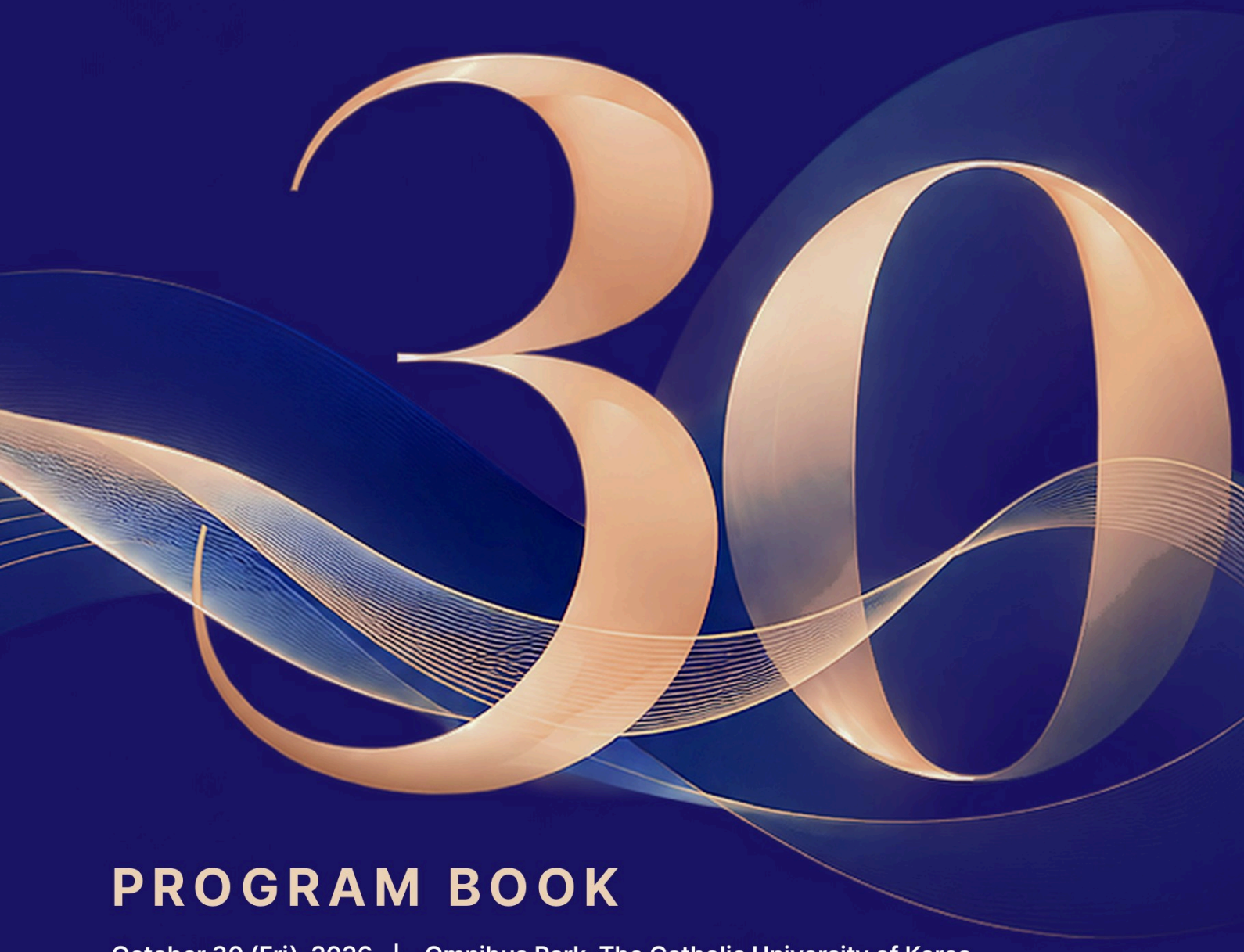
30th ANNIVERSARY
2026 INTERNATIONAL CONFERENCE

CO-HOSTED BY

Research Institute for Hospice/Palliative Care &
College of Nursing, The Catholic University of Korea

Futuristic Evolution in Palliative Care:
Harmonizing Policy, Technology, and Equity



PROGRAM BOOK

October 30 (Fri), 2026 | Omnibus Park, The Catholic University of Korea

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Welcome Message

Distinguished scholars, colleagues, and honored guests,

It is my great honor to welcome you to this International Conference commemorating the 30th anniversary of the Research Institute for Hospice/Palliative Care.

On behalf of the College of Nursing at The Catholic University of Korea, I extend my sincere appreciation to all who are joining us for this meaningful occasion. The participation of distinguished scholars and professionals from diverse disciplines, institutions, and countries reflects a shared global commitment to advancing hospice and palliative care.

I would also like to congratulate the Research Institute for Hospice/Palliative Care on its 30th anniversary. Over the past three decades, the Institute has made significant contributions to research, education, and practice, playing an important role in the development of hospice and palliative care both in Korea and internationally.

As an academic institution dedicated to educating future healthcare professionals, our College of Nursing recognizes that hospice and palliative care is an essential competency for all healthcare providers. We are committed to preparing nurses who are not only clinically competent, but also grounded in compassion, ethical reflection, and respect for human dignity.

In today's rapidly evolving healthcare landscape—marked by aging populations, increasing chronic illness, and advances in technologies such as Artificial Intelligence—the role of nursing continues to expand in both scope and importance. Hospice and palliative care, in particular, embodies the core values of nursing by addressing not only physical needs, but also psychological, social, and spiritual dimensions of care.

This conference offers a valuable opportunity to reflect on how education, research, and practice can work in synergy to address these emerging challenges. It also provides a platform to strengthen interdisciplinary collaboration and global partnerships.

It is our hope that this conference will foster meaningful dialogue, generate innovative ideas, and contribute to the continued advancement of hospice and palliative care.

We warmly welcome you and wish you a productive and enriching conference.

Thank you.

Sun-Mi Lee
Dean, College of Nursing
The Catholic University of Korea



Welcome Message

Dear Researchers and Participants,

It is my great pleasure to extend my heartfelt gratitude to all of you for joining us in this International Conference commemorating the 30th anniversary of the Research Institute for Hospice/Palliative Care. I am Sister Mihyun Park, Director of the Research Institute for Hospice/Palliative Care, and I warmly welcome you all.

This year marks a significant milestone—the 30th anniversary of our Institute's founding. To celebrate this meaningful occasion, we had the privilege of hosting the Annual Working Group Meeting in Palliative Care, the global expert meeting organized by the World Health Organization, followed by this International Conference featuring distinguished scholars and professionals from around the world.

It is our sincere hope that this gathering will provide an opportunity to learn about innovative developments in palliative care, to build new collaborations, and to strengthen existing partnerships. We also hope that this conference will serve as a meaningful academic forum where researchers and practitioners devoted to hospice and palliative care—both in Korea and across the globe—can grow together through scholarly exchange and global networking.

Today, we stand at a pivotal moment in history. Rapid demographic shifts, profound transformations in healthcare systems, and scientific advances grounded in Artificial Intelligence are presenting unprecedented challenges to all of us. The field of hospice and palliative care is likewise undergoing important transitions. Its scope is expanding from a primary focus on cancer patients to care for all individuals with serious health-related suffering. Moreover, what was once considered a model centered largely in Western developed nations is now increasingly recognized as essential healthcare that must be accessible to all people in all countries. Palliative care is not optional; it is fundamental to ensuring human dignity at the end of life.

Accordingly, we hope that all healthcare professionals will acquire the essential competencies necessary to understand and deliver palliative care. Yet we must acknowledge that the realities before us are complex, and the path forward is not without significant challenges. At the same time, these very challenges invite innovation. As we enter an era shaped by rapidly accelerating Artificial Intelligence, we as researchers and practitioners in palliative care must reflect deeply on how to embrace change responsibly and how to shape that change in ways that uphold human dignity and compassion.

Gathered here today, we share the responsibility of reflecting together on how to respond wisely to these challenges. I firmly believe that our discussions and deliberations during this conference will contribute meaningfully to advancing compassionate and dignified end-of-life care for people around the world.

Let us think deeply, engage actively in dialogue, and move forward together.

Once again, I warmly welcome all participants to this International Conference and extend my sincere wishes for a fruitful and blessed gathering.

Thank you.

Mihyun Park (Sister Marivincent, SOLPH)
Director, Research Institute for Hospice/Palliative Care
College of Nursing, The Catholic University of Korea

Organizing Committee



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Dr. Hye-Ah Yeom

College of Nursing,
The Catholic University of Korea



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SCIENTIFIC PROGRAM

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College of Nursing,
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WHO WORKING GROUP MEETING

Dr. Minjung Kyung

College of Nursing,
The Catholic University of Korea



WHO WORKING GROUP MEETING

Dr. SangA Lee

College of Nursing,
The Catholic University of Korea

ADMINISTRATIVE SUPPORT STAFF

- Yong-huy Byun
- Dahyun Wee
- Minjoo Bae
- YoonJi Roh
- Seohui Yun
- Suyoung Chae

Conference Information

Overview

Title	30th Anniversary International Conference of the Research Institute for Hospice/Palliative Care, College of Nursing, The Catholic University of Korea (2026 CUK RIHPC) 가톨릭대학교 간호대학 호스피스연구소 30주년 기념 국제학술대회
Theme	Futuristic Evolution in Palliative Care: Harmonizing Policy, Technology, and Equity
Date	October 30 (Fri), 2026
Venue	Omnibus Park, The Catholic University of Korea, Republic of Korea
Host / Organizer	Research Institute for Hospice/Palliative Care, College of Nursing, The Catholic University of Korea

Name Badges

Your name badge will serve as your pass. You are kindly requested to wear your name badge throughout the conference period. Please note that access to the session rooms and exhibition area may be restricted if you are not wearing your name badge.

Certificate of Attendance

After the conference, a certificate of attendance will be sent to all participants by e-mail.

Registration Fee Receipt

If you need a registration fee receipt issued by the conference, please request it by e-mail (2026cuk.rihpc@gmail.com).

등록비를 계좌이체로 납부하신 분께는 학술대회 종료 후 등록 시 입력하신 휴대전화 번호로 현금영수증이 발행됩니다. 개인이 아닌 사업자 명의로 발행을 원하시는 경우, **11월 5일(목)까지** 등록자 정보와 사업자등록번호를 메일로 보내 주시기 바랍니다.
메일: 2026cuk.rihpc@gmail.com

E-Poster Display

Time 09:00 – 18:00

Venue Next to the entrance of the Convention Hall (L Floor)

Coffee Breaks

Coffee booths are available on the L2 Floor. Please feel free to enjoy them during the breaks.

Lunch

Please use the lunch coupon you received with your name badge at the registration desk to have lunch at Elephant Food Court (1F). The coupon is valid from 11:30 to 13:30. Menu items on the coupon are offered on a first-come, first-served basis while supplies last.

Dinner Reception

Time 18:00

Venue Convention Hall

All participants wearing a name badge are welcome. Please join us for an evening of dinner and performances.

Award

At the closing ceremony, awards will be presented for the Best Podium Presentation and Best Poster Presentation, and for the Songeui nursing conference presentations.

Wi-Fi

There is no separate Wi-Fi network for the conference. Please use the Omnibus Park Wi-Fi.

Lucky Draw

17:00 · Convention Hall

How to join — four easy steps from stamp card to prize.

1 Pick up your stamp card

Receive a stamp tour card together with your name badge at the Registration Desk.

One card per person

2 Visit the sponsor booths

Stop by each sponsor booth and collect a stamp on your card.

3 Fill in & submit by 17:00

Write your details on the completed card and drop it off at the Registration Desk.

Name · Affiliation · Mobile · Email

4 Prize drawing

Winners are drawn from the entry box during the closing ceremony. You must be present at the drawing to win.

Must be present to win

Prizes



★ 1st Prize

Premium Bangjja Brassware Cutlery Set

Traditional Korean hand-forged brass spoons, chopsticks and cups, gift-wrapped in bojagi cloth.



★ 2nd Prize

Najeon Pattern Silk Scarf

Inspired by Korean mother-of-pearl inlay art.



★ 3rd Prize

Cooling Magnesium Oil Spray

A refreshing, cooling body spray for tired legs after a long day on your feet.

For Domestic Participants

■ 호스피스·완화의료 전문인력 보수교육 인정

인정 기준 전체 프로그램 참석 시 **4시간** 인정 (09:50~17:00)

▸ 현장 참석자

아래 회차별 출석체크를 모두 완료해 주십시오. 출석체크는 QR코드를 스캔한 뒤 구글 설문지를 작성하는 방식으로 진행됩니다.

회차	세션 시간	QR코드 스캔 시간	QR코드 위치
1회차	09:50~11:10	[입실] 09:00~09:50	등록데스크
2회차	11:30~12:30	[입실] 11:10~11:30 [퇴실] 12:30~12:50	강연장 스크린에 송출
3회차	14:00~14:50	[입실] 13:40~14:00	
4회차	15:00~17:00	[입실] 14:50~15:00 [퇴실] 17:00~17:05	[입실] 강연장 스크린에 송출 [퇴실] 강연장 스크린에 송출, 등록데스크

▸ 온라인 참석자

보수교육 신청자 전용 중계 링크로 접속하신 후 교육 시간 동안 카메라를 계속 켜 두셔야 합니다. 10분 이상 화면에서 벗어나는 경우 결석으로 처리됩니다.

■ 주차 안내

등록데스크에 마련된 주차 데스크에서 주차 할인을 등록하실 수 있습니다.

