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FACULTY OF MEDICINE

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



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COMPLIANCE IN PATIENTS WITH PSYCHOTIC DISORDERS

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Introduction: Psychotic disorders are severe mental illnesses that significantly impair functioning and quality of life. Adherence to pharmacological treatment and cooperation in psychosocial interventions are key determinants of treatment outcomes. However, non-adherence remains a common issue associated with relapse, rehospitalization, and poorer prognosis.

Aim: The aim of the study is to analyze the level of medication adherence and psychosocial compliance in patients with psychotic disorders and to identify psychosocial factors influencing treatment cooperation.

Methods: The study is designed as a quantitative research. Data will be collected using standardized instruments: the Medication Adherence Rating Scale (MARS-10) and the Psychosocial Treatment Compliance Scale (PTCS), supplemented by a socio-demographic questionnaire. The sample is expected to include approximately 300 adult patients receiving outpatient or community mental health care. For each participant, self-reported adherence (MARS) will be paired with clinician-rated psychosocial compliance (PTCS). Data will be analyzed using descriptive and inferential statistics, including correlation and regression analysis.

Results: Data collection is currently in the preparation phase. The study is expected to provide detailed insights into the level of adherence and psychosocial compliance and to identify key factors such as therapeutic relationship, social support, and patients' attitudes toward treatment.

Conclusion: The planned research may contribute to a better understanding of factors influencing adherence and compliance in patients with psychotic disorders and support the development of targeted nursing interventions and community-based mental health care.

Keywords: adherence, compliance, psychotic disorder, nursing

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STUDENTS' PERCEPTIONS OF DEMONSTRATOR SUPPORT AT SEMMELWEIS UNIVERSITY

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Introduction: Demonstrators have been present at the Faculty of Health Sciences of Semmelweis University for thirty-five years. The increasing number of students necessitates a rethinking of practical training in health science programs. Demonstrators provide personalized support, assist with practice management, and contribute to exam preparation in clinical and skills-based education. They support the development of student competencies through interactive methods and digital tools.

Aim: The aim of this study was to examine students' perceptions of demonstrator support at the Faculty of Health Sciences and to identify priorities for development.

Methods: A cross-sectional, anonymous online survey was conducted among current students and graduates. Descriptive statistics, 95% Wilson confidence intervals, chi-square tests, Cramér's V, Spearman rank correlation, Mann-Whitney U tests, and exact binomial tests were applied as appropriate. Open-ended responses were analysed using an inductive approach.

Results: A total of 1,202 valid responses were analysed; 79.9% of respondents reported receiving demonstrator support. In subjects supported by demonstrators, 85.7% reported improved understanding, 86.4% reported enhanced skills development, and 85.0% reported more effective clarification of individual questions. Students without prior demonstrator experience also rated the expected usefulness of such support highly.

Conclusion: Student perceptions suggest that demonstrator support may represent a valuable component of learning in practice-oriented health sciences education. Key areas for development include clearer role definition, enhanced pedagogical and communication training, and flexible formats complementing face-to-face demonstrator activities.

Keywords: professional education, students, health occupations, peer group, feedback, surveys and questionnaires

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SELF-EFFICACY AS AN INDICATOR OF SELF-MANAGEMENT

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Introduction: Stroke is a serious chronic condition that significantly impacts a patient's quality of life. The level of self-efficacy in stroke survivors is a key factor that significantly influences their ability to manage daily functioning. Strengthening self-efficacy is considered an important area of research in the field of self-management following a stroke

Aim: The aim of this paper is to present the concept of self-efficacy, methods for measuring it, and its practical application in self-management for patients who have suffered a stroke.

Methods: This paper is based on a synthesis of the results of two literature reviews. One review was based on a narrative analysis of 10 self-management programs for stroke survivors, where Bandura's theory of self-efficacy formed the basis for most of the programs in this review. In the literature review "Supporting Self-Management in Adults After Stroke," 8 qualitative studies were analyzed, in which self-efficacy was identified as a significant variable associated with outcomes after stroke.

Results: Self-efficacy increases engagement in health-promoting activities and adherence to treatment regimens. Increased self-efficacy is considered a key mechanism that can lead to better self-management outcomes and, consequently, a higher quality of life.

Conclusion: Given the importance of self-efficacy for self-management and long-term outcomes following a stroke, the Stroke Self-Efficacy Questionnaire can contribute both to the individualization of care and to the evaluation of the effectiveness of interventions aimed at promoting self-management and quality of life. Finding ways to increase self-efficacy should be a priority.

Keywords: quality of life, self-efficacy, stroke, chronic disease, self-management programs

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SUBJECTIVE ASSESSMENT OF SLEEP QUALITY AMONG NURSING STUDENTS: A PILOT STUDY ON THE IMPACT OF NURSING EDUCATION FACTORS

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Introduction: Adequate sleep is essential for maintaining physical and mental health; however, nursing students are exposed to academic and clinical demands that may compromise sleep quality.

Aim: To evaluate subjective sleep quality among nursing students and its association with educational and sociodemographic factors.

