically disadvantaged children. Therefore, this study aimed to compare psychological well-being, family and peer support, and loneliness among disadvantaged (HH), multiply disadvantaged (HHH), and non-disadvantaged primary school students, and to examine the associations between these variables.

Materials and methods: A cross-sectional survey was conducted in May 2026 among 5th–8th grade students in the Sarkad district (n=508). The questionnaire included sociodemographic data, the WHO-5 Well-Being Index, the Cantril Self-Anchoring Ladder, the HBSC Family and Peer Support Scales, and the UCLA Loneliness Scale. Descriptive statistics, Mann-Whitney, Kruskal-Wallis and χ^2 tests, and Spearman's rank correlation were performed using SPSS 31.0 ($p<0.05$).

Results: Of the participants, 48.6% were boys and 51.4% girls; 14.8% were HH, 28.7% HHH, and 56.5% non-disadvantaged. Family support was significantly lower among HH (6.41 ± 2.65) and HHH (7.27 ± 1.09) students than among non-disadvantaged peers (8.41 ± 1.28 ; $p<0.001$). No significant differences in psychological well-being were found among HH, HHH, and non-disadvantaged students ($p>0.05$). Cantril scores showed weak positive correlations with family support ($r=0.129$, $p=0.004$) and moderate correlations with peer support ($r=0.326$, $p<0.001$). Non-disadvantaged students more often reported home as a better place than school (72.7% vs. 63.0% in HH and 59.4% in HHH; $p=0.007$). Loneliness was higher among students preferring school over home (2.75 ± 1.16) than among those preferring home (2.16 ± 1.02) or both equally (2.03 ± 0.91 ; $p=0.012$).

Conclusion: Socioeconomic disadvantage was not associated with poorer psychological well-being, although HH and HHH students perceived significantly lower family support. Psychological well-being was positively associated with both family and peer support, suggesting that supportive relationships may help maintain children's mental health.

Keywords: psychological well-being; social support; socioeconomic disadvantage; primary school students; loneliness

Hana Nguyenová¹, Valérie Tóthová¹

¹Institute of Nursing, Midwifery and Emergency Care, Faculty of Health and Social Sciences, University of South Bohemia in České Budějovice, Czech Republic

CULTURAL COMPETENCE OF NURSES IN PREVENTIVE EDUCATION FOR ADULT PATIENTS FROM DIFFERENT CULTURAL AND LINGUISTIC BACKGROUNDS IN PRIMARY CARE

Introduction: Global migration trends significantly increase cultural diversity in healthcare. Foreigners often face linguistic barriers, low health literacy, and systemic obstacles, leading to underutilization of primary prevention and primary care. Cultural competence and culturally congruent nursing care are therefore important for effective health promotion.

Aim: The proposed dissertation research aims to analyse the relationship between primary care nurses' cultural competence, patients' health literacy, and perceived cultural, linguistic, and social barriers in the area of preventive healthcare among Vietnamese patients in the South Bohemian Region.

Methods: A mixed-methods research design will comprise three phases: a quantitative survey among primary care nurses measuring cultural competence, a quantitative survey among adult Vietnamese patients assessing health literacy, and a qualitative method involving semi-structured interviews with both groups to explore mutual perspectives.

Expected outcomes: The study is expected to identify factors influencing culturally sensitive preventive education and differences between nurses' and patients' perspectives on barriers to preventive care.

Conclusion: Based on the results, a methodological framework will be developed for nurses to conduct culturally sensitive education along with a bilingual visual toolkit for patients that covers key preventive areas, including regular checkups, screening milestones, vaccination schedules or healthy lifestyle habits.