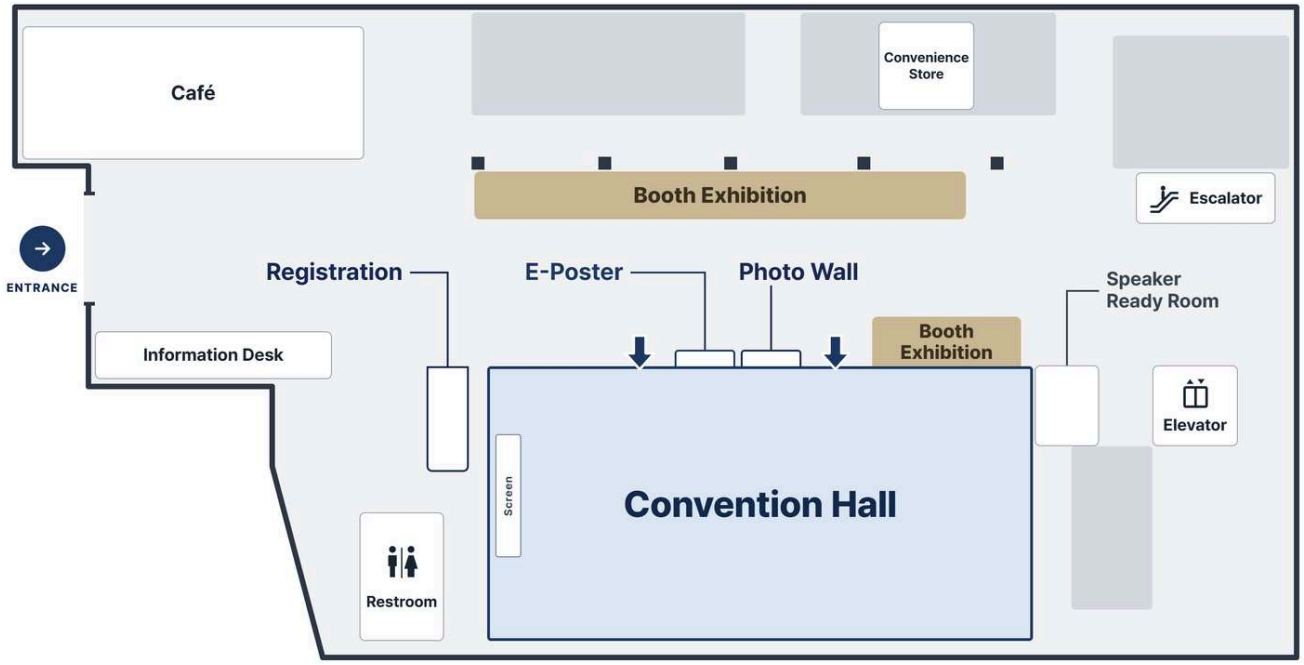
8시간 / 6시간 할인	수량이 한정되어 있어 선착순으로 마감될 수 있습니다. 주차 데스크 스태프에게 등록을 요청해 주십시오.
4시간 할인	주차 데스크에 비치된 태블릿으로 직접 등록해 주십시오.
할인 외 시간	최초 30분 무료, 이후 15분당 1,000원의 주차요금이 부과됩니다.

Floor Plan

Venue Floor Guide

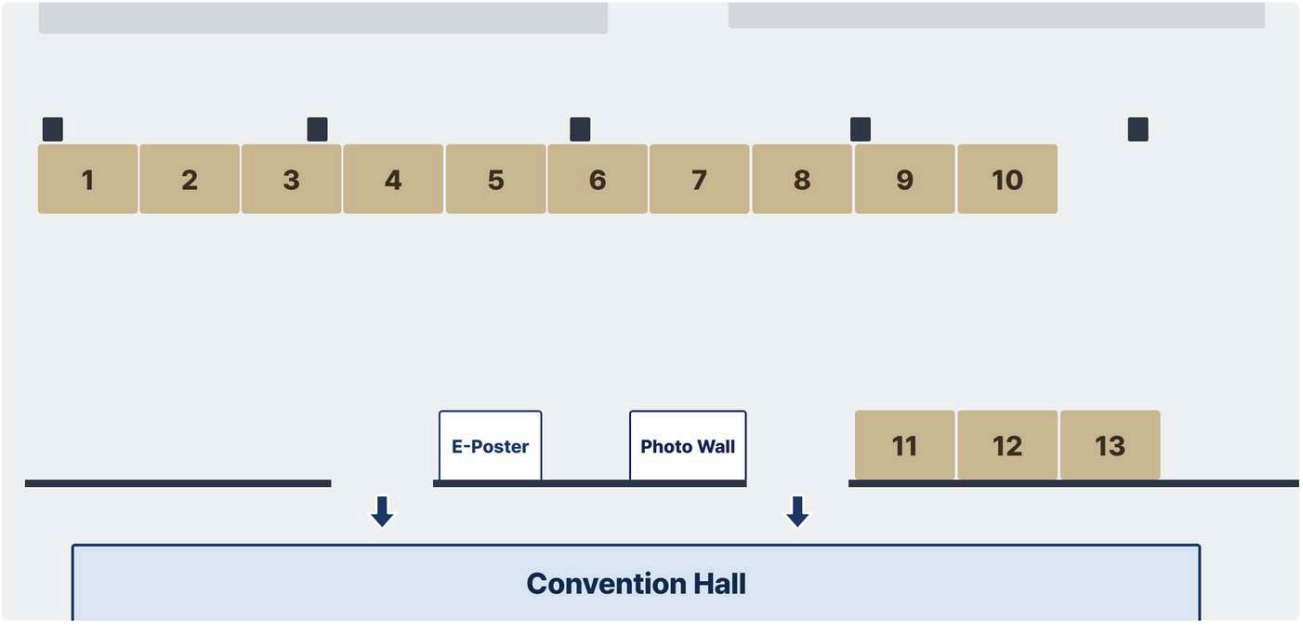
8F – 6F	Faculty offices · Seminar rooms · Administrative offices (not used for the event)	
5F	Prayer Room	Room 5312
4F	-	
3F	Concurrent Session	Room 3301
2F	Concurrent Session	Room 2301
1F	Lunch	Elephant Food Court
L3	Rest Area	
L2	Coffee Booth	
L	Main Venue	Convention Hall · Booth Exhibition · Poster Exhibition
B4 – B5	Parking	

Lobby Floor



FLOOR PLAN · CONTINUED

Booth Layout

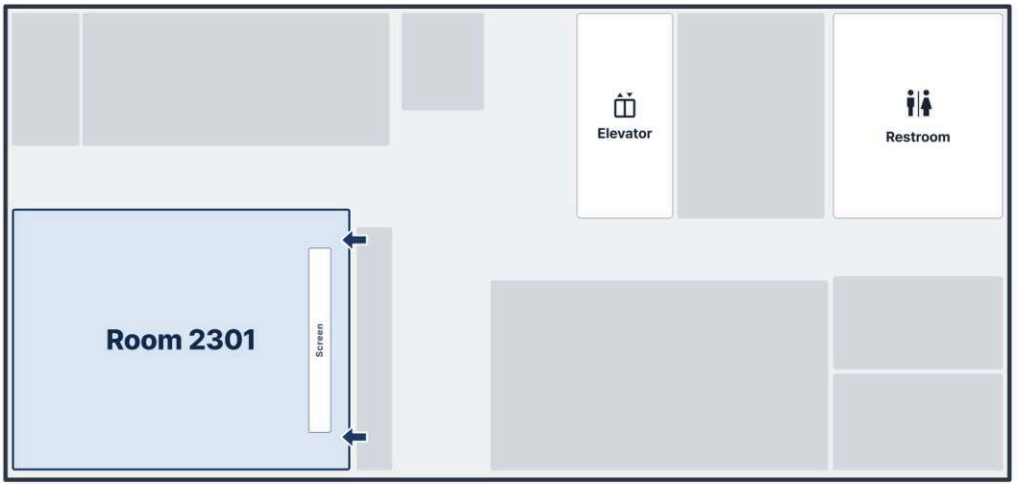


Booth List

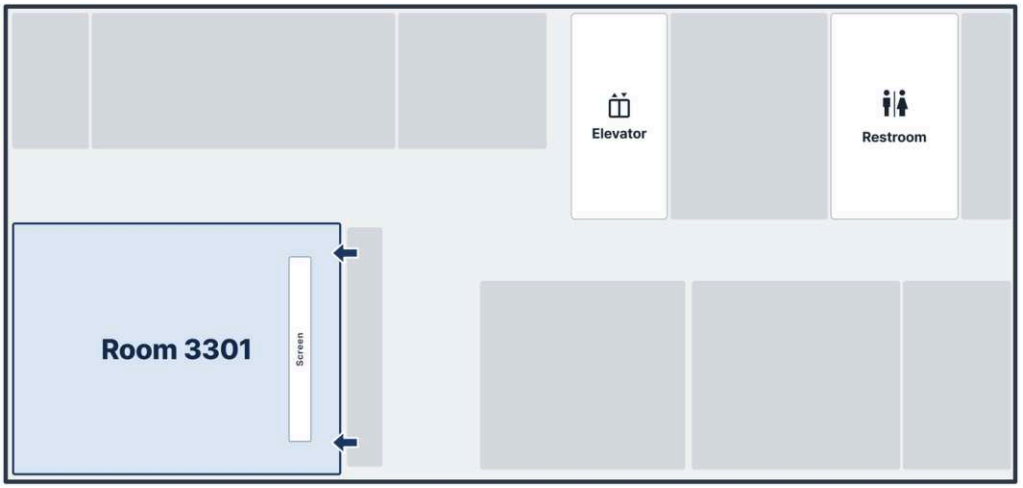
1	VEP4U
2	Nursing XR Inc.
3	MEDNICS
4	AMORGEN MEDICAL
5–6	DAEWOONG
7	AITRICS
8	St. Mary Hearing Center
9	ReadyNest
10	Lumi-insight Co., Ltd.
11	PePal Aid
12	Research Institute for Hospice/Palliative Care
13	Gemstone Healing Research Institute

FLOOR PLAN · CONTINUED

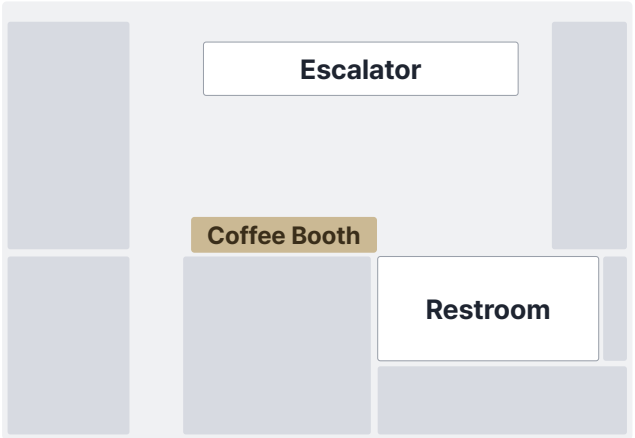
2nd Floor



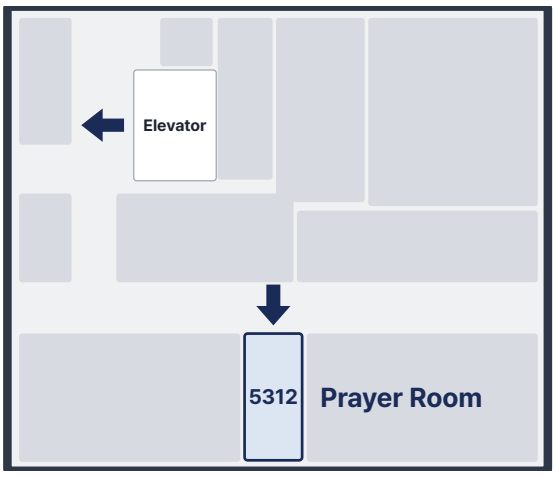
3rd Floor



L2 Floor



5th Floor



Program

09:00 – 09:30	Registration	Lobby
09:30 – 09:50	**Opening ceremony** **Opening remarks** · *Dr. Sun-Mi Lee (Dean, College of Nursing, The Catholic University of Korea, Korea)* **Welcome remarks** · *Dr. Mihyun Park (Director, RIHPC, College of Nursing, The Catholic University of Korea, Korea)* **Congratulatory remarks** · *Dr. Jun Gui Choi (President, The Catholic University of Korea, Korea)* *Dr. Ghauri Aggarwal (Chair, Asia Pacific Hospice Palliative Care Network)*	Convention Hall
09:50 – 10:40	**KEYNOTE I** **Nurse leadership and empowerment for improving accessibility of palliative care** *Dr. Julie Ling (World Health Organization)*	Convention Hall
10:40 – 11:10	**PLENARY 1** **Utilizing big data in palliative care** *Dr. Mona Choi (Yonsei University, Korea)*	Convention Hall
11:10 – 11:30	Coffee break	
11:30 – 12:00	**PLENARY 2** **Equity in palliative care** *Ms. Smriti Rana (Pallium India, India)*	Convention Hall
12:00 – 12:30	**PLENARY 3** **Enhancing equity in palliative care: A case of KOICA project** *Dr. Sujeong Kim (The Catholic University of Korea, Korea)*	Convention Hall
12:30 – 14:00	Lunch break	
14:00 – 14:50	**KEYNOTE II** **Current status and future direction of WHO on palliative care** *Dr. Megan Doherty (World Health Organization)*	Convention Hall
14:50 – 15:00	Coffee break	
15:00 – 17:00	**Concurrent sessions** **SESSION I** **Multidisciplinary podium presentation** Convention Hall **SESSION II** **General nursing symposium** Room 2301 (2F) **SESSION III** **Songeui nursing conference (성의간호학술대회)** Room 3301 (3F)	
17:00 – 17:30	**Closing ceremony** Award ceremony · Lucky draw · Closing remarks *Dr. Hye-Ah Yeom (Chair, Organizing Committee, 2026 CUK RIHPC)*	Convention Hall
18:00 – 20:00	**Dinner reception**	Convention Hall

Keynote Speaker



KEYNOTE I

Dr. Julie Ling

World Health Organization

Nurse leadership and empowerment for improving accessibility of palliative care

09:50 – 10:40 · Convention Hall

BIOGRAPHY

Julie Ling is a consultant Technical Officer for Palliative Care at the World Health Organization European Office where she works with countries throughout the region to strengthen palliative care for both adults and children with life-limiting conditions. Prior to this she was CEO of the European Association for Palliative Care (EAPC) for ten years. The EAPC is the leading palliative care organisation in Europe representing member associations from over sixty European countries.