Methods: A cross-sectional pilot study was conducted among 184 nursing students. Sleep quality was assessed using the Pittsburgh Sleep Quality Index (PSQI).

Results: Participants were aged 17–57 years ($M = 23.87$), and 94.02% were women. Overall, 50.54% were enrolled in a bachelor's program; 66.85% studied full-time, 51.63% lived with their parents, and 57.07% worked in the nursing field. Poor sleep quality ($PSQI > 5$) was identified in 82.61% of respondents. A weak but significant correlation was found between age and sleep disturbances ($p = 0.0339$) and daytime dysfunction ($p = 0.0044$); however, after Bonferroni correction, only the association with daytime dysfunction remained significant ($p = 0.004$). Significant associations were also observed between sleep duration and year of study ($p = 0.0220$), and between the form of study and both sleep disturbances ($p = 0.0436$) and daytime dysfunction ($p = 0.0447$); however, these associations were not significant after Bonferroni correction.

Conclusion: Increasing age was the only factor associated with better sleep quality (daytime dysfunction component). It remains unclear whether poor sleep quality in nursing students is primarily related to the demands of nursing education or reflects a broader trend of insufficient sleep in the general population linked to unhealthy lifestyle factors. Further research is needed.

Keywords: sleep quality, nursing student, education, factors, PSQI

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MAPPING HEALTH LITERACY OF NURSING STUDENTS: A NATIONAL STUDY

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Introduction: Personal health literacy (HL) is a complex multidimensional concept. Many studies have demonstrated a relationship between low HL and poor health outcomes. Healthcare workers have a key role to play in understanding this issue; therefore, their education in the field of HL is essential.

Aim: To mapping the level of HL profile of Slovak undergraduate nursing students and to identify factors associated with a limited level of HL.

Methods: Cross-sectional study design. A standardized screening tool Newest Vital Sign (NVS) was used; a simple, six-question assessment based on an ice cream nutrition label to assess an individual's HL skills – the ability to read, understand and act upon health information. The number of correct items on the NVS ranged from 0 to 6; a higher score indicates adequate HL.

Results: The mean NVS score in the sample (n = 1148) was 4.98 ± 1.44 , indicating generally high levels of functional HL; 4.4% (n = 51) demonstrated limited HL, 9.8% (n = 113) demonstrated possibly limited HL, and 85.7% (n = 984) achieved adequate HL. The presence of a specific subject on HL during studies emerged as a robust and highly significant predictor. Respondents who reported exposure to such a subject demonstrated markedly higher NVS score ($\beta = 1.70$, $p < 0.001$).

Conclusion: Part of the nursing education curriculum includes information on the education of healthy and sick persons, but the issue of HL is not given adequate attention. In Slovakia, teaching HL is only a peripheral matter, and its inclusion in the nursing study program of nursing is not standard and systematic.

Key words: health literacy, undergraduate nursing students, educational curriculum

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DEVELOPMENT OF THE PEDIATRIC PATIENT IN THE DIGITAL WORLD: REVIEW

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Introduction: Digital technologies represent a significant environmental factor influencing child development from early childhood. While they offer opportunities for learning and communication, concerns persist regarding their impact on sleep, attention, cognitive functions, and mental health.

Aim: The aim of this study was to identify and summarize current research evidence on the effects of digital technologies on the development and health of pediatric patients.

Methods: A literature review was conducted using Czech and international electronic databases (PubMed/Medline, CINAHL, EBSCO, BiblioMedica/Medvik). Studies published before 2020 and those not written in Czech or English were excluded. Search terms included child development, digital technologies, and health impacts, combined using Boolean operators AND and OR. The selection and evaluation of studies followed PRISMA recommendations.

Results: A total of 15 studies met the inclusion criteria. Across the included studies, five key areas of the impact of digital technologies on the pediatric population were identified: sleep disturbances, attention and cognitive changes, mental health and wellbeing, neurodevelopmental vulnerability, and social and physical health impacts. Excessive and inappropriate screen time was associated with impaired attention, sleep disruption, increased stress, and emotional difficulties, while structured and educational content showed potential cognitive benefits.

Conclusion: Digital technologies are not inherently harmful; their effects depend on usage patterns, content quality, and parental involvement. Pediatric and nursing professionals should guide families in establishing healthy digital habits to support balanced development and overall wellbeing of children.

Keywords: child development, digital technologies, screen time, pediatric health

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QUALITY OF LIFE OF PATIENTS WITH MIGRAINE

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Introduction: In the past, prominent statesmen, artists, and scientists, such as Caesar, Helmholtz, Pascal, Freud, Chopin, Tchaikovsky, Tolstoy, and many others, also suffered from migraines.

Aim: The aim of this study is to determine the impact of migraine on the quality of life of patients.

Methods: A quantitative approach was used in the research, and the standardized MSQOL. The questionnaire was distributed among 105 respondents with a diagnosis of migraine. The obtained data were processed in Microsoft Excel and then evaluated into tables and graphs.

