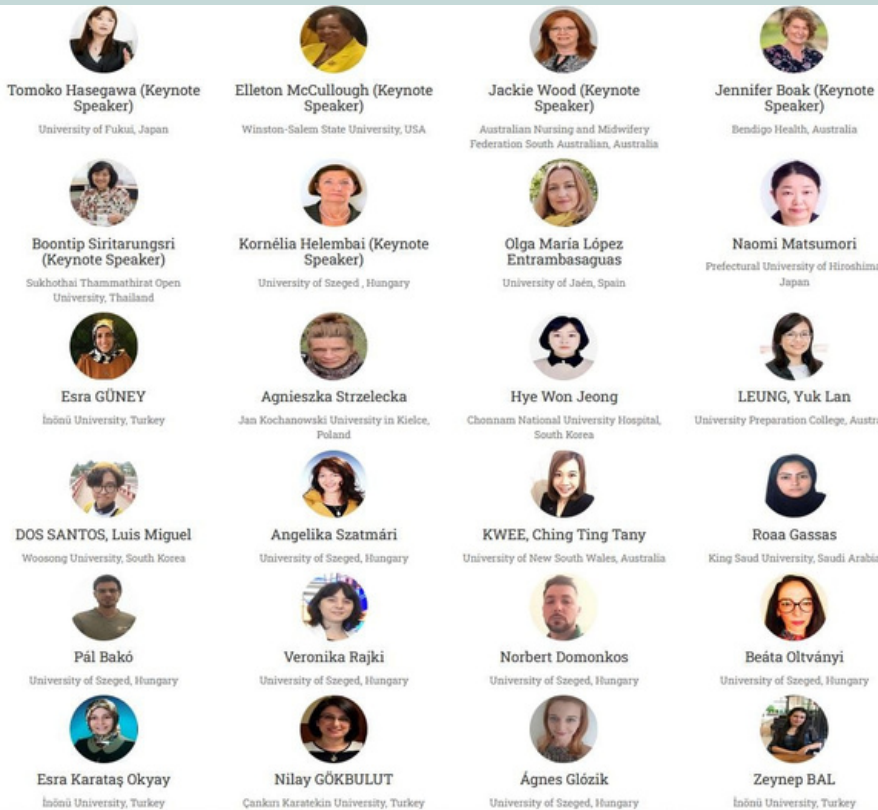


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INNOVATING NURSING THROUGH RESEARCH AND PRACTICE

Dr. Helembai Kornélia: Theoretical Background of the “Language” of Patient Conducting Styles

Dr. Rajki Veronika: The Impact of Nurse’s Caring Style on the Nurse-Patient Interaction

Glózik Ágnes: Elaborating Programs for Patient Conducting Process

Oltványi Beáta és Domonkos Norbert: Educating Creation of Subjective Nursing Diagnoses for Patient Conducting

Bakó Pál: Educating the Practice of Patient Conducting Process for Nurse students

Dr. Szatmári Angelika: Utilization of Paramedical Counseling in Male Infertility Nursing Care

METHOD FOR IDENTIFICATION OF PATIENT CONDUCTING STYLE IN NURSING

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Patient conducting consists of the performance of paramedical counselor' functions aimed the transmission of values and interventions of the offered nursing care where the patient and the nurse work together by highlighting and mobilizing patients' internal resources. In order to explore the roots and main characteristics of the messages communicated, the method of Dialogue Analysis was used, based on literature review of the best known and accepted theories in this field. The cognitive content of messages ensures the development of patients' knowledge and skills. The understanding of the sent emotional messages is essential for practicing accurate empathy. Focusing on the verbally identifiable emotional messages, most of the feelings can be sort into four areas of intentionality, as the self-extend, self-dominance, self-closure and self-defense.

Utilizing this concept, nurses' caring modes can be divided into five styles, depending on the communicated emotional and cognitive contents. Cooperative: self-extend; sending and receiving cognitive and emotional messages. Indifferent: self-extend; sending and receiving cognitive content. Restrictive: self-extend; sending and receiving cognitive and emotional messages, paying less attention to patient autonomy. Inertial: self-extend; sending and receiving emotional messages, accompanied by "empty" cognitive contents. Aggressive: sending and receiving cognitive and emotional messages, intention arises from self-dominance or self-defense. Using the research method as a teaching strategy, will help students with the understanding the impact of nursing style's impact on patient behavior and patient centered care, preventing conflict situation by communicating the respect of human dignity and protecting of autonomy.

THE IMPACT OF NURSE'S CARING STYLE ON THE NURSE-PATIENT INTERACTION

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As the primary providers of healthcare to all communities in all settings, nurses are key to achieving quality patient centered care. The patient conducting process can be considered as a medium through which the values and interventions of nursing care are offered and communicated by paramedical counseling to patients, who can then independently use these knowledge and skills to maintain or regain the best possible health status at the highest quality of life. The elaborated method for Dialogue Analyzes offers a way to identify nurse's caring style and its impact on interactions, which is a core element in achieving targeted outcomes of care. The results of the qualitative data analyzis of 418 data show that students (N=19) are open to analyze dialogues in different nursing situations and in 93% are able to recognize the advantage of the conducting caring style and identify the core elements of the conflict prevention. Frequently experienced weak points in students' works: the identification of the cooperativ style is interpreted in accordance of its daily use. The realization of the hidden fear was unknown and students identified it as anger. Identifying the restrictive (working "for" the patient), and the aggressive (covered fear appearing as anger) styles, needed longer time to interpret because of the existing old stereotypes. The advantage of this teaching/ research methode is that it highlights the risk of secondary psychic iatrogenesis deriving from the healer's verbal and nonverbal behavior, affecting all interacting partners, especially nurses who spend the most of the time with patients.