Keywords: cultural competence, prevention, education, primary care, health literacy, cultural diversity

Caroline Pajtllová¹, Radka Kozáková¹

¹University of Ostrava, Faculty of Medicine, Department of Nursing and Midwifery

APPEASEMENT (“FAWN”) RESPONSE, SELF-SILENCING, AND PERSONAL BOUNDARY EROSION AS POSSIBLE FACTORS RELATED TO SELF-MEDICATION IN NURSES: A SCOPING REVIEW

Introduction / Objective: Nursing is associated with considerable psychological demands that may contribute to maladaptive coping strategies. One potentially relevant but less explored phenomenon is the tendency to accommodate others at the expense of one's own needs, reflected in concepts such as the appeasement (!fawn”) response, self-silencing, and over-accommodation. Difficulties in expressing personal needs and maintaining boundaries may be particularly relevant in professions characterised by high responsibility and emotional demands. This scoping review aimed to map the available literature on possible relationships between appeasement-related behaviours, self-silencing, boundary erosion, and health-risk coping behaviours among nurses, with particular attention to self-medication and prescription drug misuse.

Materials and Methods: A search of PubMed, Scopus, Web of Science, and CINAHL was conducted. The search strategy combined terms related to nurses, appeasement or fawn response, self-silencing, people-pleasing, over-accommodation, personal or professional boundaries, and health-risk behaviours, including self-medication, prescription drug misuse, informal prescribing, and workplace drug diversion.

Results: The available literature rarely uses the specific term “fawn response” in relation to nursing. Related concepts, particularly self-silencing, over-accommodation, difficulties in maintaining boundaries, and prioritisation of others' needs, are more frequently discussed in connection with occupational stress and burnout. Evidence concerning self-medication and prescription drug misuse among healthcare professionals is also available; however, direct empirical examination of the relationship between these risk behaviours and appeasement-related psychological mechanisms appears to be limited. The review therefore identifies a gap in the literature regarding whether and how self-silencing, chronic over-accommodation, and boundary difficulties may contribute to self-medication among nurses.

Conclusions: The findings highlight a potentially important but insufficiently explored intersection between interpersonal coping patterns, occupational stress, and health-risk coping behaviours in nursing. Further research is needed to clarify whether appeasement-related behaviours and difficulties in maintaining personal boundaries are associated with self-medication or prescription drug misuse.

Katarzyna Piasek¹, Damian Wiśniewski¹, Aneta Lesiak¹, Paweł Więch¹

¹University of Rzeszów, Collegium Medicum, Faculty of Health Sciences and Psychology, Institute of Nursing

SEVERITY OF DEPRESSION IN PATIENTS AFTER THORACIC SURGERY

Introduction / Aim. Depression is a condition frequently observed among patients with somatic illnesses as well as those who have undergone surgery. Depressive symptoms may appear or intensify during the perioperative period, affecting patient functioning, the course of treatment, and the recovery process. The aim of the study was to assess the severity of depressive symptoms in patients undergoing thoracic surgery during the perioperative period.

Materials and Methods. The study included 138 patients who underwent lung resection surgery under general anesthesia. Assessments were conducted at three stages: preoperatively, on the 7th postoperative day, and three months post-surgery. The following tools were used: the Beck Depression Inventory (BDI), the General Health Questionnaire (GHQ-28), the Mini-Mental State Examination (MMSE), and the Perceived Stress Scale (PSS-10). Statistical analysis was performed using the χ^2 test, the Mann–Whitney test, the Kruskal–Wallis test, and Spearman’s rank correlation.

Results. Prior to the procedure, 73.2% of the subjects showed no signs of depression, while 23.2% had mild depression and 3.6% had moderate depression. On the day of hospital discharge, an increase in the severity of depressive symptoms was observed: mild depression was found in 34.1% of subjects, and moderate depression in 5.8%. After three months, the severity of depression decreased to 19.6% and 2.2%, respectively ($p < 0.05$). The mean BDI score was 10.79 points before the procedure, 11.83 points at discharge, and 11.59 points after three months. Women exhibited greater depression severity than men at all stages of the study ($p < 0.05$). A relationship was also demonstrated between greater depression severity and older age, lower education level, and a longer hospital stay. An increase in depressive symptoms was associated with a deterioration in general mental health and an intensification of somatic disorders, anxiety, insomnia, and functional impairment. A relationship was also found between depression severity and cognitive decline as assessed by the MMSE scale ($p < 0.05$).