Results: The research results showed that migraine has a significant negative impact on the quality of life of patients. Respondents stated that migraine limits them in various areas of life, including work, social activities, family relationships, mental and emotional well-being. The research also found that there is a correlation between the frequency and intensity of migraine attacks and the quality of life of patients.

Conclusion: Based on the results of our research, recommendations for practice have been proposed, which should lead to an improvement in the quality of life of patients with migraine.

Keywords: migraine, patient, questionnaire

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AN EVIDENCE-BASED DIGITAL COURSE FOR TRAINING CAREGIVERS IN RESPIRATORY INFECTION PREVENTION AMONG VULNERABLE GROUPS

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Introduction: Respiratory infections remain a significant public health challenge, particularly among socially, medically, and economically vulnerable populations, where limited health literacy and barriers to proper health behaviours increase transmission risk. Digital course prepared within international consortium as Massive Open Online Courses (MOOCs) offer a scalable, evidence-based approach to address these gaps through accessible education for caregivers of vulnerable individuals.

Aim: This study presents developed MOOC as an example of a research-based educational intervention designed to improve knowledge and skills related to preventive behaviours related to respiratory infections among caregivers of vulnerable groups.

Methods: The course “Prevention of respiratory infections in vulnerable population,” available on the Navoica platform in six languages (English, Polish, Spanish, Italian, Slovenian and Turkish; with national sign language translation of voice recorded materials), was developed based on a synthesis of scientific evidence. Literature reviews and qualitative study conducted across participating countries identified appropriate educational tools and delivery methods for educational interventions. These findings were integrated into the design of a structured MOOC curriculum adapted to diverse learners, including people with disabilities.

Results: The MOOC provides accessible, standardized training that addresses common misconceptions and incorrect preventive practices. It has been piloted among caregivers in five countries representing different settings and organisations working with vulnerable groups, who are currently applying the acquired knowledge in educating vulnerable populations. Feedback from participants has been highly positive, particularly regarding the clarity, usability, and inclusiveness of the materials, including the use of sign language and diverse visual formats that enhance comprehension and engagement.

Conclusion: MOOCs represent an effective educational intervention grounded in scientific evidence. The positive reception and practical application by caregivers suggest strong potential for improving preventive behaviours and reducing the spread of respiratory infections among vulnerable populations.

Keywords: vulnerable individuals, MOOC, respiratory infections, prevention, health behaviours

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HEALTH-RELATED QUALITY OF LIFE ONE YEAR AFTER ISCHEMIC STROKE IN WORKING-AGE ADULTS: LONGITUDINAL DATA FROM THE FRAILTY STUDY

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Introduction: Although advances in acute ischemic stroke (IS) care have improved short-term survival and functional outcomes, long-term unmet needs in post-stroke care may limit sustained recovery. This gap is particularly relevant in working-aged survivors, for whom participation and health-related quality of life (HRQoL) are crucial.

Aim: To examine 12-month trajectories of HRQoL, functional status, cognition, and psychosocial outcomes in working-aged adults after first-ever IS, and to examine age-related differences (< 50 vs. ≥ 50 years).

Methods: This prospective cohort study included 256 patients aged 18–65 years assessed at discharge and at 3, 6, and 12 months. Of these, 124 participants (71 males, 57.1%) were younger than 50 years, and 132 (86 males, 65.2%) were aged 50–65 years. Outcomes were measured using the Stroke Impact Scale, Neuro-QoL, Fatigue Severity Scale, Montreal Cognitive Assessment, Hospital Anxiety and Depression Scale, Brief Pain Inventory, and Multidimensional Scale of Perceived Social Support. Longitudinal changes were analyzed using non-parametric tests.

Results: The most pronounced improvements occurred within the first three months post-stroke. Significant gains were observed across multiple SIS domains, Neuro-QoL domains, and cognitive status. Clinically relevant fatigue persisted throughout follow-up. Post-stroke pain and perceived social support did not change significantly. After three months, recovery largely plateaued. No significant differences were found between younger and older working-aged subgroups.

Conclusion: Recovery of HRQoL and related outcomes in working-aged IS survivors occurs predominantly within the first three months, followed by stabilization. These findings underscore the critical window for early, comprehensive rehabilitation across the working population, regardless of age.

Keywords: ischemic stroke, working age, Stroke Impact Scale, health-related quality of life

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ANALYSIS OF SELF-STIGMATIZATION IN PATIENTS WITH SELECTED TYPES OF MENTAL ILLNESS

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Introduction: This paper presents an in-depth analysis of social stigma and its internalization among patients diagnosed with a mental disorder.

Aim: The primary objective of the study was to quantify the degree of self-stigmatization and to identify potential differences among specific diagnostic categories, specifically psychotic, affective, and personality disorders. Furthermore, the influence of selected sociodemographic determinants (age, gender, highest level of education, marital status) on the intensity of experienced stigma was examined.

Methods: A quantitative survey was conducted on a sample of 120 respondents hospitalized in psychiatric facilities in the Czech Republic. Data were collected using the standardized ISMI (Internalized Stigma of Mental Illness) questionnaire, which measures five dimensions: alienation, acceptance of stereotypes, perceived discrimination, social isolation, and resistance to stigma.