ELABORATING PROGRAMS FOR PATIENT CONDUCTING PROCESS

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Somatic nursing diagnoses serve as a basis for nursing planning and the definition of interventions in order to achieve appropriate patient-specific results. The number of needs assessed by high qualified nurses may far exceeds the patient's reported problems. The programs are designed to ensure patients' active participation in their own healing process, and help individuals develop their previous knowledge and skills and acquire new ones. As a teaching method, full time students' (N=19) attending 5th semester of the four years nursing training program, task was to perform their patients' assessments, according to the methods required by their practical field; from the view of the medical symptoms, investigations, treatments; furthermore the assessment had to be extended to patients' further diseases, if they had. Based on the won facts students had to create programs, considering patients' outcomes and priorities, and they had to place the programs into a week "Timetable". Summarized the results of the qualitative data analysis show 69,3% in the success of the fulfillments. Students realize the offered programs' impact on the safety patient care by involving patients their own treatments, on enhancing patients' feeling of predictabilities and controls. During this early learning period, some weak points can be tolerated, missing some essential programs; programs appears as nurses' activity lists. The most problematic that somatic nursing diagnoses are not accurate. The teaching method is useful as it helps teachers and students in the personalized learning process, and also in harmonization of the requirements between the school's and practical fields'.

EDUCATING CREATION OF SUBJECTIVE NURSING DIAGNOSES FOR PATIENT CONDUCTING

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The study aims to offer a possible way for teaching of subjective nursing diagnoses by integrating knowledge from students' previously acquired nursing and psychological studies to demonstrate its role in nursing practice with the focus on its utility in nursing education. Applying the structure and characteristics of the LINER assessment method, students were helped with interpretation of patient's reaction and in set up subjective nursing diagnoses statement. Full time students' (N=19) attending 3rd semester of four years nursing training program, task was to create a short, substantial patient description (up to 120 words), and based on it, to decode patient's messages for subjective nursing diagnoses and explore how the patients respond to their health-related problems and recommendations for care. The patients' descriptions were performed at high level of 89,47%. The summarized results of the qualitative data analysis, show 65,96% in the success of the fulfillments. At the scope of subjective nursing diagnoses students know well the structure of the diagnosis, yet the most frequent weak points are: attributing losses that the patients did not mention (Losses from objective view); they misunderstand the reasons of patients' difficulties to face their problems (Cognitive attitude); identifying helplessness as anxiety (Emotional Status); interpreting ruminating strategies as problem-centered coping (Coping Strategies). The method helps students with the understanding the essences of subjective nursing diagnoses and their relationships with the somatic nursing diagnoses. Teachers have real feedback to implement targeted interventions and research for improving practice of education and nursing care.

EDUCATING THE PRACTICE OF PATIENT CONDUCTING PROCESS FOR NURSE STUDENTS

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The patient-centered nursing care requires individualized approach to involve people in need in their own recovering processes. Nursing outcome classification focuses on the results achieved in the implementation of designated nursing interventions reflected by the patients' activities and development. The effectiveness of client-specific outcome-based nursing care depends on the mutually selected goals and on patient's involvement in the treatment process, is a precondition to increase one's motivation to progress toward the wished outcomes. As a teaching method, full time students' (N=19) attending 5th semester of the four years nursing training program, task was to implement created programs based on their patients' somatic assessments planned for a week periode and follow patients developments in the subjective diagnoses at the beginning and the end of the programs transferred by paramedical counselings.

The qualitative data analysis show 53,3% of students know and apply appropriately patient conducting process, meanwhile 33,3% of them know and apply conducting process, but they focusing more on patients' gratefulness, than on the development reflected in the patients evaluations and, for 13,3% of students the preparing teaching time was not enough them to initiate change in their attitude to care during their site practices. Education, offers a way for the educators to follow effectiveness of development in students' attitude toward people reactions and behavior by understanding the essence of patient centered nursing care. Patients' involvement, validated by subjective nursing diagnoses, in the nursing process may change the attitude of nurse students to the activity and mission of the nursing profession.

UTILIZATION OF PARAMEDICAL COUNSELING IN MALE INFERTILITY NURSING CARE

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The present study aimed to develop and introduce an infertility specific model that can be applied in daily practice and assessing the efficacy of the method of paramedical counseling provided by nursing during the treatment period of male factor infertility patients. Furthermore, the aim was to develop adaptive health behaviors that influence reproduction by increasing the patients' knowledge and promoting positive changes in satisfaction rates. Patients were randomized into control (n = 51) and experimental (n = 57) groups, where patients in the experimental group received a 5-session paramedical counseling in extension to their medical treatment. Both groups also completed self-report psychodiagnostic questionnaires, patients in the control group at the beginning and end of the study and patients in the observed group before and after the paramedical counseling. Based on statistical analyses' result, the group that received the interventions had an intense awareness of the diagnosis and aims and nature of the indicated treatment. Individual support helped patients, they employed purposeful problem-solving coping strategies and reported satisfaction with infertility treatment. Step by step patient conducting process and its associated program points can help patients decrease their level of anxiety while elaborating their concerns and preventing frustrating situations. The implementation of the effective patient conducting process requires the introduction of paramedical counseling as new knowledge in nursing education. Furthermore, need for a broad diversification of interprofessional teamwork services in clinics.