Conclusions. Female gender, lower education level, older age, and prolonged hospital stay are associated with the occurrence of depression in patients during the pre- and postoperative periods. Higher levels of pre-operative depression and stress were associated with greater cognitive impairment and a deterioration in general health, including somatic symptoms, anxiety, insomnia, and difficulties with daily functioning.

Keywords: depression, oncology, thoracic surgery.

Wiktoría Smorag¹

¹University of Rzeszów, Doctoral School, Faculty of Health Sciences and Psychology

LIFESTYLE PREHABILITATION IN OLDER ADULTS AS AN ELEMENT OF NURSING SUPPORT IN THE PROCESS OF HEALTHY AGEING

Introduction: Population ageing is associated with an increased prevalence of functional impairments and a decline in quality of life among older adults. Previous studies indicate that interventions targeting lifestyle modification can slow the decline of physical function and improve health indicators; however, the role of nurses in implementing lifestyle prehabilitation remains insufficiently explored.

Materials and Methods: This analysis involved a systematic review of scientific literature on prehabilitation programs for older adults and nursing care as a component of support for healthy behaviors. Studies reporting the effects of lifestyle interventions including physical activity, nutrition, and psychosocial support were included. Additionally, pilot observations of nurses' involvement in coordinating educational activities and monitoring participants' progress were discussed.

Results: Available literature indicates that prehabilitation programs conducted in an interdisciplinary context promote increased physical activity, improved functional parameters, and enhanced self-rated health among older adults. The analysis suggests that active involvement of nurses in health education and adherence monitoring is associated with higher compliance and greater participant satisfaction.

Conclusions: These findings highlight the crucial role of nurses in implementing lifestyle prehabilitation and suggest that they can effectively support healthy ageing through education, coaching, and systematic monitoring. Further empirical research is needed to precisely determine the impact of nursing support on health outcomes of older adults and to identify best practices for implementing such programs in clinical and community care.

Keywords: prehabilitation, older adults, healthy ageing

Lenka Šrámková^{1,2}, Miroslav Kopecký¹

¹Faculty of Health Sciences, Palacký University Olomouc

²Brno University Hospital

IMPACT OF OBESITY ON TREATMENT COURSE, LENGTH OF HOSPITALIZATION AND HEALTHCARE COSTS IN POLYTRAUMA PATIENTS AT THE BRNO UNIVERSITY HOSPITAL TRAUMA CENTRE

Introduction: Obesity represents a major global health challenge, with its prevalence steadily increasing worldwide. In polytrauma patients, obesity has been associated with a higher risk of complications, prolonged mechanical ventilation, longer hospital stays, and increased healthcare costs. Nevertheless, its impact on the clinical course and outcomes of polytrauma patients remains insufficiently understood. As the number of obese trauma patients continues to rise, there is an increasing need to evaluate this relationship within the setting of Czech trauma centres.

Aim: The aim of this study is to evaluate the impact of obesity on the treatment course of polytrauma patients, with particular emphasis on the duration of mechanical ventilation, length of stay in intensive care, total hospital length of stay, incidence of complications, in-hospital mortality, and healthcare costs.

Methods: This retrospective observational study is based on the analysis of paper-based and electronic medical records of patients admitted to Brno University Hospital in 2025. During the study period, approximately 940 patients were admitted to the Department of Anaesthesiology, Resuscitation and Intensive Care Medicine, of whom 160 met the criteria for polytrauma (Injury Severity Score [ISS] ≥ 16). Additional data were collected from subsequent departments involved in patient care. Because management of polytrauma patients requires close multidisciplinary collaboration, patients are transferred to specialised departments following initial stabilisation. Therefore, patient records were retrospectively linked across departments to capture the complete course of hospitalisation. After record linkage and removal of duplicates, the final study cohort was established. Data collected included demographic and anthropometric characteristics, body mass index (BMI), injury severity (ISS), duration of mechanical ventilation, length of intensive care stay, total hospital length of stay, complications, in-hospital mortality, and healthcare costs.

Results: A retrospective cohort of polytrauma patients was established, enabling analysis of the relationship between obesity and treatment outcomes. The collected data will provide the basis for evaluating associations between obesity, duration of mechanical ventilation, length of hospital stay, complications, in-hospital mortality, and healthcare costs.