Originally a nurse, Julie has worked in palliative care for thirty-five years in both adult and children's palliative care. She has held a variety of posts in clinical care; management; research; policy and the voluntary sector. As a former Health Research Board Research Fellow, she successfully completed a PhD by research. Julie also has an MBA from Trinity College Dublin, Ireland.

Keynote Speaker



KEYNOTE II

Dr. Megan Doherty

World Health Organization

Current status and future direction of WHO on palliative care

14:00 – 14:50 · Convention Hall

BIOGRAPHY

Dr. Megan Doherty is currently a WHO consultant for palliative care. She is a palliative medicine physician, originally from Ottawa, Canada. Throughout her career she has worked in wide variety of settings globally, developing clinical palliative care services and training programs. She previously served on the executive committee of PallCHASE, she worked to establish models of palliative care suitable for humanitarian settings in Asia and Africa. Dr. Doherty has been involved with the development and implementation of Leadership and Education programs through her work as the Pediatric Palliative Care Program Director of Two Worlds Cancer Collaboration. She is passionate about developing tools and guidelines to support greater implementation of palliative care within primary care and universal health coverage.

Plenary Speaker



PLENARY 1

Dr. Mona Choi

Yonsei University, Korea

Utilizing big data in palliative care

10:40 – 11:10 · Convention Hall

BIOGRAPHY

Professor Mona Choi is a faculty member at the College of Nursing, Yonsei University, where she has served since 2008. She earned her Bachelor of Science in Nursing from The Catholic University of Korea, followed by a Master's degree in Nursing Informatics from the University of Washington and a Ph.D. from the University of Maryland, Baltimore. She further completed a two-year Public Health Informatics Fellowship at the Centers for Disease Control and Prevention (CDC) in the United States.

Professor Choi currently serves as the Director of the JBI Yonsei Evidence-Based Nursing Center of Korea, and is a member of the Science and Technology in Aging Research Institute, a government-funded research center. She also serves on the editorial board of Healthcare Informatics Research, the official journal of the Korean Society of Medical Informatics.

Her research focuses on nursing informatics, including EMR data analysis, digital health, and artificial intelligence. She aims to generate real-world evidence and translate it into clinically applicable digital interventions. She is also actively engaged in advancing AI-based technologies for nursing documentation and healthcare workflow optimization.

EDUCATION

2006	PhD, University of Maryland, Baltimore, School of Nursing, Baltimore, MD, US
2000	MN, University of Washington, School of Nursing, Seattle, WA, US
1994	BSN, The Catholic University of Korea, College of Nursing, Seoul, Korea

RESEARCH CAREER

2008 – present	Professor, Yonsei University College of Nursing
2006 – 2008	Public Health Informatics Fellow, Centers for Disease Control and Prevention, Atlanta, GA, US

Plenary Speaker



PLENARY 2

Ms. Smriti Rana

Pallium India, India

Equity in palliative care

11:30 – 12:00 · Convention Hall

BIOGRAPHY

Smriti Rana is the Head of the WHO Collaborating Centre for Training and Policy on Access to Pain Relief in Trivandrum. This is the flagship service delivery program of Pallium India - an organization that demonstrates, educates and advocates for integrating palliative care into mainstream healthcare in India. Pallium India has Consultative Status with the UN Economic and Social Council.

Smriti has 2 decades of experience in palliative care with deep personal ties to her work. She has been the primary caregiver for family members with interstitial lung disease, cancer, bipolarity and addiction.

At Pallium India, Smriti is Director of the Strategic Communications. She leads advocacy efforts at the local, national and regional levels, focusing on increasing safe access to adequate pain relief, patient and caregiver inclusion in decision making at all levels, policy reform, death literacy and decolonization of healthcare.

Smriti is on the Boards of the International Association of Hospice and Palliative Care, and the International Drug Policy Consortium. She is member of the WHO Palliative Care Working Group; on the Patient and Caregiver Advisory Committee on the Lancet Commission for Palliative Care Integration in Serious Respiratory Illness; a founding member of the Advance Care Planning Taskforce in India; a Salzburg Global Fellow and a TEDX speaker.

Plenary Speaker



PLENARY 3

Dr. Sujeong Kim

The Catholic University of Korea, Korea

Enhancing equity in palliative care: A case of KOICA project

12:00 – 12:30 · Convention Hall

BIOGRAPHY

Sujeong Kim, PhD, RN, is an Associate Professor at The Catholic University of Korea College of Nursing and Deputy Director of the WHO Collaborating Centre for Training in Hospice & Palliative Care. Her work focuses on building palliative care capacity in low- and middle-income countries across Asia.

Through a KOICA-funded project in Vietnam, she led research to understand local palliative care needs, including a national survey of physicians and nurses, a qualitative study of family caregivers, and an analysis of barriers to opioid access. She has served as a palliative care consultant for the WHO and IAEA in Cambodia and Mongolia, and as a senior advisor for the COMPASS project in the Philippines and Malaysia.

She also leads PePAL AID, an NRF-funded big data and AI platform for pediatric palliative care. She is an APHN Board Member, International Director of the Korean Society for Hospice and Palliative Care, and Scientific Committee Co-Chair for APHC 2027 OPCC.

Concurrent Session

SESSION I

Multidisciplinary podium presentation

15:00 – 17:00 · Convention Hall (L Floor)

Moderator · Dr. SangA Lee (College of Nursing, The Catholic University of Korea, Korea)

No.	Abstract No.	Title	Presenter
1	POD-H01	Grief after cancer-related death: WHO Lived Experience of Cancer study findings	Claire Wakefield
2	POD-N01	Pain at the end of life in pancreatic cancer: A multicenter comparison of hospice and non-hospice wards	Hyun-Hee Cha
3	POD-N02	Mobile chat-based exercise counselling for older cancer survivors: Preliminary analysis of a randomized controlled trial	Denise Shuk Ting Cheung
4	POD-E01	Cancer patient's perceptions of palliative care quality in Vietnam: A cross-sectional study	Nhien Thi Thuy Huynh
5	POD-H03	Use of a Korean-language drama for reflective learning in the delivery of spiritual care for the older adult	Raphael Lee
6	POD-P01	Empowering nurses in pediatric palliative care in the Eastern Mediterranean: Lessons from Iran and Oman	Maryam Rassouli
7	POD-H04	Family caregiving as collective adaptation: Developing a multidimensional model of caregiver burden in palliative care	Polina Oshchepkova

Abstracts follow in presentation order. Scan the QR code on each abstract to view the presentation slides.

CONCURRENT SESSION I · MULTIDISCIPLINARY PODIUM PRESENTATION

POD-H01

Grief after cancer-related death: WHO Lived Experience of Cancer study findings

Claire E Wakefield,[1] Clarissa E Schilstra,[2,3] Grace E Bedia,[1] Jordana McLoone,[2,3] Lori Wiener,[4] Ruth I Hoffman,[5] Moses Echodu,[6] Roberta Ortiz,[7] Andre Ilbawi,[7] Luz Palacios-Derflingher,[8] Elliot Dovers,[8] Megan Doherty,[7] Shelby Burk,[1] Justin N Baker,[1]* Julie Cayrol[9,10,11]*

[1] Researcher, Division of Quality of Life and Pediatric Palliative Care, Department of Pediatrics, Stanford Medicine Children's Health, Palo Alto, California, USA; [2] Researcher, Behavioural Sciences Unit, School of Clinical Medicine, Discipline of Paediatrics and Child Health, UNSW Medicine and Health, UNSW Sydney, Kensington, NSW, Australia; [3] Researcher, Kids Cancer Centre, Sydney Children's Hospital, Randwick, NSW, Australia; [4] Researcher, National Cancer Institute, Bethesda MD, United States of America; [5] CEO, American Childhood Cancer Organization, Kensington MD, United States of America; [6] Program Director, Uganda Child Cancer Foundation, Kampala, Uganda; [7] Director, World Health Organization, Geneva, Switzerland; [8] Statistician, UNSW Stats Central, Mark Wainwright Analytical Centre, UNSW Sydney, Kensington, NSW, Australia; [9] Oncologist, Royal Children's Hospital, Parkville VIC, Australia; [10] Oncologist, Murdoch Children's Research Institute, Parkville VIC, Australia; [11] Oncologist, Department of Paediatrics, Faculty of Medicine, The University of Melbourne, Australia; *shared last author

Background / Aims : Bereavement following a cancer-related death profoundly impacts families, yet global data on prolonged grief and bereavement support needs remain limited. To examine the prevalence of prolonged grief disorder (PGD), emotional challenges, and care experiences among bereaved family members of both children and adults with cancer across countries with differing income levels.

Methods : Respondents shared information about their bereavement experiences, access to palliative and bereavement care, and emotional challenges following the death. Descriptive statistics summarized participant characteristics and outcomes (percentages/means as appropriate). Prolonged Grief Disorder (PGD) was identified using the PG-13-R scoring framework. Open-ended questions explored participants' greatest emotional challenges since the loss.

Results : 146 bereaved individuals from 25 countries participated, representing families bereaved following the death of both children and adults with cancer. Participants were mostly female (80%). Most resided in high-income countries (77%), while 30% were from Asia-Pacific countries. Forty-seven percent were parents whose child had died from cancer. Participants reported that before death, 44% of patients with cancer received hospital-based palliative care, 25% received community-based palliative care, and 3% of families accessed bereavement counselling. Bereaved participants had a mean PG-13-R score of 28.2 (SD=11.3), with 24% meeting criteria for PGD. The most frequently reported emotional challenges were grief (82.9%), adjustment difficulties (57%), depression (49%), and post-traumatic stress symptoms (37%). Qualitative findings highlighted loneliness, guilt, anger, and identity disruption. Bereaved parents described emotional isolation, difficulty communicating their grief, and struggling to maintain hope while caring for surviving children. Participants from low- and middle-income countries additionally described distress over significant resource limitations and witnessing preventable suffering.

Conclusions : This unique global study spanning cancer-related bereavement across the lifespan found substantial and persistent emotional distress among families, with almost one-quarter meeting criteria for PGD. These findings highlight the need to strengthen equitable access to palliative, psychosocial, and bereavement care worldwide.

Keywords : Palliative care; Cancer bereavement; Prolonged grief; WHO; End-of-life care; Global health

CONCURRENT SESSION I · MULTIDISCIPLINARY PODIUM PRESENTATION

POD-N01

Pain at the end of life in pancreatic cancer: A multicenter comparison of hospice and non-hospice wards

Bo-Kyung Kim[1]*, Hyun-Hee Cha[2]*, Mihyun Park[3], Gayoung Baik[4], Eun Kyeong Cho[5], Sooyoung Lee[6], Eun Mi Jeong[7], Joon Won Jeong[8], Jaejin Kang[9#]

[1] Clinical Assistant professor, Department of Hospice and Palliative Medicine, St. Vincent's Hospital, Republic of Korea; [2] RN, Department of Nursing, The Catholic University of Korea, Yeouido St. Mary's Hospital, Republic of Korea; [3] Director, Research Institute for Hospice/Palliative Care, College of Nursing, The Catholic University of Korea, Republic of Korea; [4] RN, Department of Spiritual Nursing, The Catholic University of Korea, Eunpyeong St. Mary's Hospital, Republic of Korea; [5] RN, Department of Spirituality, The Catholic University of Korea, Seoul St. Mary's Hospital, Republic of Korea; [6] RN, Department of Spiritual Nursing, The Catholic University of Korea, Uijeongbu St. Mary's Hospital, Republic of Korea; [7] RN, Department of Spirituality, The Catholic University of Korea, Bucheon St. Mary's Hospital, Republic of Korea; [8] Clinical Lecturer, Department of Internal Medicine, Daejeon St. Mary's Hospital, Republic of Korea; [9] Assistant Professor, Department of Nursing, College of Biomedical & Health Science, Konkuk University, Republic of Korea; *These authors contributed equally to this work as co-first authors; #Corresponding author

Background / Aims : Patients with pancreatic cancer face a rapidly narrowing window for transitioning from life-prolonging to comfort-focused care, yet how pain is managed across this transition remains poorly characterized. Prior studies compared analgesic use only cross-sectionally, without tracking how differences evolve as death approaches. This study compared pain assessment frequency, day-by-day pain trajectories, and analgesic use during the final 14 days of life between hospice and non-hospice wards among patients who died from pancreatic cancer.

