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Cross-Disciplinary Innovation & Nursing Leadership:
Advancing Health, Shaping a Future of Excellence

Oral Presentations Abstract Book

October 31–November 1, 2025

Cheung Kung Hai Conference Centre, G/F William MW Mong Block, Faculty of Medicine Building ,
21 Sassoon Road, Pokfulam, Hong Kong

Concurrent Oral Presentation Session

Session 1: Ageing and Frailty

Day 1 (October 31, 2025) | 14:00 - 15:30 | Seminar Room 2 (3SR)

Moderators: Prof Jing Su, Shantou University Medical College

Prof Derek Cheung, The University of Hong Kong

- CS1-1 Comparative Efficacy of Various Nutritional Supplements in Older Adults with Frailty and Pre-Frailty: A Systematic Review and Network Meta-Analysis**
Qian Liu, Zheng Li
School of Nursing, Peking Union Medical College
- CS1-2 A Qualitative Study on Coping Strategies and Experiences of Oral Frailty in Elderly Patients with Chronic Obstructive Pulmonary Disease**
Ying Tan
Nursing Department, Oilfield General Hospital
- CS1-3 Symptom Network Connectivity and Interaction Among Frail Geriatric Adults in Nursing Homes in China: Secondary Analysis Based on a Cross-Sectional Survey**
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Department of Neurosurgery, Chongqing Traditional Chinese Medicine Hospital
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Miaoji Lu, Lewen Zou, Xin Liang, Rui Wang, Jingfang Xiao
School of Nursing, Guangdong Pharmaceutical University
- CS1-5 Social Determinants of Health and Frailty Among Older Adults: An Exploratory Network Analysis**
Ying Gao, Denise Shuk Ting Cheung, Pui Hing Chau
School of Nursing, The University of Hong Kong
- CS1-6 Effectiveness and Cost-Effectiveness of the "Internet+Nursing Consortium" Model in Home-Based Management for Rural Elderly with Chronic Diseases**
Yu Zhu¹, Jianghong Tan², Chen Chen³, Songli Cui⁴, Yanzhen Tian⁴, Zhangrong Wu^{5, 6}
¹Xiangya School of Nursing, Central South University, ²Teaching Department, Zhuzhou Hospital Affiliated to Xiangya School of Medicine, Central South University, ³Medical College of Jishou University, Jishou University, ⁴Nursing Department, Zhuzhou Hospital Affiliated to Xiangya School of Medicine, Central South University, ⁵Director's Office, Xinshi Township Central Health Center, ⁶Director's Office, Jiangqiao Street Community Health Center
- CS1-7 Prevalence of Loneliness and Social Isolation Among People Living with HIV: A Systematic Review and Meta-Analysis**
Qi Wen^{1, 2}, Ting Zhao^{1, 2}, Xirongguli Halili³, Xinyi Lai^{1, 2}, Kexin Zheng^{1, 2}, Honghong Wang^{1, 2}
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Concurrent Oral Presentation Session

Session 1: Ageing and Frailty (CS1-1)

Comparative Efficacy of Various Nutritional Supplements in Older Adults with Frailty and Pre-Frailty: A Systematic Review and Network Meta-Analysis

Qian Liu, Zheng Li

School of Nursing, Peking Union Medical College

Background and Objectives

The effects of existing nutritional supplements on frailty remain controversial and unclear. This study aimed to systematically compare the impacts of various nutritional supplements on multidimensional functional outcomes in frail older adults and to explore their relative efficacy, thereby providing evidence-based support for precision nutrition care.

Methods

Following the PRISMA-NMA guidelines, a comprehensive search was conducted in PubMed, Cochrane Library, Web of Science, EMBASE, PsycINFO, CINAHL, and Scopus databases from inception to February 23, 2025. Randomized controlled trials (RCTs) involving nutritional supplements for frail older adults were included. Two reviewers independently performed literature screening, data extraction, and risk of bias assessment. Data analysis was conducted using Stata 16.0 software.

Results

A total of 30 RCTs involving 2,569 frail older adults were included. Compared with control groups, nutritional supplements significantly improved frailty status. However, no statistically significant differences were observed in grip strength, gait speed, or Short Physical Performance Battery (SPPB) scores. Network meta-analysis showed that Ashwagandha had the most notable effect on frailty, while branched-chain amino acids (BCAAs) and protein showed a positive trend despite lacking statistical significance. L-carnitine had the greatest effect on improving gait speed, followed by milk fat globule membrane and protein supplementation. No interventions showed statistically significant improvement in grip strength or SPPB, but L-carnitine and probiotics exhibited potential positive effects on SPPB scores. Excluding studies with high risk of bias did not alter the results, and sensitivity analyses supported the robustness of the findings.

Conclusions

Different nutritional supplements vary in their effectiveness in improving physical function among frail older adults. Ashwagandha, BCAAs, and protein show potential in alleviating frailty, while L-carnitine appears particularly effective in enhancing gait speed. Future research should focus on high-quality RCTs with larger sample sizes and longer intervention durations to further validate their clinical value.