Results: The study demonstrated that a moderate level of self-stigmatization prevails across the entire spectrum of diagnoses examined. Although patients with affective disorders showed the highest scores, statistical analysis did not confirm a significant correlation between diagnoses and the total ISMI score, nor did it show a correlation based on demographic data.

Conclusion: The results underscore the universality of the problem of stigmatization in psychiatry and highlight the importance of ongoing education for nursing staff. Nurses play a key role in the process of destigmatization and in creating a therapeutic environment that is essential for patients' successful recovery.

Keywords: nursing, stigma, perceived stigma, mental disorder, ISMI

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PEER REVIEW – AN INNOVATIVE APPROACH OF PEER EVALUATION OF NURSES AND SELF-REGULATION OF PROFESSIONAL PRACTICE IN THE SLOVAK REPUBLIC – VALIDATION STUDY

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Introduction: Peer review is the process by which practicing nurses systematically assess, monitor, and make judgments about the quality of nursing care provided by peers as measured against professional standards of practice.

Aim: To describe the development and validation process of a peer evaluation tool for nurses in the Slovak Republic.

Methods: The validation study was conducted from June to December 2025 according to recognized methodological guidelines (Davis, Trochim, 1989) in several phases. Statistical methods were used to calculate the content validity index of the instrument: universal agreement method (S-CVI/UA); average method (S-CVI/Ave) and Kappa coefficient. Reliability was tested using Kendall's W-test of correspondence, which was performed in the IBM SPSS system. In the first assessment, an international panel of eleven nursing experts was assembled to assess the peer review tool with 40 criteria. In the second phase of the content validity assessment of the peer review tool, only experts from Slovakia were invited and assessed the modified tool reduced to 30 peer criteria.

Results: The validation study resulted in a new, original peer review tool for nurses in the Slovak Republic, which is considered overall content validity index (0.98). The S-CVI/Ave value in Dimension 1 (Nursing Care / Role Updating) reached 0.96; in Dimension 2 (Safety and Quality of Nursing Practice) the S-CVI/Ave was 0.99; and in Dimension 3 (Practice Development) the S-CVI/Ave was 1.00. The Kappa coefficient values were in the range from 0.88 to 1.00, which can be interpreted as excellent. The values of the supplementary content validity coefficient, Aiken's V, ranged from 0.83 to 1.00, with all items achieving acceptable values. The overall degree of agreement among the experts was evaluated using Kendall's coefficient of concordance (W), calculated via the Friedman test. The findings indicated a moderate, yet statistically significant, degree of agreement ($W = 0.486$; $\chi^2 = 35.584$; $p = 0.026$), reflecting rater consensus and ruling out chance agreement.

Conclusion: The implementation of peer review in nursing practice in the Slovak Republic will increase the autonomy of the nursing profession and improve the quality of nursing care provided.

Keywords: content validity, expert panel, nurses, peer review assessment, tool

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NURSES' ATTITUDES TOWARD PATIENTS WITH MENTAL ILLNESS: A PILOT STUDY FROM A PSYCHIATRIC HOSPITAL IN SLOVAKIA

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Introduction: Nurses working in psychiatric hospitals are in daily contact with patients with mental illness; however, stigmatizing attitudes may persist. Research on this issue in Slovakia remains limited.

Aim: The aim of this pilot study was to assess stigmatizing attitudes of nurses working in a psychiatric hospital in Slovakia and to examine their relationship with sociodemographic characteristics.

Methods: A quantitative cross-sectional study was conducted among 53 nurses employed in a psychiatric hospital in Slovakia (May–August 2025). Data were collected using the Opening Minds Stigma Scale for Health Care Providers (OMS-HC-15), supplemented with demographic data.

Results: Nurses demonstrated a low level of stigmatizing attitudes ($M = 36.1$; $SD = 8.0$). No statistically significant differences were found according to gender, age, education, years of practice, length of employment, or personal experience with mental illness ($p > 0.05$). A significant difference was observed in relation to workplace ($p = 0.029$), with higher levels of stigmatization among nurses working in chronic care units ($M = 41.69$) compared to those in child and adolescent psychiatry ($M = 32.50$).

Conclusion: The findings highlight the need for systematic assessment of stigmatizing attitudes among nurses and the implementation of targeted interventions tailored to specific workplaces.

Keywords: stigma, mental illness, nurses, psychiatric care

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PSYCHOLOGICAL INTERVENTIONS AS ADJUNCTIVE TREATMENT FOR ARTERIAL HYPERTENSION: EFFECT ON BLOOD PRESSURE AND PSYCHOLOGICAL OUTCOMES – REVIEW

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Introduction: Arterial hypertension is a major global cardiovascular risk factor and is closely associated with psychological stress, anxiety, depression, and reduced quality of life. In addition to pharmacological treatment and lifestyle modification, psychological interventions have been increasingly recognized as a relevant component of comprehensive hypertension management.

Aim: The aim of this review was to evaluate the effectiveness of psychological interventions on blood pressure values and selected psychological outcomes in adult patients with arterial hypertension.