Methods : This retrospective, multicenter cohort study analyzed electronic medical records from a shared Clinical Data Warehouse across seven university-affiliated hospitals in three regions of South Korea. Among 337 patients with pancreatic cancer who died during hospitalization (January 2024–January 2025), 237 were classified as hospice and 100 as non-hospice by ward type at death. Pain scores (NRS/FLACC), assessment frequency, and opioid and adjuvant medication use were compared using chi-square tests and independent t-tests.

Results : Groups differed significantly in treatment intensity (surgery, mechanical ventilation, hemodialysis) and DNR status. Compared with non-hospice wards, hospice wards assessed pain more frequently, used opioids at two- to three-fold higher doses, and used adjuvant agents more broadly. Paradoxically, hospice patients reported higher overall pain scores despite this more active management; a score of 0 was the second most common value in non-hospice wards but rare in hospice wards. Pain trajectories diverged over time, declining toward death in the hospice group but increasing in the non-hospice group. About 10% of non-hospice patients experienced moderate-to-severe pain (NRS/FLACC ≥7) during this period.

Conclusions : End-of-life pain management in pancreatic cancer appears to depend on frequent, precise symptom assessment paired with responsive pharmacologic adjustment. Non-hospice settings may benefit from structured pain assessment protocols and reduced clinician concern regarding opioid use, regardless of overall treatment goals.

Keywords : Pancreatic neoplasms; Hospice care; Pain management; Opioid analgesics

CONCURRENT SESSION I · MULTIDISCIPLINARY PODIUM PRESENTATION

POD-N02

Mobile chat-based exercise counselling for older cancer survivors: Preliminary analysis of a randomized controlled trial

Denise Shuk Ting Cheung[1]

[1] Associate Professor, School of Nursing, University of Hong Kong, Hong Kong

Background / Aims : Aging and cancer accelerate physical decline, yet physical activity levels among older cancer survivors remain suboptimal. The objectives of this study are (1) to determine the efficacy of a mobile chat-based exercise counselling intervention for increasing self-reported aerobic moderate-to-vigorous physical activity at 3-month and 6-month among older cancer survivors, (2) to examine its efficacy for improving self-reported resistance exercise, exercise capacity, grip strength, frailty, and quality of life, and Multi-process Action Control Framework constructs.

Methods : Cancer survivors aged over 60 screened as physically inactive were randomized into two groups. Intervention group participants received 12 weeks of messages designed based on the Multi-process Action Control Framework sent via instant messaging, supplemented with two 90-minute face-to-face exercise sessions. Control group participants received written exercise recommendations and monthly messages unrelated to exercise.

Results : An interim analysis of 74 participants who completed the study revealed high engagement, demonstrated by an 88.89% face-to-face attendance rate and an 88% to 100% weekly messaging response rate. Moderate-to-vigorous physical activity (min/week) rose substantially at T1 in the intervention group (8.33 to 205.30) and more modestly in controls (13.42 to 89.12); both groups then declined at T2, although intervention values remained higher than baseline and higher than controls. Resistance exercise minutes per week increased in both groups across time points, with larger and progressive gains in the intervention arm (5.33 to 65.37 to 92.04) compared with smaller increments in controls (3.16 to 17.85 to 24.41). The intervention group also showed increases in six-minute walk distance and favorable enhancements in behavioral regulation, identity, and habit formation, while other secondary outcomes remained comparable or showed stable trends between groups.

Conclusions : The mobile chat-based intervention shows promising effects for enhancing exercise behavior in older cancer survivors.

Keywords : Physical activity; Cancer survivorship; Nursing; Quality of life

CONCURRENT SESSION I · MULTIDISCIPLINARY PODIUM PRESENTATION

POD-E01

Cancer patient's perceptions of palliative care quality in Vietnam: A cross-sectional study

Nhien Thi Thuy Huynh[1,*], Tung Thanh Pham[2], Duyen Thi Quynh Ho[3], Hoa Thanh Lam[4], Dat Tan Chau[5], Minh Nghi To[6]

[1] Lecturer, School of Nursing and Medical Technology, University of Medicine and Pharmacy at Ho Chi Minh City, Vietnam
[2] Assistant Professor, College of Health Sciences, VinUniversity, Vietnam
[3] Head nurse, Department of Geriatrics and Palliative Care, University Medical Center Ho Chi Minh City, Vietnam
[4] Head nurse, Department of Oncology, Ca Mau General Hospital, Vietnam
[5] Head of Department of Oncology, Ca Mau General Hospital, Vietnam
[6] Director, Ca Mau General Hospital, Vietnam
* Corresponding author: Nhien Thi Thuy Huynh; Email: nhienhuynh@ump.edu.vn

Background / Aims : The need for palliative care in Vietnam has increased with the growing cancer burden. Although palliative care services in Vietnam have expanded, systematic evaluations of care quality from cancer patients' perspectives remain limited. This study aimed to investigate cancer patients' perceptions of palliative care quality in Vietnam by examining their perceived experiences of care received and the subjective importance of different aspects of care.

Methods : A cross-sectional study was conducted among cancer patients receiving palliative care at two hospitals in Vietnam. Palliative care quality was evaluated using the 52-item Quality from the Patients' Perspective instrument specific to palliative care, covering four dimensions (medical–technical competence, physical–technical conditions, identity–orientation approach, sociocultural atmosphere) and three single items concerning medical care, personal hygiene, and atmosphere. Each item was rated on a 4-point Likert scale across two aspects: perceived reality and subjective importance.

Results : A total of 485 patients participated in this study. Regarding perceived reality, patients reported the highest scores for medical care (Mean = 3.14, SD = 0.85), followed by care planning and collaboration (Mean = 3.12, SD = 0.66). In terms of subjective importance, the highest score was found in medical care (Mean = 3.11, SD = 0.84) and honesty (Mean = 3.10, SD = 0.72). Spirituality and meaning in life received the lowest scores for both perceived reality (M = 2.55, SD = 1.17) and subjective importance (M = 2.53, SD = 1.17).

Conclusions : Although patients generally reported positive experiences with palliative care, spirituality and meaning in life represented the lowest-rated aspect in both perceived reality and subjective importance. Interventions should focus on enhancing psychosocial-spiritual support and expanding the palliative care team model beyond physicians and nurses to involve social workers, chaplains, or trained psychological counselors to improve overall palliative care quality.

Keywords : Cancer; Palliative care; Palliative care quality; Patient perceptions; QPP-PC

CONCURRENT SESSION I · MULTIDISCIPLINARY PODIUM PRESENTATION

POD-H03

Use of a Korean-language drama for reflective learning in the delivery of spiritual care for the older adult

Raphael Lee[1,2,3], Selina Tang[4], Yip Wan Fen[5], Melissa Chew[6], Jasmine Ow[6], Yang Sze Yee[1], Winston Teo[4], Aw Chia Hui[1], Raymond Ng[1]

[1] Department of Palliative and Supportive Care, Woodlands Hospital, NHG Health, Singapore; [2] Woodlands Health Office of Research Development and Scholarship (WORDS); [3] Lee Kong Chian School of Medicine, Nanyang Technological University, Singapore; [4] Department of Nursing Service, Woodlands Hospital, NHG Health, Singapore; [5] Health Services and Outcomes Research, NHG Health, Singapore; [6] Department of Medical Social Work, NHG Health, Singapore

Background / Aims : Spirituality is important in Palliative Care provision but is challenging to teach. Using Medical humanities in forms of reflective learning from drama is a feasible learning pedagogy.

To explore healthcare professional's perspectives on effectiveness of reflective learning using an Asian based drama, as opposed to a lecture-based modality incorporating the European Association for Palliative Care (EAPC) Spiritual Care education guidelines, in Spiritual Care education for the older adult

Methods : Using a qualitative descriptive design, nine healthcare professionals with at least 2 years of clinical experience were purposively sampled and allocated to either lecture-based (n=5) or Asian-based drama (n=4) spirituality education. The drama "Tomorrow" Episode 6, selected for its portrayal of spiritual care in older adults, incorporated themes of dying well and honoring personhood. Two focus group discussions using a semi-structured interview guide explored participants' understanding of spirituality, perceived barriers/enablers to spiritual care provision, and perceptions towards their allocated educational approach. Audio-recorded discussions were transcribed verbatim and analyzed using inductive thematic analysis following Braun and Clarke's framework.

Results : Both groups conceptualized Spirituality similarly as meaning making and purpose beyond religion. Lecture participants developed greater conceptual clarity and discussed clinical aspects whereas drama participants connected more emotionally, reflecting on unseen emotional and relational care dimensions. Both groups acknowledged Spirituality as integral for holistic care but often overlooked. Lecture participants highlighted awareness and definition building whereas drama participants emphasized empathy provision and sensitivity towards spiritual needs. The lecture fostered cognitive understanding and interprofessional exchange whereas drama evoked reflection by seeing and feeling spirituality via characters' experiences. Both groups cited barriers in care delivery as lack of training, role models to emulate and locally validated and culturally acceptable screening tools.

Conclusions : Reflective learning with Korean drama complements lectures by integrating cognitive and experiential learning, enhancing understanding and clinical application of Spirituality while caring for older adults.

Keywords : Palliative care; Spiritual care; Older adult

CONCURRENT SESSION I · MULTIDISCIPLINARY PODIUM PRESENTATION

POD-P01

Empowering nurses in pediatric palliative care in the Eastern Mediterranean: Lessons from Iran and Oman

Maryam Rassouli[1,2], Salem Said Al Touby[3], Waleed Khalid Al Rajhi[4]

[1] Professor, School of Nursing, College of Health Sciences, University of Nizwa, Nizwa, Oman
[2] Professor, Cancer Research Center, Shahid Beheshti University of Medical Sciences, Tehran, Iran
[3] Associate Professor, School of Nursing, College of Health Sciences, University of Nizwa, Nizwa, Oman
[4] Assistant Professor, School of Nursing, College of Health Sciences, University of Nizwa, Nizwa, Oman

Background / Aims : Although pediatric palliative care is a recognized child's right, it remains overlooked in many countries across the EMR. This study evaluated the current status of pediatric palliative nursing in the EMR, identified barriers to nursing empowerment, and drew lessons from Iran and Oman to inform strategies for strengthening nursing roles in pediatric palliative care.

Methods : Narrative review of national policies, nursing curricula, and peer-reviewed literature published 2015–2026, supplemented by analysis of program descriptions and pilot initiatives from Iran and Oman. Data were synthesized thematically to map nursing responsibilities, education gaps, system integration, and workforce support needs.

Results : Reviewed materials reveal a persistent gap between academic preparation and bedside practice. Iran shows strong academic output and postgraduate palliative modules but limited specialist posts and fragmented referral pathways; Oman integrates palliative care into primary health platforms but lacks pediatric specialty tracks. Common barriers include limited pediatric palliative training, absence of formal nurse specialist roles, cultural sensitivities in end-of-life communication, inadequate staff psychological support, and weak referral and financing mechanisms. Successful examples combine competency-based curricula with clear referral pathways, primary-care inclusion, hub-and-spoke models, homecare and telenursing, and defined specialist job descriptions.

Conclusions : Scale-up requires formalizing a pediatric palliative nurse specialist designation with legal career pathways; implementing competency-based education alongside pragmatic service designs (primary care, telenursing, hub-and-spoke); and introducing culturally sensitive communication and staff support programs. These steps can translate academic strengths into sustainable, family-centered pediatric palliative services.

Keywords : Pediatric palliative care; Nursing empowerment; Health systems; Eastern Mediterranean Region

CONCURRENT SESSION I · MULTIDISCIPLINARY PODIUM PRESENTATION

POD-H04

Family caregiving as collective adaptation: Developing a multidimensional model of caregiver burden in palliative care

D. V. Nevzorova[1], P. V. Oshchepkova[2], A. I. Ustinova[3]

[1] Director, Federal Scientific and Clinical Centre for Palliative Medical Care, Sechenov University, Moscow, Russian Federation
[2] Head of the Clinical Department, Palliative Care Department, Sechenov University, Moscow, Russian Federation
[3] Junior researcher, Federal Scientific and Clinical Centre for Palliative Medical Care, Sechenov University, Moscow, Russian Federation

Background / Aims : To develop a conceptual approach to family caregiving as a form of collective adaptation to the needs of an adult patient requiring palliative care, and to examine how caregiving intensity, distribution of responsibility, family resources and available support shape the physical, emotional, temporal, social and financial burden of the primary caregiver.

Methods : A pilot online survey was completed by 26 relatives of patients admitted to a palliative care unit. Items covered patient and caregiver characteristics, duration and intensity of caregiving, availability of co-carers, fatigue, practical difficulties, and needs for training and professional assistance. Responses, free-text comments and expert appraisal by experienced clinicians informed a revision of item wording, sequence and structure. The refined instrument is now applied in an ongoing multicentre study across regions of the Russian Federation, including republics with differing cultural traditions and models of family care.

Results : The pilot phase showed that caregiver burden cannot be represented by overall fatigue or by the number of procedures performed. It reflects the simultaneous expenditure of time, physical strength, emotional and financial resources, alongside the need to combine caregiving with employment and other family obligations. The framework was therefore broadened: the family is treated as an adaptive system, and the primary caregiver as a key informant on the allocation of responsibility, the adequacy of support and access to respite. The revised questionnaire assesses practical, psychological, social, organizational and financial dimensions in greater detail. Geographical expansion will allow universal components of burden to be distinguished from socio-culturally determined ones. Data collection is ongoing, and findings from the current phase are not yet reported.