Funding: This study was supported by the Student Grant Competition of Palacký University Olomouc under project IGA_FZV_2026_007 – Impact of Obesity on Treatment Course, Length of Hospitalization and Healthcare Costs in Polytrauma Patients at the Brno University Hospital Trauma Centre.

Conclusion: The study will contribute to a better understanding of the impact of obesity on the treatment course of polytrauma patients in a Czech trauma centre. The findings may support optimisation of multidisciplinary care, evidence-based nursing interventions, and more efficient use of healthcare resources in this high-risk patient population.

Keywords: obesity; polytrauma; body mass index; intensive care; hospitalization; complications; nursing.

Miklós Sugár¹, Bence L. Raposa²

¹*Doctoral School of Health Sciences, Faculty of Health Sciences, University of Pécs, Pécs, Hungary*

²*University of Pécs, Faculty of Health Sciences, Institute of Nursing Sciences, Basic Health Sciences and Health Visiting*

CHANGES IN TASTE AND FOOD PREFERENCES RELATED TO THE CORONAVIRUS DISEASE IN HUNGARY

Introduction: Many researches supported the claim that—among other symptoms—viral diseases often affect the ability to smell and the sense of taste, possibly affecting the taste- and food preferences as well.

Objective: The aim of the present study was to shed light on the impact of COVID-related smell- and taste function-disorder/loss on the food and taste preferences COVID-19 patients of different symptomatic and pre-existing conditions and demographic backgrounds.

Methods: Two descriptive, cross-sectional surveys were conducted. Our calculations were based on the answers of 501+158 participants. Descriptive statistics, Chi-square test, *t*-test for correlation coefficient, were performed.

Results: The most common long COVID symptom was fatigue/weakness, followed by anosmia and tachycardia. Many participants reported dysgeusia/ageusia during the acute phase of the disease, which sometimes prevailed as a long COVID symptom. A high percentage of participants reported that they rejected all kinds of meat of animal origin except cold cuts after the acute phase, which proved to be the most common dietary change during the post-COVID period.

Conclusion: A high percentage of the occurrences of the disease, indeed has a marked effect on the taste- and food preferences of the affected, after the acute phase of the disease. A surprisingly high percentage of participants reported that their sense of taste have not completely returned, even years after they fell ill.

Keywords: COVID-19, food preference, long COVID

László Szabó¹, Annamária Pakai¹, Miklós Lukács¹

¹University of Pécs, Faculty of Health Sciences

PALLIATIVE CARE IN NURSING EDUCATION IN HUNGARY: EDUCATIONAL GAPS AND IMPLICATIONS FOR ELNEC-INFORMED CURRICULUM DEVELOPMENT

Objective: Palliative care competence is essential for nurses, yet the consistency and practice orientation of palliative care education in Hungary remain uncertain. This study assessed previous hospice-palliative education, self-reported theoretical and practical preparedness, and educational needs, with implications for ELNEC-informed curriculum development.

Methods: A cross-sectional survey was conducted in Hungary between 24 April and 17 November 2025 using an anonymous, self-administered online questionnaire. The final sample included 171 respondents. Descriptive statistics and chi-square tests were used; odds ratios (OR) with 95% confidence intervals (CI) quantified associations between previous formal training and self-reported confidence.

Results: Formal hospice-palliative education was reported by 108 participants (63.2%). Full confidence in theoretical knowledge was reported by 83 (48.5%) and in practical preparedness by 82 (48.0%). Formal training was associated with greater theoretical confidence (63.0% vs 23.8%; $\chi^2(1)=24.42$, $p<0.001$; OR=5.44, 95% CI 2.70–10.94) and practical confidence (62.0% vs 23.8%; $\chi^2(1)=23.30$, $p<0.001$; OR=5.23, 95% CI 2.60–10.51). Further development of palliative care education was supported by 165 respondents (96.5%), while 147 (86.0%) expressed interest in additional training. Practice-oriented education (57.9%) and increased theoretical-practical teaching hours (56.7%) were the leading priorities.