Methods: Randomized controlled trials published between 2015 and 2025 were identified through searches of PubMed, ScienceDirect, and the Cochrane Library. Included studies evaluated cognitive behavioral therapy, mindfulness-based interventions, stress management programs, and relaxation techniques. Methodological quality was assessed using the PEDro scale.

Results: A total of 17 randomized controlled trials were included. Most studies reported a statistically significant reduction in systolic blood pressure, particularly in interventions based on cognitive behavioral therapy and mindfulness. Cognitive behavioral therapy demonstrated the most robust long-term effects on blood pressure control, treatment adherence, and health-related quality of life. Mindfulness-based interventions were consistently associated with reductions in perceived stress, anxiety, and depressive symptoms, as well as favorable changes in inflammatory biomarkers. Relaxation techniques produced rapid physiological effects, which were most pronounced when combined with cognitive-behavioral approaches.

Conclusion: Psychological interventions represent an effective and clinically relevant adjunct to standard hypertension treatment. Their targeted integration into routine care may improve blood pressure control, psychological well-being, adherence to treatment, and overall quality of life in patients with arterial hypertension.

Keywords: hypertension, psychological intervention, nonpharmacological therapy, quality of life

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MISSED CARE AND TEAMWORK AS DETERMINANTS OF PATIENT SAFETY IN LONG-TERM CARE: A DESCRIPTIVE CROSS-SECTIONAL STUDY

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Introduction: The phenomenon of missed care, along with the level of teamwork among healthcare professionals, represents important determinants influencing adverse events and patient outcomes. Despite increasing attention to these factors, their interrelationship within long-term care environments remains insufficiently explored.

Aim: To identify key predictors of patient safety perceptions among nursing staff in long term care facilities.

Methods: The sample comprised 556 registered nurses and practical nurse assistants from 12 long-term care facilities in the Slovak Republic. Data were collected between November 2023 and February 2024 using validated instruments: the Nursing Home Survey on Patient Safety Culture (NHSOPSC) and BERNCA-NH. Internal consistency was acceptable to high (Cronbach's $\alpha = 0.74\text{--}0.89$ for NHSOPSC; $0.69\text{--}0.85$ for BERNCA-NH). Data were analysed using correlation and linear regression analyses.

Results: No patient safety culture dimension exceeded 75%. Lower safety ratings were associated with higher levels of missed nursing care, particularly in the domains of staffing and care transitions. Missed nursing care was significantly associated with multiple safety culture dimensions, including teamwork, staffing, compliance with procedures, handoffs, and overall safety perceptions ($p < 0.001$). Linear regression analysis identified teamwork as the strongest predictor of patient safety perceptions ($p < 0.001$).

Conclusion: Patient safety culture and missed nursing care are closely linked in long-term care. Improving teamwork and staffing should be key targets for enhancing patient safety, supported by systemic workforce and safety culture interventions.

Keywords: patient safety culture, missed nursing care, teamwork, long term care facilities, registered nurses

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ASSOCIATION BETWEEN SLEEP QUALITY AND DELIRIUM IN INTENSIVE CARE PATIENTS

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Introduction: Sleep disturbances are common in intensive care unit (ICU) patients and may contribute to the development of delirium

Aim: To examine the association between sleep quality and the development of delirium in ICU patients and to compare sleep characteristics between PRE (routine care) and POST (after a sleep-promoting strategy) phases.

Methods: A prospective observational study was conducted in ICU patients (n = 326). Patients were divided into PRE (n = 167) / POST (n = 159). Sleep quality was assessed for three consecutive nights using the Richards-Campbell Sleep Questionnaire (RCSQ). Delirium was evaluated daily using the Confusion Assessment Method for the ICU (CAM-ICU).

Results: Patients in the POST phase showed significantly better sleep parameters than those in the PRE phase across multiple RCSQ domains, including sleep depth, sleep latency, awakenings, and overall sleep quality (p < 0.05). In the PRE phase, poor sleep quality was significantly associated with the occurrence of delirium after the first night (OR 7.22; 95% CI 3.54–15.1; p < 0.001). This association remained statistically significant in the POST phase (OR 4.03; p < 0.001), although the effect size was smaller. These findings suggest that the risk of delirium development is highest during the first night of hospitalization.

Conclusion: Poor sleep quality is significantly associated with the occurrence of delirium in ICU patients. Improving sleep conditions in the ICU may represent an important strategy for reducing delirium risk.

Keywords: sleep quality, delirium, intensive care unit, RCSQ, CAM-ICU

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PHENOMENOLOGICAL PERSPECTIVE ON TOUCH WITHIN NURSING CARE

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Introduction: In clinical practice, touch is often perceived primarily as a technical component of nursing care, while its relational and ethical dimensions remain overlooked. Nevertheless, empirical research shows that empathetic human touch can alleviate suffering, reduce anxiety, and build trust, particularly in palliative care, where patients are in a uniquely vulnerable situation.

Aim: The purpose of this contribution is to examine the importance of touch in nursing care as an integral element of compassionate care, linking empirical insights with a phenomenological understanding of touch as a relational experience grounded in human vulnerability.