Conclusions : Shifting from individual workload to a family-level, multidimensional model provides a basis for identifying vulnerable families and for targeting nursing, educational, psychological and respite support.

Keywords : Family caregiving; Caregiver burden; Palliative care; Nursing support

Concurrent Session

SESSION II

General nursing symposium

15:00 – 17:00 · Room 2301 (2F)

Moderator · Dr. Hanjong Park (College of Nursing, The Catholic University of Korea, Korea)

No.	Abstract No.	Title	Presenter
1	POD-N04	Knowledge, attitudes, and caregiving confidence among caregivers of people with dementia	Thi Thuy Nhung Bui
2	POD-N05	Multidisciplinary team discussion and spiritual care integration in hospice end-of-life care: A qualitative case study	Yoon-Mi Hyun
3	POD-N06	Frailty among older adults with chronic disease at hospital discharge and associated factors	Phuong Thi Ngoc Nguyen
4	POD-H05	Launching the QoLA Lab: Building a global pediatric palliative care research strategy	Claire Wakefield
5	POD-N07	Stroke discharge management systems and the role of nurses: A narrative review	Seyun Kim
6	POD-N08	Knowledge, attitudes, practices and associated factors regarding pressure injury prevention among primary caregivers of patients with stroke	Tran Thi Hong Tham
7	POD-N09	Factors influencing compliance with standard precautions among emergency room and intensive care unit nurses during cardiopulmonary resuscitation	Sun-jin Kim
8	POD-N10	Development and validation of the professional self-concept scale for hospital nurses	Eun-Ha Kim

CONCURRENT SESSION II · GENERAL NURSING SYMPOSIUM

POD-N04

Knowledge, attitudes, and caregiving confidence among caregivers of people with dementia

Thi Thuy Nhung Bui[1], The Ha Ngoc Than[2], Tran To Tran Nguyen[2,3], Tai Huy Kien Pham[4]

[1] School of Nursing and Medical Technology, University of Medicine and Pharmacy at Ho Chi Minh City, Vietnam
[2] School of Medicine, University of Medicine and Pharmacy at Ho Chi Minh City, Vietnam
[3] Nhan Dan Gia Dinh Hospital, Ho Chi Minh City, Vietnam
[4] Department of Oriental Internal Medicine, University of Medicine and Pharmacy at Ho Chi Minh City, Vietnam

Background / Aims : Dementia is a progressive condition that creates substantial and long-term care needs for people living with dementia and their families. In Vietnam, where formal dementia-care services remain limited, family caregivers play a central role in supporting daily care and quality of life. Understanding caregivers' knowledge, attitudes, and confidence may help strengthen supportive care for both people with dementia and their families. This study aimed to assess dementia-related knowledge, attitudes, and caregiving confidence among family caregivers and to identify factors associated with caregiving confidence.

Methods : A cross-sectional study was conducted among 150 family caregivers of people with dementia recruited from the Memory and Dementia Units of two hospitals in Ho Chi Minh City between November 2023 and May 2024. Face-to-face interviews were conducted using the Dementia Knowledge Assessment Scale, Dementia Attitudes Scale, and Confidence in Dementia Scale. Descriptive statistics, Pearson's correlation, and multivariable linear regression were performed.

Results : Mean knowledge, attitude, and confidence scores were 29.8 ± 5.7, 100.3 ± 8.8, and 31.4 ± 3.2, respectively. Caregiving confidence was positively correlated with dementia knowledge and attitudes. In multivariable analysis, greater knowledge ($\beta = 0.08$, $p = 0.027$) and more positive attitudes ($\beta = 0.14$, $p < 0.001$) were independently associated with higher confidence, with attitudes showing the stronger association. Older caregiver age, longer caregiving duration, and providing full assistance with daily activities were also associated with higher confidence.

Conclusions : Family caregivers demonstrated moderate knowledge, positive attitudes, and moderate confidence in dementia care. Greater knowledge and more positive attitudes were associated with higher caregiving confidence. These findings support caregiver education that addresses both knowledge and attitudes and may inform patient- and family-centered supportive care for people living with dementia and their caregivers.

Keywords : Dementia; Family caregivers; Caregiving confidence; Supportive care

CONCURRENT SESSION II · GENERAL NURSING SYMPOSIUM

POD-N05

Multidisciplinary team discussion and spiritual care integration in hospice end-of-life care: A qualitative case study

Yoon-Mi Hyun[1], Baek-Kyung Song[2]

[1] Hospice and Palliative Care Unit, Dongbaek St. Luke's Hospital, Republic of Korea
[2] Department of Spiritual Care, Dongbaek St. Luke's Hospital, Republic of Korea

Background / Aims : This study aimed to explore how the needs of a patient and family were discussed in multidisciplinary team meetings and how these discussions led to care coordination and the integration of spiritual care in an end-of-life care case in a hospice ward.

Methods : A qualitative case study design was used. Case data included the patient's and family's conditions and needs during the dying process, major care issues shared and discussed in multidisciplinary team meetings, the context and discussions through which the need for spiritual care was identified, the subsequent integration and provision of spiritual care, and observed changes. The data were repeatedly reviewed to identify meaningful content, and similar content was categorized to examine the process from discussion of care issues to the identification, integration, and provision of spiritual care and subsequent changes.

Results : The findings showed that the patient's physical changes were accompanied by complex family care needs, including anxiety, grief, and difficulties in understanding and accepting the approaching death. These needs and care challenges were shared as major care issues in multidisciplinary team meetings involving medical, nursing, social work, and spiritual care professionals. Appropriate care and referral strategies were discussed from each professional perspective. The family member's anxiety, grief, and fear of death were identified as being related to emotional and spiritual needs, leading to spiritual care through prayer, comfort, and attentive listening. Subsequently, the family member expressed emotions, reflected on the relationship with the patient, developed an understanding of the situation, and spent the remaining time with the patient.

Conclusions : This case highlights the importance of a multidisciplinary, team-based process that discusses the complex needs of patients and families and connects them with appropriate care resources. Spiritual care may be understood not as an isolated service but as an integral component of holistic end-of-life care that addresses emotional and spiritual needs identified through multidisciplinary discussion and care.

Keywords : Hospice; End-of-life care; Multidisciplinary team; Spiritual care; Holistic care

CONCURRENT SESSION II · GENERAL NURSING SYMPOSIUM

POD-N06

Frailty among older adults with chronic disease at hospital discharge and associated factors

Phuong Thi Ngoc Nguyen[1], Lan Thi Phuong Nguyen[2], Minh Ha Cat Nguyen[3], The Ha Ngoc Than[4]

[1] Senior lecturer, Department of Nursing, University of Medicine and Pharmacy at Ho Chi Minh City, Vietnam
[2] Senior lecturer, Nursing Skills Training Unit, University of Medicine and Pharmacy at Ho Chi Minh City, Vietnam
[3] Student, Department of Nursing, University of Medicine and Pharmacy at Ho Chi Minh City, Vietnam
[4] Senior lecturer, Department of Medical Ethics – Social Medicine – Palliative Care, University of Medicine and Pharmacy at Ho Chi Minh City, Vietnam

Background / Aims : Frailty in older adults with chronic disease at hospital discharge is significantly associated with an increased risk of adverse outcomes, including functional decline, unplanned readmission and mortality. Developing a transitional care plan based on the associated factors of frailty may prevent these outcomes. This study aimed to evaluate the prevalence of frailty and identify its associated factors among older adults with chronic disease at the time of discharge.

Methods : This cross-sectional study included 401 older adults with chronic conditions at discharge from seven internal medicine departments at a Vietnamese tertiary hospital using convenience sampling. Sociodemographic profiles, chronic disease, frailty (CFS score ≥ 4) , depressive symptoms (GDS-15 ≥ 5), malnutrition risk (MNA-SF <12) were recorded via REDCap. Univariable logistic regression was used to identify associated factors with frailty.

Results : At discharge, 85.3% older adults with chronic disease were classified as frailty (23.7% very mild frailty, 26.9% mild frailty, 7.6% moderate to very severe frailty). Factors significantly associated with frailty included age (≥70 years old, OR = 3.1, 95% CI: 1.8 – 5.7), gender (female, OR = 2.8, 95% CI: 1.6 – 5), heart failure (yes, OR = 3.5, 95% CI: 1.1 – 11.6), risk of malnutrition (yes, OR = 2.5, 95% CI: 1.3 – 4.5).

Conclusions : A high proportion of older adults with chronic conditions experience frailty at hospital discharge, with advanced age, female gender, heart failure, and malnutrition risk identified as key associated factors. Nurse-led screening in frailty and nutritional status, followed by discharge planning focused on nutritional support and chronic disease management may optimize post-discharge outcomes.

Keywords : Frailty; Older adults; Associated factors; Chronic disease

CONCURRENT SESSION II · GENERAL NURSING SYMPOSIUM

POD-H05

Launching the QoLA Lab: Building a global pediatric palliative care research strategy

Claire E Wakefield,[1] Shelby Burk, S.,[2] Elena Scheibler, [2] Melissa Gill, M.,[3] Justin N Baker[1]

[1] Professor, Division of Quality of Life and Pediatric Palliative Care, Department of Pediatrics, Stanford University and Stanford Medicine Children's Health, Palo Alto, California, USA
[2] Researcher, Division of Quality of Life and Pediatric Palliative Care, Department of Pediatrics, Stanford University and Stanford Medicine Children's Health, Palo Alto, California, USA
[3] Strategic consultant, Inside Change, Bondi Junction, Sydney, NSW, Australia

Background / Aims : Despite growing recognition of pediatric palliative care as an essential component of high-quality healthcare, evidence gaps and challenges in translating research into practice persist. Establishment of the Quality of Life for All (QoLA) Lab, a new interdisciplinary pediatric palliative care research program, provided an opportunity to develop a coordinated strategy for research and capacity building. We aimed to design and implement a strategic plan to guide the QoLA Lab's growth over the next decade.

Methods : We undertook a structured, externally-facilitated strategic planning process to define the QoLA Lab's priorities. The process created dedicated time for in-depth assessment of the pediatric palliative care landscape, including evidence-mapping, environmental scanning, and extensive stakeholder engagement. Through this process, we identified critical evidence/capacity gaps, examined unmet needs, and prioritised opportunities where the Lab's expertise and partnerships could make the greatest contribution. In parallel, we established guiding principles, defined core outcomes of interest, and identified priority regions.

Results : The strategy addresses two critical needs in pediatric palliative care: generating high-quality evidence and strengthening research capacity across diverse settings. We identified five research focus areas: evidence-driven models of care; communication and decision-making; ethico-legal and social considerations; whole-family wellbeing; and workforce development. Guiding principles include authentic patient/family engagement, scientific rigor, trust-based partnerships, amplifying underrepresented voices, and implementation science. Initial work prioritises Asia-Pacific, Sub-Saharan Africa, and the US. We have launched a coordinated portfolio of studies aligned with our strategy, including development of an end-of-life referral tool, research addressing needs for information and bereavement support, and collaborative projects in Papua New Guinea, India, Rwanda, Kenya, and Ethiopia.

Conclusions : The QoLA Lab provides a practical model for integrating research and capacity building to accelerate progress in pediatric palliative care. This approach may inform future collaborative research programs that strengthen evidence and improve outcomes for children and families worldwide.

Keywords : Pediatric palliative care; Research strategy; Capacity building; Quality of life; End-of-life care

CONCURRENT SESSION II · GENERAL NURSING SYMPOSIUM

POD-N07

Stroke discharge management systems and the role of nurses: A narrative review

Seyun Kim[1], Hye-Ah Yeom[2]

[1] Doctoral Student, Department of Nursing, Graduate School, The Catholic University of Korea, Republic of Korea
[2] Professor, College of Nursing, The Catholic University of Korea, Republic of Korea

Background / Aims : This study aimed to review the operational characteristics and limitations of domestic policies related to discharge management from the perspective of the recovery process and continuity of care of patients with stroke and to examine nurses' roles.

Methods : This was a narrative review study. The literature was retrieved from PubMed, the Cumulative Index to Nursing and Allied Health Literature, KoreaMed, and the Research Information Sharing Service and relevant Korean policy documents published from January 2010 to June 2026. A total of 33 publications were analyzed, and the findings were synthesized according to policy structure, continuity of care, and nurses' roles.

Results : The results showed that domestic policies related to discharge management were mainly implemented through the Acute Care Patient Discharge Support and Community Linkage Pilot Program and the Integrated Community Care Policy. The use of community linkage activities was limited compared with pre-discharge assessment and planning. The findings also suggested limitations in continuously linking hospital-based discharge support with community-based care throughout the recovery process. In discharge management and transitional care for patients with stroke, nurses served as educators, coordinators, case managers, and advocates by providing discharge education, self-management support, follow-up care, and linkage to community resources.

Conclusions : To promote continuity of care and community reintegration for patients with stroke, nursing responsibilities should be specified according to patients' stroke severity, functional status, and care needs within existing discharge support systems. Community linkage and follow-up care for high-risk patients should also be strengthened.

Keywords : Stroke; Patient discharge; Transitional care; Continuity of patient care

CONCURRENT SESSION II · GENERAL NURSING SYMPOSIUM

POD-N08

Knowledge, attitudes, practices and associated factors regarding pressure injury prevention among primary caregivers of patients with stroke

Tran Thi Hong Tham[1], Huynh Thuy Phuong Hong[2], Ngo Nguyen Tu Linh[3], Pham Le An[4], Truong Thi Ngoc Tram[5], Nguyen Mai Thao[6].