Conclusions: Despite substantial previous exposure to training, important gaps in perceived preparedness remain. A coherent, competency-based and practice-oriented educational continuum is needed. An ELNEC-informed framework adapted to Hungarian competencies and clinical pathways may support standardisation and strengthen nurses' preparedness for palliative and end-of-life care.

Keywords: palliative care; nursing education; ELNEC; nursing competence; end-of-life care

Barbora Tylichová¹, Sylva Bártlová¹

¹University of South Bohemia in České Budějovice, Faculty of Health and Social Sciences, Institute of Nursing, Midwifery and Emergency Care, České Budějovice, Czech Republic

SAFETY AND PREVENTIVE STRATEGIES OF HEALTHCARE PROFESSIONALS IN CONTACT WITH PATIENTS WITH MENTAL ILLNESS: A LITERATURE REVIEW

Introduction / Objective: Risk-related behaviours in patients with mental illness can compromise the safety of both patients and healthcare professionals and disrupt the continuity of care, yet preventive strategies remain fragmented. This review synthesised evidence on safety and preventive strategies used in their care, including intoxication, suicidal or self-harming behaviour, agitation, and psychomotor unrest.

Materials and Methods: A structured search was performed in December 2025 in MEDLINE, Web of Science, CINAHL, PsycINFO, Medvik, and Google Scholar. Peer-reviewed studies published in Czech or English between 2020 and 2025 were included, focusing on workplace violence, preventive interventions, staff education, risk assessment, restrictive measures, and post-incident procedures. After removing duplicates, 28 studies were analysed.

Results: Four thematic domains were identified: risk factors and behavioural manifestations, individual interventions such as de-escalation and training, restrictive measures, and structured debriefing. The effectiveness of isolated interventions was inconsistent, whereas professional experience, team communication, and institutional support were repeatedly emphasised.

Conclusions: Safe care in these settings requires integrated, context-sensitive strategies combining individual, organisational, and system-level measures that protect patients and staff alike. Further research should address implementation and long-term effects on the safety and well-being of patients and staff.

Keywords: Safety; Prevention; Restrictive measures; Workplace violence; Mental health; Post-incident debriefing

Zsófia, Anna Ujvári¹, Gábor Berta¹

¹Institute of Emergency Care, Pedagogy of Health and Nursing Sciences, University of Pécs – Faculty of Health Sciences, Pécs, Hungary

PREVALENCE OF ELECTROLYTE IMBALANCE AMONG PATIENTS WITH INTRACRANIAL HEMORRHAGE AND ISCHEMIC STROKE

Introduction / Objective: Stroke is an acute disturbance of cerebral circulation, leading to insufficient blood supply (ischemia) or bleeding (hemorrhage) in the affected brain areas. The process results in hypoxia, increased intracranial pressure, and subsequent necrosis. In Hungary, approximately 25-30% of stroke events result in mortality within the first year. Acute cerebrovascular events are frequently accompanied by electrolyte imbalances, which significantly influence patient clinical outcomes and mortality rates. The aim of this retrospective, quantitative study was to examine the prevalence of electrolyte disturbance and their clinical impact on patient prognosis.

Materials and Methods: The study analysed anonymized data from 119 patients treated at the University of Pécs Clinical Centre (PTE KK) Department of Neurosurgery between 2025 and 2026. The research focused on the patients' condition upon admission, including laboratory parameters such as serum sodium and potassium levels. Patient functional status and rehabilitation challenges were assessed using standardized scoring systems, including the Functional Independence Measure (FIM), National Institutes of Health Stroke Scale (NIHSS), the Barthel Index, and the modified Rankin Scale (mRS).

Results: Our findings indicate that electrolyte disturbance at admission—specifically hyponatraemia (27.7%) and hypokalaemia (25.2%)—were significantly present within the study population. Statistical analysis revealed that these electrolyte abnormalities significantly impair patient's prognosis, rehabilitation success and the overall chance of returning to their pre-stroke lifestyle.

Conclusions: Our research highlights the critical importance of early recognition and correction of electrolyte imbalances. Furthermore, it underscores the necessity of multidisciplinary approach in both the acute and rehabilitative phases of stroke care to improve long-term patient outcomes.