Methods: The contribution applies a theoretical-analytical approach that integrates selected empirical findings from nursing and palliative care with phenomenological reflections on corporeality, drawing primarily from the philosophies of Merleau-Ponty and Levinas. Touch is interpreted not only as a clinical intervention, but as a relational and ethically meaningful phenomenon.

Results: The analysis shows that, from a phenomenological perspective, empathetic touch is a reciprocal experience affecting both the patient and the nurse and shaping their mutual responsiveness and relationship. Barriers to compassionate touch include time pressure, institutional constraints, concerns about professional boundaries, and limited training in nonverbal communication.

Conclusion: Touch represents an important element of holistic and compassionate nursing care. Phenomenologically informed reflection on touch within nursing education and practice is essential to foster ethical sensitivity, relational care, and the humanization of clinical practice.

Keywords: touch, phenomenology, vulnerability, compassionate care, nurse-patient relationship

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ADVANCED COMPETENCIES OF PSYCHIATRIC NURSES IN THE CZECH REPUBLIC: CURRENT STATE AND FUTURE DIRECTIONS

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Introduction: The growing demand for mental health services, combined with a shortage of psychiatrists and increasing complexity of psychiatric care, has highlighted the importance of expanding the competencies of psychiatric nurses. Advanced practice roles for nurses have been successfully implemented in many countries, where they contribute to improved accessibility, continuity, and quality of mental health care. However, the development of advanced competencies in psychiatric nursing in the Czech Republic remains at an early stage.

Aim: This presentation explores the current status of advanced competencies among psychiatric nurses in the Czech Republic, including legislative frameworks, educational pathways, and practical implementation in clinical settings. Particular attention is given to areas where psychiatric nurses already perform highly specialized activities, such as therapeutic communication, crisis intervention, case management, patient and family education, and coordination of community-based mental health services. The lecture will also discuss international models of advanced psychiatric nursing practice and compare them with the Czech context. Based on available evidence and professional experience, the presentation outlines potential directions for the development of advanced practice roles, including greater autonomy in patient assessment, participation in treatment planning, and expanded involvement in psychosocial interventions.

Conclusion: Strengthening advanced competencies of psychiatric nurses may represent an important strategy for improving the effectiveness, accessibility, and sustainability of mental health care in the Czech Republic. The presentation aims to contribute to the ongoing professional and policy discussion on the future role of psychiatric nurses within modern mental health systems.

Keywords: psychiatric nursing, advanced practice nursing, mental health care, nursing competencies, Czech Republic

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AN INTERPRETATIVE PHENOMENOLOGICAL ANALYSIS OF DIGNITY IN PEOPLE LIVING WITH PARKINSON'S DISEASE

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Introduction: Dignity is a fundamental human value and a central concept in nursing care, yet it can be threatened by significant life changes caused by the chronic and progressive nature of Parkinson's disease (PD).

Aim: The study aimed to explore the lived experiences of dignity in individuals living with PD and to understand how they maintain a sense of dignity.

Methods: An interpretative phenomenological analysis was adopted, with data collected through semi-structured, face-to-face interviews with five participants with PD. The study was approved by the faculty Ethics Committee.

Results: Three group experiential themes were identified: *Daily life with a new identity; Feeling of acceptance in a relationship; Autonomy in the context of healthcare*. Participants' dignity was grounded in efforts to fight for a meaningful life, to preserve independence in daily activities, and to utilize their potential. Pharmacotherapy played a central role in maintaining their quality of life. Acceptance and support within the family and own community strengthened their sense of self-worth. On the contrary, progressive loss of functional ability, experiences of stigma and pity, and disruption of life plans undermined their dignity. In the context of health care, dignity was strengthened by respectful partnerships, active listening, and involvement in decision-making, while paternalism, inadequate information, and disregard for individual lived experience threatened autonomy.

Conclusion: Individual narratives provide in-depth insight into the dynamic and relational nature of dignity shaped by PD. Understanding unique lived experiences helps identify specific needs and develop person-centered interventions that support dignity and improve quality of life.

Keywords: dignity, Parkinson's disease, interpretative phenomenological analysis, interview

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PSYCHOEDUCATION IN INDIVIDUALS AFTER STROKE IN POST-ACUTE CARE

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Introduction: The consequences of stroke often include physical limitations, reduced independence, impaired mobility, psychological difficulties, and pain, all of which negatively affect overall quality of life.

Aim: The aim of the study was to assess whether psychoeducation in patients in the post-acute phase of stroke influences their perceived quality of life, sense of dignity, level of depression, pain intensity, and degree of independence.

Methods: Adult patients after a first-ever stroke who were admitted for post-acute inpatient rehabilitation care were included in a randomised controlled trial. Questionnaires were used for data collection to assess quality of life (EQ-5D-5L), dignity (PDI), depression (BDI), pain (VAS), and independence in activities of daily living (BI).