[1] MScN, Nursing and Medical Technology Skills Training Center, School of Nursing and Medical Technology, University of Medicine and Pharmacy at Ho Chi Minh City, Ho Chi Minh City, Vietnam
[2] PhD, Department of Nursing, School of Nursing and Medical Technology, University of Medicine and Pharmacy at Ho Chi Minh City, Ho Chi Minh City, Vietnam
[3] BN, Department of Anesthesiology and Resuscitation, University Medical Center Ho Chi Minh City, Ho Chi Minh City, Vietnam
[4] MD, PhD, Department of Science and Technology, University of Medicine and Pharmacy at Ho Chi Minh City, Ho Chi Minh City, Vietnam
[5] MD, Department of Science and Technology, University of Medicine and Pharmacy at Ho Chi Minh City, Ho Chi Minh City, Vietnam
[6] MScN, Department of Neurology, Cho Ray Hospital, Ho Chi Minh City, Vietnam

Background / Aims : Stroke survivors are at increased risk of pressure injuries because of immobility, sensory impairment, and dependency. After discharge, primary caregivers are central to pressure injury prevention at home, yet their knowledge, attitudes, and preventive practices remain insufficiently understood. This study assessed caregivers' knowledge, attitudes, practices, and associated factors regarding pressure injury prevention among stroke survivors.

Methods : A cross-sectional study was conducted among 494 primary caregivers of patients with stroke at a hospital in Vietnam. Data were collected using a structured questionnaire covering caregiver characteristics and three domains: knowledge, attitude, and practice. Higher scores indicated better knowledge, more positive attitudes, and better preventive practices. Associations between KAP scores and caregiver characteristics were examined.

Results : Mean scores were 44.7/54 for knowledge, 37.2/60 for attitude, and 43.5/48 for practice. Knowledge was positively correlated with attitude and practice, whereas attitude was not significantly correlated with practice. Male caregivers had lower knowledge scores than female caregivers. Education level was associated with attitude and practice scores.

Conclusions : Caregivers demonstrated relatively high knowledge and practice scores, but attitude scores were comparatively lower. The findings suggest that caregiver education should not only provide information and practical skills, but also address motivation, confidence, and perceived importance of pressure injury prevention. Future interventions may explore structured education, follow-up support, and reminder-based strategies to sustain preventive behaviors at home.

Keywords : Stroke; Pressure injury prevention; Caregivers; KAP

CONCURRENT SESSION II · GENERAL NURSING SYMPOSIUM

POD-N09

Factors influencing compliance with standard precautions among emergency room and intensive care unit nurses during cardiopulmonary resuscitation

Sun-jin Kim[1], Seung-hye Kim[2]

[1] Registered Nurse, Emergency Room, Yeouido St. Mary's Hospital, Republic of Korea
[2] Registered Nurse, Emergency Room, Seoul St. Mary's Hospital, Republic of Korea

Background / Aims : This descriptive correlational study aimed to identify the levels of time pressure, standard precaution health belief, safety environment perception, and compliance with standard precautions among emergency room (ER) and intensive care unit (ICU) nurses during cardiopulmonary resuscitation (CPR) situations, and to investigate the factors influencing this compliance.

Methods : A survey was conducted from January 12 to January 25, 2026, involving 140 ER and ICU nurses working at two general hospitals in Seoul. The participants had at least six months of clinical experience and had performed CPR within the past year. Collected data were analyzed using descriptive statistics, independent t-test, one-way ANOVA, Pearson's correlation, and multiple regression.

Results : Multiple regression analysis revealed that a higher education level (Master's degree or higher; β = 0.23, p = .001) was a significant influencing factor on compliance. Regarding daily patient load, caring for ≤3 patients (β = 0.25, p = .004) and ≥6 patients (β = 0.28, p = .001) significantly influenced compliance compared to the 4-5 patient reference group. Furthermore, compliance significantly increased as safety environment perception increased (β = 0.38, p < .001) and as time pressure decreased (β = -0.16, p = .026).

Conclusions : Enhancing compliance with standard precautions during CPR requires establishing a physical and organizational safety environment, such as improving accessibility to personal protective equipment and fostering a supportive culture. Additionally, efficient human resource allocation to alleviate time pressure and the development of customized CPR infection control protocols tailored to distinct clinical settings are necessary.

Keywords : Cardiopulmonary resuscitation; Time pressure; Standard precautions; Perception of safety environment

CONCURRENT SESSION II · GENERAL NURSING SYMPOSIUM

POD-N10

Development and validation of the professional self-concept scale for hospital nurses

Eun-Ha Kim[1], Hye-Ah Yeom[2]

[1] Assistant Professor, Department of Nursing, JEI University, Republic of Korea
[2] Professor, Department of Nursing, College of Nursing, The Catholic University of Korea, Republic of Korea

Background / Aims : Professional self-concept positively influences nurses' work-related attitudes and behaviors and is essential for delivering high-quality nursing care. However, accurately assessing this construct in rapidly changing healthcare environments remains challenging. This methodological study aimed to develop a new instrument, the Professional Self-Concept Scale for Hospital Nurses, and to verify its validity and reliability.

Methods : The scale was developed in two phases. In the development phase, preliminary items were generated based on a literature review and focus group interviews, followed by two rounds of content validation by an expert panel. In the verification phase, a survey of 440 nurses working in general hospitals was conducted to examine validity and reliability. Construct validity was examined through item analysis, exploratory factor analysis, and confirmatory factor analysis. Concurrent and convergent validity were assessed using correlations with existing instruments, and reliability was evaluated using Cronbach's alpha and McDonald's omega coefficients.

Results : The final scale comprised five factors and 23 items. Concurrent and convergent validity were supported by significant correlations with existing instruments. Internal consistency reliability was high, with a Cronbach's alpha of .93 and a McDonald's omega of .95.

Conclusions : These findings support the validity and reliability of the newly developed scale for assessing professional self-concept among hospital nurses. The scale may serve as a useful tool for assessing nurses' professional self-concept in clinical practice and research.

Keywords : Nursing staff, hospital; Self-concept; Surveys and questionnaires; Factor analysis, statistical

Concurrent Session

SESSION III

성의간호학술대회

Songeui nursing conference

15:00 – 17:00 · Room 3301 (3F)

Moderator · Dr. YoonJi Roh (College of Nursing, The Catholic University of Korea, Korea)

The Songeui nursing conference is an academic forum where nurses from the hospitals of the Catholic Medical Center, The Catholic University of Korea, share research and practice and strengthen professional ties.

At the Songeui nursing conference, presenters will be recognized with awards in three distinct categories: the Best Academic Award, the Best Practical Award, and the Best Effort Award.

No.	병원명	논문 제목	발표자
1	성빈센트병원 St. Vincent's Hospital	전담간호사의 역할 갈등에 미치는 영향요인 Factors influencing role conflict among physician assistants	오은하 Eunha Oh
2	여의도성모병원 Yeouido St. Mary's Hospital	임상간호사의 조직 내 의사소통, 셀프리더십이 환자안전역량에 미치는 영향 Organizational communication and self-leadership as factors associated with patient safety competency among clinical nurses	김가연 Ga Yeon Kim
3	은평성모병원 Eunpyeong St. Mary's Hospital	생태학적 모형에 근거한 간호사의 항암제 안전지침 이행 영향요인 Factors influencing nurses' compliance with antineoplastic drug safety guidelines based on the ecological model	박혜연 Hye Yeon Park
4	서울성모병원 Seoul St. Mary's Hospital	일 상급종합병원 신규간호사 레지던시 프로그램의 효과 The effects of a new graduate nurse residency program in a tertiary hospital	김연수 Yeon Soo Kim
5	의정부성모병원 Uijeongbu St. Mary's Hospital	투석 중 혈압 저하 위험 요인에 따른 외래 혈액투석 환자 대상 실무지침 개발 Development of practice guidelines based on factors affecting intradialytic hypotension: Outpatient hemodialysis treatments	박정아 Jung A Park
6	인천성모병원 Incheon St. Mary's Hospital	병동간호사의 연명의료중단 환자에 대한 임종간호 경험 Ward nurses' experiences of end-of-life care for patients undergoing withdrawal of life-sustaining treatment	남희주 Hui Ju Nam
7	부천성모병원 Bucheon St. Mary's Hospital	연속적 대면 중재가 전신마취 수술 환자의 HPA 축 반응(타액 코르티솔) 및 혈역학적 안정성(RPP), 주관적 불안에 미치는 효과: 파일럿 연구 Effects of a continuous face-to-face intervention on HPA axis response (salivary cortisol), hemodynamic stability (RPP), and subjective anxiety in patients undergoing surgery under general anesthesia: A pilot study	오현정 Hyun-jung Oh

St. Vincent's Hospital

Factors influencing role conflict among physician assistants

Hyesook Han[1], Juhee Shin[1], Suyeon Jung[1], Dayeon Jung[1], Sangmi Park[1], Suhyun Kim[1], Myunghwa Yang[1], Eunha Oh[1], Miso Kim[1]

[1] Physician Assistant, Department of Nursing, The Catholic University of Korea, St. Vincent's Hospital, Republic of Korea

Background / Aims : Physician assistants are likely to experience role conflict due to ambiguity in their scope of practice and roles, which may negatively affect their job satisfaction and work performance. This study aimed to identify the levels of job satisfaction, the work environment, resilience, and role conflict among Physician assistants, examine the relationships among these variables, and determine the factors influencing role conflict.

Methods : A descriptive cross-sectional study was conducted among 149 Physician assistants with at least 6 months of work experience at four hospitals in Korea. Data were collected using structured questionnaires measuring job satisfaction, the work environment, resilience, and role conflict. Data were analyzed using descriptive statistics, t-test, ANOVA, Pearson's correlation coefficient, and multiple regression analysis.

Results : The mean scores for job satisfaction, work environment, resilience, and role conflict were 3.43±0.42, 2.50±0.40, 2.49±0.54, and 3.74±0.56, respectively. Job satisfaction was positively correlated with the work environment (r=.558, p<.001) and resilience (r=.630, p<.001), and the work environment was positively correlated with resilience (r=.338, p<.001). Multiple regression analysis revealed that departmental satisfaction was a significant factor influencing role conflict, with the model explaining 18.0% of the variance (F=6.59, p<.001).

Conclusions : Physician assistant role conflict was relatively high, and departmental satisfaction was identified as a significant factor associated with lower role conflict. Assessing these levels is highly meaningful given the recent significant shifts in Korea's healthcare environment, including physician strikes and the passage of the Nursing Act. Establishing clear legal guidelines for Physician assistant roles and enhancing departmental satisfaction are essential for managing role conflict. Further studies are needed to identify additional predictive factors and to evaluate changes in role conflict before and after the implementation of the Nursing Act.

Keywords : Physician assistants; Role conflict; Job satisfaction; Work environment

Yeouido St. Mary's Hospital

Organizational communication and self-leadership as factors associated with patient safety competency among clinical nurses

Ga Yeon Kim[1], Jung Hee Choi[2], Song Yi Baek[3], Ji Hye Choi[4], Cha Eun Jung[5], Bok Hyeon Park[6]

[1] Nurse, Department of Nursing, Yeouido St. Mary's Hospital, The Catholic University of Korea, Seoul, Republic of Korea; [2] Job Manager, Department of Nursing, Yeouido St. Mary's Hospital, The Catholic University of Korea, Seoul, Republic of Korea; [3] Nurse, Department of Nursing, Yeouido St. Mary's Hospital, The Catholic University of Korea, Seoul, Republic of Korea; [4] Nurse, Department of Nursing, Yeouido St. Mary's Hospital, The Catholic University of Korea, Seoul, Republic of Korea; [5] Nurse, Department of Nursing, Yeouido St. Mary's Hospital, The Catholic University of Korea, Seoul, Republic of Korea; [6] Nurse, Department of Nursing, Yeouido St. Mary's Hospital, The Catholic University of Korea, Seoul, Republic of Korea

Background / Aims : This study aimed to examine the associations of organizational communication and self-leadership with patient safety competency and to identify factors associated with patient safety competency among clinical nurses.

Methods : A descriptive cross-sectional survey was conducted among 128 clinical nurses who had worked for at least six months and provided direct patient care at a general hospital in Seoul, South Korea. After informed consent was obtained from all participants, data were collected from April 16 to April 29, 2025, using an anonymous self-administered questionnaire assessing organizational communication, self-leadership, and patient safety competency. Data were analyzed using descriptive statistics, independent t-test, one-way analysis of variance, Pearson's correlation coefficients, and multiple linear regression analysis using SPSS/WIN 25.0.

Results : The mean item scores were 3.26±0.43 for organizational communication, 3.58±0.42 for self-leadership, and 3.92±0.42 for patient safety competency (range, 1–5). Organizational communication was positively correlated with self-leadership ($r = .45$, $p < .001$) and patient safety competency ($r = .51$, $p < .001$), and self-leadership was also positively correlated with patient safety competency ($r = .51$, $p < .001$). Multiple regression analysis showed that organizational communication ($\beta = .33$, $p < .001$) and self-leadership ($\beta = .35$, $p < .001$) were significantly associated with patient safety competency. The model explained 35% of the variance in patient safety competency ($F = 17.97$, $p < .001$).

Conclusions : These findings suggest that organizational communication and self-leadership are important factors associated with patient safety competency among clinical nurses. The results support the development of structured strategies to strengthen communication and self-leadership, including standardized communication training such as SBAR and simulation-based education reflecting real clinical situations. These findings may inform the development of patient safety education programs and organizational strategies aimed at fostering a positive patient safety culture.