Keywords: Stroke, Electrolyte imbalance, Hyponatraemia, Hypokalaemia, Rehabilitation, NIHSS, mRS.

Eliška Vaníčková¹, Valérie Tóthová¹

¹Faculty of Health and Social Sciences, Department of Nursing, Midwifery, and Emergency Care, University of South Bohemia in České Budějovice

GENERAL NURSES' KNOWLEDGE OF THE SAFE ADMINISTRATION OF INJECTABLE MEDICATIONS: PRELIMINARY SURVEY RESULTS

Introduction: The administration of injectable medications is one of the most common interventions in nursing practice. Whether a nurse follows established standards and recommended procedures plays a crucial role in patient safety.

Objective: The objective is to present preliminary results of a survey that highlight the level of knowledge among general practice nurses regarding the safe administration of injectable medications.

Methods: The research was conducted as an anonymous questionnaire survey among general practice nurses in hospitals in the South Bohemian Region. This study presents preliminary results from a single department of a selected healthcare facility. The collected data were statistically analyzed using SASD software.

Results: The preliminary results demonstrated a good level of knowledge regarding the safe administration of injectable medications. Most respondents correctly answered questions regarding hand hygiene, disinfection, and techniques for various routes of parenteral administration, and identified appropriate injection sites. At the same time, in their open-ended responses, nurses most frequently cited the need for continuing education in the area of safe injection administration.

Conclusion: The preliminary results indicate that healthcare personnel in the selected department demonstrate a good level of knowledge and follow recommendations for the administration of medications. The findings also underscore the importance of continuing education focused on the safe administration of injections and the prevention of complications.

Keywords: Parenteral therapy, drug safety, nursing practice, prevention of complications, continuing education

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Beáta Vizsralek^{1, 2}, Kristóf Gróf³, Vilmos Warta⁴, Annamária Pakai¹

¹University of Pécs, Faculty of Health Sciences, Szombathely Campus

²Zala County Szent Rafael Hospital, Zalaegerszeg

³University of Pécs, Faculty of Health Sciences, Pécs Campus

⁴University of Pécs Medical School, Institute of Health Language and Communication, Pécs

ATTITUDES TOWARDS COLORECTAL CANCER SCREENING AMONG HEALTHCARE PROFESSIONALS: METHODOLOGICAL PREPARATION AND INSTRUMENT ADAPTATION OF A HUNGARIAN STUDY

Introduction/Objectives: Colorectal cancer (CRC) is a major public health challenge, with screening participation influenced by knowledge, attitudes, health beliefs, perceived barriers and fear. This study aims to assess CRC-related knowledge, attitudes, screening willingness and participation among healthcare professionals, identify factors influencing screening, and culturally adapt two international screening instruments for Hungarian use.

Materials and Methods: A quantitative, cross-sectional study is planned among healthcare professionals at Zala County Szent Rafael Hospital, using total population sampling (approximately 1,000 participants). Data will be collected through an anonymous, self-administered online questionnaire covering sociodemographic and professional characteristics, CRC-related knowledge and screening behaviour, as well as the Men's Response to Colorectal Cancer Screening Scale (MR-CCSS) and Health Belief Model Scale for Colorectal Cancer Screening (HBMS-CRC). Psychometric evaluation will follow pilot testing. As the MR-CCSS was developed for men, its applicability and psychometric properties will also be assessed by sex.

Results: The research framework and questionnaire have been developed. Two international CRC screening instruments published in 2025 were selected, professionally translated into Hungarian and preliminarily culturally adapted prior to pilot testing. Psychometric validation has not yet been completed.

Conclusions: The study may improve understanding of CRC screening-related attitudes, health beliefs and behaviour among healthcare professionals and the factors influencing participation. Cultural adaptation and subsequent psychometric validation of the MR-CCSS and HBMS-CRC may provide standardized instruments for Hungarian research and support targeted prevention and health-promotion interventions. The study will also assess the applicability of the MR-CCSS by sex.

Keywords: colorectal cancer screening; healthcare professionals; attitudes; health beliefs; cultural adaptation

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