Results: A total of 201 patients successfully completed the study, of whom 102 were in the intervention group (65 men; mean age 60 ± 13.6 years) and 99 were in the control group (58 men; mean age 63 ± 13.4 years). Compared with the control group, the intervention group showed statistically significant improvements in quality of life, depressive symptoms, perceived dignity, and independence (all $p < 0.0001$), while no significant difference was found in pain assessment.

Conclusion: Psychoeducational interventions have the potential to enhance functional independence, preserve dignity, improve depressive symptoms, and increase quality of life in individuals receiving post-stroke care.

Keywords: stroke, quality of life, psychoeducation, dignity; depression, self-sufficiency, pain

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PSYCHOSOCIAL CORRELATES OF SELF-CARE BEHAVIOUR IN HEART FAILURE PATIENTS – PROJECT PRESENTATION

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Introduction: Effective self-care (SC) behaviour is crucial for managing chronic conditions, including heart failure (HF). It is shaped by multiple factors, such as illness perception, self-efficacy, knowledge, emotional state, and social support. International HF guidelines emphasize the importance of monitoring and strengthening SC, as well as identifying its key correlates.

Aim: To present the VEGA 1/0445/26 project, which focuses on the assessment of selected psychosocial correlates of SC behaviour in adult HF patients in Slovakia.

Methods: A cross-sectional correlational study will be conducted with a planned sample of up to 300 HF patients. SC behaviour will be measured using the European Heart Failure Self-Care Behaviour Scale-9 (EHFSCBS-9). Additional instruments will assess treatment adherence (Hill-Bone Compliance Scale), illness perception (Brief Illness Perception Questionnaire), self-efficacy (Cardiac Self-Efficacy Questionnaire), depression (Health Assessment Questionnaire-9), anxiety (Generalized Anxiety Disorder-7), loneliness (UCLA Loneliness Scale), social support (Multidimensional Scale of Perceived Social Support), HF knowledge (Atlanta Heart Failure Knowledge Test), and subjective well-being (Personal Well-being Index).

Results: The project builds on prior research indicating low levels of SC in Slovak HF patients and supporting the validity of the Slovak EHFSCBS-9. Further analysis is expected to clarify relationships between SC and selected psychosocial, sociodemographic, and clinical factors.

Conclusion: Identifying determinants of SC behaviour is essential for developing targeted interventions to enhance SC effectiveness, improve health outcomes, and increase quality of life in HF patients.

Keywords: self-care behaviour, heart failure, illness perception, self-efficacy, depression, social support, knowledge

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MODERN METHODS OF COMPRESSION THERAPY IN THE TREATMENT OF VENOUS ULCERS

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Introduction: Venous ulcers represent a serious long-term clinical and socioeconomic problem. The prevalence of this disease is around 1–2% of the population, underscoring the fact that nurses encounter this condition regularly in clinical practice. Modern compression therapy, its correct indication, and precise application technique significantly shorten healing time while reducing overall treatment costs.

Aim: To create a comprehensive overview and summarize current knowledge regarding modern compression techniques used in the therapy of venous ulcers.

Methods: The databases ProQuest, PubMed, and EBSCO were searched to conduct this literature review.

Results: Four basic systems of modern compression therapy were identified within the context of venous ulcers treatment: 2 to 4-layer bandage systems (including the Unna boots), pneumatic systems, motorized systems, and smart systems. The methods according to Sigg, Fischer, Partsch, and Harbich were identified as the core techniques for applying multi-layer bandages.

Conclusion: The analysis shows that modern compression therapy remains the undisputed gold standard in the treatment of venous ulcers. The identified techniques provide the theoretical and practical basis for the application of multilayer systems, with each method offering specific properties depending on the patient's mobility and limb edema. Alongside traditional bandages, innovative technologies such as intermittent pneumatic compression and smart systems are coming to the forefront, increasing efficiency and allowing for individualized treatment. Proper selection of a system and technique subsequently lead to shorter healing times, reduced financial costs, and an improved quality of life for the patient.

Keywords: venous ulcers, compression therapy, bandaging, multi-layer systems, nursing care

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TURNOVER INTENTION OF NURSES WORKING IN HOSPITALS IN THE SLOVAK REPUBLIC

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Introduction: Turnover intention includes consideration of termination of employment and is a significant predictor of actual employee turnover.

Aim: The aim of the study was to identify turnover intention of nurses working in hospitals in the Slovak Republic and to identify key demographic and occupational predictors of their turnover intention.

Methods: The study has a cross-sectional descriptive correlation design. The sample consisted of 1023 nurses from 11 hospitals in the Slovak Republic. Data were collected from February to May 2025 using the Anticipated Turnover Scale (ATS). Statistical analyses included descriptive measures and generalized linear modeling. Cronbach's alpha of ATS was 0.76.

Results: We identified that nurses in the study sample generally expressed a low to moderate level of turnover intention. The analysis revealed several statistically significant predictors of the mean scores of ATS: type of work shift ($F = 6.28$; $p = 0.012$), type of department ($F = 4.73$; $p < 0.001$), the interaction between department and education ($F = 3.16$; $p = 0.014$), interaction between department and years of experience ($F = 4.03$; $p = 0.003$) and interaction between education and experience ($F = 4.74$; $p = 0.030$).