Keywords : Organizational communication; Self-leadership; Patient safety competency

Eunpyeong St. Mary's Hospital

Factors influencing nurses' compliance with antineoplastic drug safety guidelines based on the ecological model

Hye Yeon Park[1], Na Rae Chae[2], Jong Eun Lee[3]

[1] Registered Nurse, 162 Unit, Eunpyeong St. Mary's Hospital, The Catholic University of Korea, Republic of Korea
[2] Registered Nurse, 162 Unit, Eunpyeong St. Mary's Hospital, The Catholic University of Korea, Republic of Korea
[3] Professor, College of Nursing, The Catholic University of Korea, Republic of Korea

Background / Aims : With growing chemotherapy demand, the role of nurses handling antineoplastic drugs is vital, yet they face occupational risks from cytotoxic exposure. Guided by the Ecological Model, this study examines nurses' compliance with antineoplastic safety guidelines and identifies influencing factors across individual, interpersonal, and organizational levels.

Methods : A descriptive cross-sectional study was conducted with 129 registered nurses handling chemotherapy at a university hospital in Seoul, Korea. Structured questionnaires assessed safety knowledge, self-efficacy, safety motivation, peer support, unit safety culture, and guideline compliance. Data were analyzed using descriptive statistics, Pearson correlations, and hierarchical linear regression.

Results : Mean guideline compliance was 115.61 ± 9.98 out of 130 points. Compliance significantly differed by department and shift pattern, showing positive correlations with safety motivation and unit safety culture. Hierarchical regression analysis revealed unit safety culture as the sole significant predictor of compliance ($\beta = .362$, $p = .003$), explaining 11.3% of the variance. Knowledge, self-efficacy, motivation, and peer support were not significant predictors.

Conclusions : A supportive unit safety culture is the primary driver of compliance with antineoplastic safety guidelines. Rather than relying solely on individual training, healthcare institutions must prioritize fostering a non-punitive, safety-first culture supported by administrative resources and leadership commitment.

Keywords : Antineoplastic agents; Nurses; Ecological model; Safety culture

Seoul St. Mary's Hospital

The effects of a new graduate nurse residency program in a tertiary hospital

Yeon Soo Kim[1], Seong Hee Seo[2], Seol Hee Moon[3], Eunbin Kim[4], Yoon Hee Jo[5], Ga Yeon Kim[6], Ki Moon Ha[7], Sun-hee Kim[8], Gyungjoo Lee[9]

[1-8] Nursing Department, The Catholic University of Korea, Seoul St. Mary's Hospital, Seoul, Republic of Korea
[9] College of Nursing, The Catholic University of Korea, Seoul, Republic of Korea

Background / Aims : This study aimed to evaluate the effects of the Nurse Residency Program (NRP) on new graduate nurses' experience, nursing performance, and retention rate in a tertiary hospital in Korea.

Methods : A longitudinal study was conducted with new graduate nurses who completed the NRP at a tertiary hospital. Data were collected at baseline, 3 months, and 6 months using structured questionnaires assessing Graduate Nurse Experience and nursing performance. Retention rates before and after NRP implementation were also compared. Quantitative data were analyzed using Generalized Estimating Equation, and qualitative responses were analyzed thematically.

Results : Comfort/confidence subdomain of the Graduate Nurse Experience significantly increased over time (B=0.08, p=.036). However, job satisfaction decreased over the six-month period. Nursing performance scores significantly improved from baseline to 3 and 6 months (B=0.27, p<.001). The one-year retention rate increased by 12.9 percentage points after the implementation of the NRP.

Conclusions : The NRP had a positive effect on new graduate nurses by improving their experience, enhancing nursing performance, and increasing retention in a tertiary hospital. These findings support the systematic implementation of comprehensive NRPs to facilitate successful adaptation and retention of new graduate nurses. However, further multi-center studies with extended follow-up periods are recommended to generalize and validate these results.

Keywords : Nurses; Nursing education research; Clinical competence; Job satisfaction; Personnel turnover

Uijeongbu St. Mary's Hospital

Development of practice guidelines based on factors affecting intradialytic hypotension: Outpatient hemodialysis treatments

Jung A Park RN, BSN[1], Young Ju Kim RN, PhD[2]

[1] Nurse of Department of Renal Dialysis Center, The Catholic University of Korea, Uijeongbu St. Mary's Hospital, Republic of Korea. E-mail: 10104164@cmcnu.or.kr

[2] Manager of Renal Dialysis Center Department, The Catholic University of Korea, Uijeongbu St. Mary's Hospital, Republic of Korea (ORCID ID, 0000-0002-8518-8748) E-mail: ped99@cmcnu.or.kr

Background / Aims : The purpose of this study was to analyze risk factors for IDH in outpatient and develop evidence-based practice guidelines for IDH management based on these findings. This is a case-control study. It is also a methodological study aimed at developing evidence-based practice guidelines.

Methods : We analyzed the electric medical records of HD outpatient at a university hospital for five years, from January 2019 to December 2023, to identify risk factors for IDH. Based on these findings and a literature review, we identified key questions for inclusion in practice guidelines. These questions were categorized into three areas: pre-HD initiation; occurrence of IDH; self-management and long-term strategies. The development process consisted of 11 steps, referencing the clinical practice guideline development manual.

Results : The developed practice guidelines consisted of 21 recommendations, of which 9.1% were graded A, 63.6% B, and 27.3% C. The algorithm was categorized into three areas.

Conclusions : This study is the first in South Korea to develop practice guidelines that to reflect IDH risk factors in recent HD outpatient. This study can support evidence-based clinical decision-making for IDH risk management.

Keywords : Hemodialysis; Hypotension; Risk factors; Outpatients; Guideline

Incheon St. Mary's Hospital

Ward nurses' experiences of end-of-life care for patients undergoing withdrawal of life-sustaining treatment

Hui Ju Nam[1], Seon Gyeong Yoon[1], Yu Na Kim[1]

[1] Nurse, Nursing Department, The Catholic University of Korea, Incheon St. Mary's Hospital, Republic of Korea

Background / Aims : The purpose of this study was to explore the nature and meaning of end-of-life care experiences for patients who were withdrawn from life-sustaining treatment as experienced by ward nurses.

Methods : Data were collected from May to June, 2026 through one-on-one interviews with 15 nurses working in a general ward of a university hospital and analyzed using Colaizzi's phenomenological method.

Results : Six themes were identified: confusion of transition, ongoing caregiving, limitations of end-of-life care, emotional numbness and reflection, professional growth, and systematic support.

Conclusions : Practical training, standardized guidelines, designated dying spaces, and a flexible visitation system are needed to ensure dignified end-of-life care.

Keywords : Withholding treatment; Terminal care; Nurses; Qualitative research

Bucheon St. Mary's Hospital

Effects of a continuous face-to-face intervention on HPA axis response (salivary cortisol), hemodynamic stability (RPP), and subjective anxiety in patients undergoing surgery under general anesthesia: A pilot study

Hyun-jung Oh[1], Se-jung Lee[2], Ye-jin Park[2], Young-min Kwon[2], Jin-myung Lee[3]

[1] Unit Manager, Operating Room, Bucheon St. Mary's Hospital, The Catholic University of Korea, Republic of Korea
[2] Registered Nurse, Operating Room, Bucheon St. Mary's Hospital, The Catholic University of Korea, Republic of Korea
[3] Team Leader, Operating Nursing Team, Bucheon St. Mary's Hospital, The Catholic University of Korea, Republic of Korea

Background / Aims : This pilot study explored the effects of a continuous face-to-face intervention by operating room nurses on HPA axis response (salivary cortisol), hemodynamic stability (RPP), and subjective anxiety in patients undergoing surgery under general anesthesia, and evaluated the feasibility of a future large-scale RCT.

Methods : A nonequivalent control group repeated-measures quasi-experimental design was used. Twenty-six patients were matched 1:1 by surgery level (Minor/Major) and allocated to intervention (n=13) or control (n=13) groups. The intervention group received a continuous face-to-face intervention spanning a preoperative ward visit, a holding-area encounter, and support before anesthesia; controls received standard care. Feasibility was assessed via recruitment, retention, and intervention fidelity. Cortisol and RPP were measured at three time points (T0, T1, T2) and anxiety at two (T0, T2). Data were analyzed using the Shapiro-Wilk test, multiple imputation, paired t-tests, and linear mixed models, with effect sizes and 95% CIs.

Results : RPP showed a significant group-by-time interaction (p=.001, d=-1.22), increasing ~33% in controls before anesthesia while the intervention group remained stable. Cortisol showed a non-significant interaction (p=.099, d=-0.33), with controls increasing continuously and the intervention group showing an attenuated rise after the holding area. STAI-6 showed no significant interaction (p=.190, d=-0.51).

Conclusions : The intervention improved hemodynamic stability with a large effect size and suggested possible attenuation of endocrine stress responses. These findings provide feasibility and effect-size data for a future large-scale RCT.

Keywords : Continuous face-to-face contact; Operating room nursing; Preoperative anxiety; Rate-pressure product; Salivary cortisol

E-Poster

Display: 09:00 – 18:00 · Next to the entrance of the Convention Hall (L Floor) · Scan the QR code to view each e-poster.

Policy for Palliative Care

POS-P01
Unfolding the context of life-sustaining treatment in critical care settings: Nurses' and physicians' experiences when a patient is dying
Hye Ri Choi

POS-P02
Factors related to care needs among older men in Korea
Minjeong Park, Miyoung Chung

POS-P03
Depression-related factors in the elderly in Korea
Minjeong Park

POS-P04
Health-related quality of life and associated factors in male second baby boomers in Korea
Minjeong Park, Hyunju Kim

POS-P05
Place of death and life-sustaining treatment among middle-aged and older Korean adults, 2006–2024: A secondary analysis of exit interview data
Minsung Kim, Subin Choi, Kyungmi Woo

Technology for Palliative Care

POS-T01
Barriers and facilitators to implementation and use of electronic clinical documentation in hospice and palliative care: A scoping review
YoonJi Roh, Hey-Jin Jang

E-POSTER · CONTINUED

Equity for Palliative Care

POS-E01

The impact of general hospital nurses' end-of-life care competence on person-centered nursing: The mediating effects of therapeutic communication and empathy

Ye Eun Kim, Sunki Kim

POS-E02

Effects of death perception, empathy competency, and working environment of nurses in tertiary general hospitals on their nursing competency in end-of-life care

Jeong Hwa Nam, Kyungah Kim

POS-E03

Factors influencing nursing students' attitudes toward withdrawal of life-sustaining treatment: The role of death awareness and ethical values

Ji Hyun Moon

POS-E04

Good death in Asian context: An integrative systematic review

Subin Choi, Minsung Kim, Mijin Bae, Kyungmi Woo

POS-E05

Healthcare cost burden and awareness of hospice-palliative care among healthy adults: A cross-sectional analysis of a national survey

Jieun Park, Chaeyeong Kim, SangA Lee

POS-E06

Factors associated with awareness of the life-sustaining treatment decision-making system among older adults with chronic diseases

Chaeyeong Kim, Jieun Park, SangA Lee

POS-E07

Improving equitable access to palliative care for people with cancer: A city-level systems approach in low- and middle-income countries

Lisa Montel, Sofía Bunge, Asaph Kinyanjui, Meng Lang, Elia Lara Lona, Livia Lucila Martínez Ocola, Esther W. Nafula, Gabriela Toledo Bocanegra, John Weru, Alfredo Polo

E-POSTER · CONTINUED

Nursing Research

POS-N01
Pressure injury risk factors in hospice and palliative care: Integrating end-of-life symptoms into nursing assessment

Gayoung Baik, Myunghee Park, Eunhye Na, Minjeong Jo

POS-N02
Caring efficacy as a mediator between compassion competence and caring behaviors among clinical nurses

Moon Hee Jun, Hye-Ja Park

POS-N03
Resilience among primary caregivers of stroke patients: A structural equation model of sequential mediating pathways

Seo Yeon Jang, Hye Ja Park

POS-N04
Long-term health-related quality of life after extracorporeal membrane oxygenation for respiratory failure: A systematic review and meta-analysis

Ji-Sun Back, Jun Gwon Park, Seon Min Park

POS-N05
Effects of activities of daily living, hope, and social support on life satisfaction among people with mental illness attending community mental health welfare centers

Ji Hyun Moon

POS-N06
Associations among nurses' suicide literacy, compassion competence, and nursing care performance for patients who attempted suicide

JeongHyeon Park, Hyunjoo Na

POS-N07
Pathways from cyberbullying victimization to perpetration: The roles of internalized shame, trait anger, and digital citizenship

Hyoson Choi, Gyungjoo Lee

E-POSTER · CONTINUED

Nursing Research (continued)

POS-N08

Toward an integrated caring model in hospice nursing: A modified grounded theory study

Hye-Ryoung Kim, Kyong Hee Park, SeungHyun Cho

POS-N09

AI-supported educational interventions on psychomotor skill performance in health professions education: A systematic review and meta-analysis of randomized controlled trials

Sung-A Lee, Jung-Hee Kim

POS-N10

The moderating effect of grit on the relationship between end-of-life care stress and attitudes among clinical nurses

Shinyoung Kwon, Euna Si

POS-N11

An art therapy workbook for pediatric cancer patients receiving palliative care: Program design and its effects

Jeonghee Ahn, Sunhee Choi, Minji Suh, Younghwa Im, Ahreum Song, Daun Jeong, Sungsil Hong

POS-N12

Psychometric evaluation of the Educational Practices Questionnaire–Curriculum in simulation-based nursing education: A Rasch analysis

Hieun Kim, Jung-Hee Kim

POS-N13

Development of Korean version case vignettes for identifying hypoactive delirium superimposed on dementia

Su hyeon Jin, Hye-Ah Yeom

POS-N14

Influence of moral sensitivity and healthcare-associated infection control awareness on healthcare-associated infection control performance in emergency department nurses

Minji Jwa

E-POSTER · CONTINUED

Nursing Research (continued)

POS-N15

Patient-reported nursing care experience and hospital recommendation intention in integrated nursing care service wards and general wards

Jinsun Kim, Jung-Hee Kim

POS-N16

Development and evaluation of an immersive escape room–based prebriefing for nursing simulation

Hieun Kim, Minseo Kim, Jenny O'Rourke, Jung-Hee Kim, Sujeong Kim, Jeehae Chung

POS-N17

Before pain speaks: Deep learning–based prediction of acute pain in older adults

Yeonsu Kim, Sungsil Hong, Hee-Jin Choo, Sun-Mi Lee

POS-N18

Effects of an AISP simulation program on advance care planning communication in advanced practice nursing students: A pilot study

Heejin Chung, Mihyun Park

POS-N19

Health-promoting behaviors of nursing students at the University of Medicine and Pharmacy at Ho Chi Minh City and related factors

Thi Thuy Dung Tran, Thi Tu Trang Nguyen, Thi Phuong Lan Nguyen

POS-N20

Wound care knowledge among nursing students at University of Medicine and Pharmacy at Ho Chi Minh City and related factors

Buu Tai Tui, Thi Thuy Dung Tran, Thi Minh Phuong Dang

POS-N21

Factors related to fear of childbirth among newly married women

Seohyeon Kim, Sojung Park, Eungil Ko, Yaelim Lee

E-POSTER · CONTINUED

Nursing Research (continued)

POS-N22

Family caregiving and the significance of home nursing care in regions with strong traditional and family ties

Diana Nevzorova, Claudia Konson, Anastasia Ustinova, Ludmila Bautina, Anna Khotinskaya

POS-N26

Socio-demographic and clinical characteristics of patients living with indwelling urinary catheters: A hospital-based cross-sectional study in central Sri Lanka

Visvanathan Nidursan, B.M.C. Rathnayake

POS-N27

Effects of hospice and palliative care education on knowledge, perceptions, and attitudes toward end-of-life care in Chinese nursing students

Hey-Jin Jang, Ju-Young Hong

POS-N28

Socio-demographic and clinical characteristics of people with chronic wounds: A hospital-based cross-sectional study in central Sri Lanka

S.W.G.N. Suranjan, B.M.C. Rathnayake

POS-N29

End-of-life information and decision-making preferences among adults aged 60–74: Differences by caregiving or end-of-life experience

Hyein Jeon, Dahye Ok, Suhyun Yoo, Minjeong Jo

POS-N30

Health experiences and healthcare service needs of lesbian, gay, bisexual, transgender, and queer older adults: A scoping review

Sook Jung Kang, Yu Jin Kim, Hee Jeong Peon, Ji Hyun Min

POS-N31

A study on perception of generative AI and attitudes towards academic misconduct among healthcare students

Hey-Jin Jang, Hee-Jung Hong, Ju-Young Hong

E-POSTER · CONTINUED

Nursing Research (continued)

POS-N32
Surgical ward nurses' knowledge of deep vein thrombosis and perceived importance and performance of preventive interventions after artificial joint surgery
Eun Ae Kim, So Eun Choi

POS-N33
Senior nursing students' perceptions of end-of-life hospice nursing and their experiences with hospice nursing education: A Q-methodological study
Yun Jung

POS-N34
Predictors of prolonged hospital stay in older adults after transcatheter aortic valve replacement
Chae-Eun Lee, Sun-Mi Lee

POS-N35
Evolving outcomes of health literacy in stroke care
Hee-Jin Choo, Sun-Mi Lee

Healthcare Research

POS-H01
Depression in a diverse aging population: Demographic disparities across older age groups
Eun-Young Park, Seung-Yi Choi, Jung-Hee Kim

POS-H02
Health management vulnerability profiles among community-dwelling older adults with multimorbidity
Han-Gyo Choi

POS-H03
The effect of social deprivation on depression and anxiety in care leavers: The mediating effect of independent living skills
Hyun Jung Lee, Hyoson Choi

E-POSTER · CONTINUED

Healthcare Research (continued)

POS-H04

Home and community-based nursing services and place of death among older adults with cancer: A causal mediation analysis

Mijin Bae, Minji Mun, Hana Lee, Soyeon Park, Kyungmi Woo

POS-H05

Characteristics of carbapenem-resistant Enterobacterales in the Chungcheong region of South Korea, 2024

Jemma Park

POS-H06

The palliative care education-knowledge gap between physicians and nurses in Vietnam

Damin Jung, Minsang Kim, Minkyu Jung, Sujeong Kim

POS-H07

Factors associated with coping with death among Chinese new graduate nurses

Zihan Liu, In Seo La

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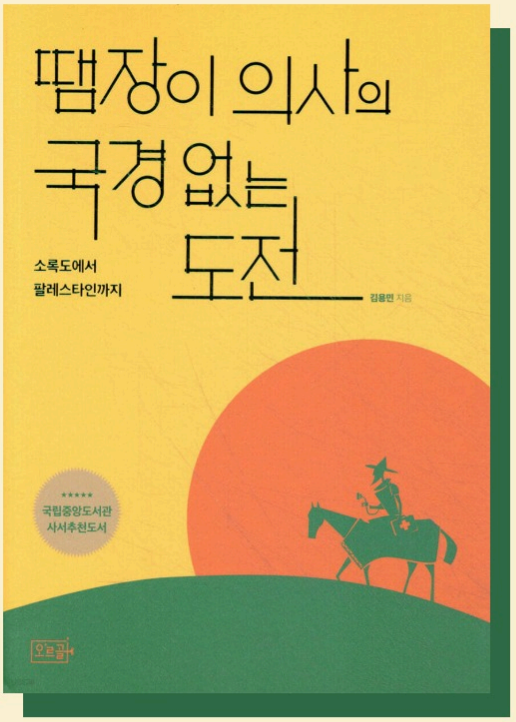
국립중앙도서관 사서 추천

누군가에게 도움이 될 수 있다면

국립대 의대 교수 자리를 내려놓고 팔레스타인으로 떠난
35년 차 '땜장이 의사'의 국경 없는 도전



의사는 왜 존재하는가, 그 답을 찾아 떠난 35년

서울대 출신 정형외과 전문의 김용민은 소록도 공중보건의 시절, 한센병 환우를 돕겠다는 마음 하나로 전공을 정했습니다. 26년간 의대 교수로 제자를 길러낸 그는 아이티 지진 구호를 다녀온 뒤 정년을 6년 앞두고 스스로 교단을 떠났습니다.

구멍 난 냄비를 때우듯 누군가의 빈 곳을 메워 줄 때 가장 큰 보람을 느낀다는 그가, 의사가 존재하는 이유와 어떤 삶을 살 것인가를 담담하게 이야기합니다.

35년의 여정

소록도
공중보건의로 근무하며 이타적인 삶을 다짐하다

의대 교수 26년
학생 눈높이의 선생, 환자 편의 의사로

아이티
지진 구호단 활동, 새로운 길을 결심하다

가자 · 감벨라
조기 퇴직 후 국경없는의사회 구호활동가로

FOR
진로와 삶의 방향을 고민하는 청년

FOR
익숙한 일상 속에서 초심을 되찾고 싶은 사람

FOR
'하지 않을 이유' 앞에서 망설이는 모든 사람

> "소록도에서 아이티를 거쳐 국경없는의사회까지, 늘 도움이 필요한 곳을 향해 온 살아 있는 참 의료인"
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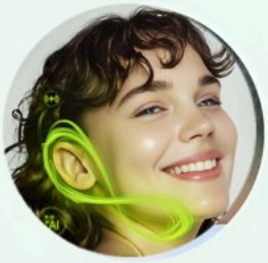

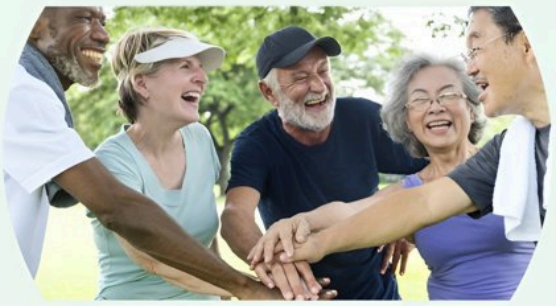







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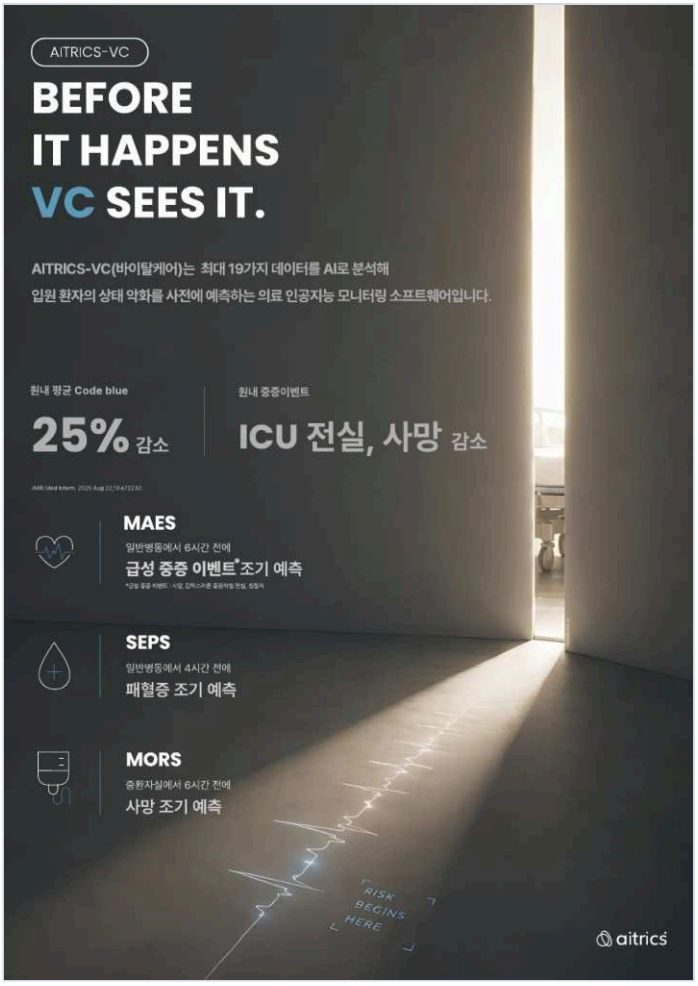
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삶의 마지막까지,
간호가 곁에 있습니다.
환자와 가족의 존엄한 삶을 위해
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2. RESEARCH & JOURNAL
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• 연 2회 발간(6월·12월)
• 논문검색·투고 안내
3. PUBLICATION
• 출판사업 운영
• 전문간호사 자격시험 대비 문제집
• 호스피스·완화간호 교재 발간
4. NETWORK
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PePal Aid

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페퍼에이드는 소아청소년 호스피스·완화의료를 지원하기 위한 서비스입니다.
Pediatric Palliative Care의 'Pe'와 'Pal' 지원의 'Aid'를 결합한 명칭으로,
현황 모니터링과 근거 기반 데이터 생성을 통해 완화돌봄 서비스를 개발합니다.

연구 분야

- 소아청소년 호스피스·완화의료
- 정책·윤리 및 교육
- 국제보건
- 빅데이터
- 인공지능 (AI)

PPC Handbook 판매 & 후원 안내

PPC 핸드북 번역본 구입으로
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Support Global Pediatric Hospice and Palliative Care by purchasing the PPC Handbook (Korean edition).
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※ 자세한 내용은 페퍼에이드 부스를 방문해 주세요 ※

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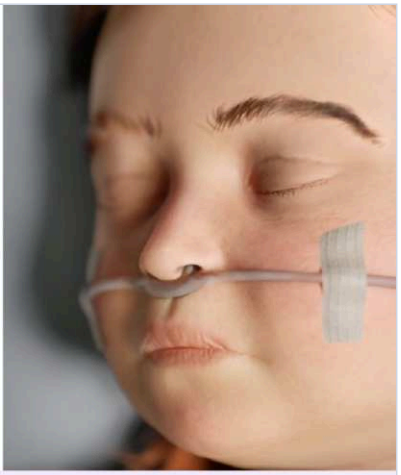

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축하 메시지

Congratulatory Message

한 알의 작은 밀알이 풍성한 열매를
맺듯이, 호스피스연구소는 지난 30년
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무궁한 발전이 있기를 기원합니다.

초대연구소장 **최의순**

Just as a single grain of wheat yields a bountiful harvest, the Research Institute for Hospice/Palliative Care has, over the past three decades, made invaluable contributions to advancing and establishing hospice and palliative care in Korea.

It is my great pleasure to extend my heartfelt congratulations on the occasion of the 30th Anniversary International Conference of the Research Institute for Hospice/Palliative Care, College of Nursing, The Catholic University of Korea. May the Institute continue to flourish and make lasting contributions to the advancement of hospice and palliative care in the years to come.

Euy Soon Choi
Founding Director

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