Conclusion: Nurse turnover intention must be interpreted in conjunction with sociodemographic and occupational characteristics that significantly influence it. Monitoring turnover intention is crucial for hospital management, as it allows for early identification of risks, adoption of preventive measures, and stabilization of the workforce.

Keywords: nurses, hospital, turnover intention

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PLATELETS STORED IN THE COLD – A NEW OPTION IN THE MANAGEMENT OF ACUTE BLEEDING

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Introduction: Transfusion products are a fundamental component of care for patients with acute and life-threatening bleeding. In addition to red blood cell transfusions, platelet products play a crucial role in achieving effective hemostasis. Recently, interest has grown in alternative methods of platelet storage, particularly cold storage, which may offer clinical advantages in specific situations.

Aim: The aim of this presentation is to introduce cold-stored platelets, describe their basic characteristics, and highlight the differences compared to standardly stored platelet products. It also aims to increase awareness of their potential use in emergency and acute care settings.

Methods: The presentation is based on a review of current knowledge regarding cold-stored platelets and includes a case report of a patient with massive postpartum hemorrhage requiring complex resuscitation and transfusion therapy.

Results: Compared to standard platelet storage (20–24 °C with continuous agitation), cold-stored platelets demonstrate higher bacterial safety, extended shelf life, and better-preserved hemostatic function. These qualities may be advantageous, particularly in the management of acute bleeding.

Conclusion: Cold-stored platelets represent a promising alternative to standard platelet products, especially in emergency medicine. Their implementation may improve the management of acute bleeding and supports ongoing efforts to introduce delayed cold-stored platelets into clinical practice.

Keywords: cold-stored platelets, acute bleeding, emergency medicine

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BARRIERS TO RESPIRATORY INFECTION PREVENTION IN VULNERABLE POPULATIONS: A QUALITATIVE FOCUS GROUP STUDY WITH POLISH CARERS AND STAKEHOLDERS

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Introduction: Infection prevention and control are crucial at individual, community and societal levels. The COVID-19 pandemic revealed limited access to health promotion among socially disadvantaged groups, including older people, refugees/migrants, persons with disabilities, and those with low health literacy, leaving them at disproportionate risk of respiratory infections, hospitalisation, and death.

Aim: To analyse health education and health promotion needs of vulnerable individuals and their carers, and to identify barriers to adopting protective health behaviours.

Methods: A qualitative hybrid focus group (FG) interview was conducted with participants representing carers of vulnerable populations, selected through purposive sampling according to Gordon's (2020) contextual classification. Discussion focused on experiences with respiratory infections and preventive behaviours. The interview was transcribed (35 pages) and subjected to thematic analysis. Bioethical committee approval was obtained.

Results: Twelve stakeholders: social workers, volunteers, disability care workers, family carers, and NGO representatives participated (May 2024), representing six vulnerable populations: homeless, poor, refugees/migrants, persons with disabilities, elderly, and deaf/hard-of-hearing individuals. Analysis of 70 coded segments identified eight themes. Risk behaviours, education needs, and systemic barriers were most prevalent. Infection risk was driven primarily by structural factors, poverty, stigma, language barriers, and limited healthcare access, rather than individual non-compliance.

Conclusions: Preventing respiratory infections in vulnerable populations requires multi-level interventions addressing structural barriers alongside health education. Strategies must be tailored to each population's communication needs and delivered through trusted community channels.

Keywords: vulnerable populations, respiratory infections, health promotion and education, barriers to prevention, qualitative research

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BRIDGING THE GAP: SUPPORTING HEALTHCARE WORKERS THROUGH PROFESSIONAL TRANSITIONS AND WORKPLACE CHALLENGES

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Introduction: Healthcare systems worldwide are facing critical workforce shortages, making the retention of healthcare professionals a growing priority. Therefore, the transition from education to clinical practice is a key period for retention efforts.

Aim: The study aims to identify key individual, workplace, and structural factors shaping the career trajectories of medical and nursing professionals—from the transition into clinical practice to long-term workforce retention.

Methods: A longitudinal cohort study is conducted. Sample consists of final-year medical and non-medical students to track their transition into clinical practice. The cohort will include general nursing students as this is the largest group of health care workers among non-medical professionals and has been identified at high risk of workforce shortages. Data will be collected at three time points: during the final semester, six months, and one year after graduation. Online questionnaire is used to measure resilience, preparedness for practice, expectations, and intent-to-enter practice. Follow-ups will focus on intent-to-leave (workplace, profession, specialization), burnout, and workplace factors, emphasizing support-demand-control, mentoring, and team dynamics.

Results: Eight Czech medical faculties were contacted to reach final-year medical students in their final semester. Additionally, forty higher education institutions and sixteen universities were contacted to reach general nursing students. So far, 360 final-year students have completed the questionnaires.

Conclusion: By leveraging longitudinal data, the study will generate evidence that informs targeted strategies to enhance workforce retention and support the sustainability of the Czech healthcare system.

Keywords: healthcare workers, medical students, nursing students, workforce retention

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