Concurrent Oral Presentation Session

Session 1: Ageing and Frailty (CS1-2)

A Qualitative Study on Coping Strategies and Experiences of Oral Frailty in Elderly Patients with Chronic Obstructive Pulmonary Disease

Ying Tan

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Background and Objectives

To explore the coping strategies and real-life experiences of oral frailty in elderly patients with Chronic Obstructive Pulmonary Disease (COPD), and to provide a reference for developing targeted intervention programs.

Methods

A phenomenological research approach was adopted. Using purposive sampling, 20 COPD patients from a tertiary hospital in Henan Province were selected for semi-structured interviews between August 2024 and December 2024. The data were analyzed using Colaizzi's seven-step method to extract themes.

Results

The coping strategies and experiences of oral frailty in elderly COPD patients were summarized into 4 themes and 5 sub-themes: (1) Low oral health literacy (lack of correct knowledge about oral care, negative learning attitudes, and the intertwined influence of social and environmental factors); (2) Negative experiences of oral function changes; (3) Passive coping with oral health issues (neglecting oral health, lack of treatment confidence, and self-denial); (4) Insufficient utilization of family and social support.

Conclusions

Healthcare professionals should pay attention to the issue of oral frailty in elderly COPD patients, help them establish correct disease awareness, improve self-management abilities, overcome passive coping strategies, and provide diversified social support, thereby enhancing their oral health and quality of life.

Concurrent Oral Presentation Session

Session 1: Ageing and Frailty (CS1-3)

Symptom Network Connectivity and Interaction Among Frail Geriatric Adults in Nursing Homes in China: Secondary Analysis Based on a Cross-Sectional Survey

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Background and Objectives

Frailty in geriatric adults leads to a heavy symptom burden and elevates the risk of adverse outcomes. Relevant studies mainly evaluate single-symptom experiences, neglecting the symptom clusters and their interconnectedness among frail geriatric adults. This study seeks to establish networks of symptom experiences within different clusters and investigate the relationships and interconnectedness between these symptoms in frail geriatric adults in nursing home.

Methods

A cross-sectional descriptive design was carried out in Chengdu, Sichuan Province, China, from November 2019 to January 2020. A total of 436 frail older adults in nursing homes were recruited using a convenience sampling method for face-to-face questionnaire surveys, and surveyed using the sociodemographic data questionnaire and Memorial Symptom Assessment Scale (MSAS). Symptom clusters were identified through hierarchical cluster analysis, while symptom networks were constructed using network/graph theory approaches, including network relationship analysis, core symptom identification, and assessments of network accuracy and stability.

Results

The average number of symptoms reported was 12.47. The most prevalent symptom was fatigue (71.33%). 5 symptom clusters were finally determined: psychological symptom cluster, specific senility symptom cluster, skin-respiratory symptom cluster, digestive system symptom cluster, nervous system symptom cluster. Among them, the nervous system symptom clusters had the highest severity and distress scores, which were 1.65 ± 0.80 and 1.10 ± 0.70 . In the node centrality analysis, the mental symptom 'anxiety' emerged as the most central symptom, with significant values for node centrality (strength = 2.869, betweenness = 36.000, closeness = 0.007). Anxiety was also identified as the bridge symptom with the highest bridge strength (1.958), bridge closeness (0.126), lower bridge betweenness (17.000), and bridge expected influence (1.902). Overall, our network displayed good accuracy and stability.

Conclusions

The nervous system symptoms are the most severe symptoms among frail geriatric adults in nursing homes, anxiety is both the core symptom and bridge symptom. Future research should adopt a symptom cluster and network analysis approach to develop targeted interventions for this population, thereby enhancing the efficiency of symptom management.

Concurrent Oral Presentation Session

Session 1: Ageing and Frailty (CS1-4)

Network Analysis of the Association Among Social Frailty, Physical Activity, Anxiety and Depression in Elderly Patients with Coronary Heart Disease

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School of Nursing, Guangdong Pharmaceutical University

Background and Objectives

Insufficient physical activity is prevalent among elderly Chinese patients with coronary heart disease, potentially increasing their risk of social frailty. However, there is currently a lack of dedicated research on social frailty in this population. Previous studies have demonstrated complex interrelationships between social frailty, physical activity, anxiety, and depressive symptoms. Aim: To investigate the current status of social frailty among elderly coronary heart disease patients and to elucidate the underlying mechanisms linking social frailty, physical activity, anxiety, and depression.

Methods

By convenient sampling, 310 elderly coronary heart disease patients were enrolled from one tertiary hospital in Guangdong Province between October 2023 and October 2024. A general information questionnaire, the Chinese version of Social Vulnerability Index, the International Physical Activity Questionnaire-long form, and the Hospital Anxiety and Depression Scale were used for data collection. Descriptive statistical analysis was performed using SPSS 26.0 software. Network structure, expected influence coefficients, and bridge expected influence coefficients were constructed in R Studio.

Results

The average score of social frailty among elderly patients with coronary heart disease was 11.0 (7.4, 14.5). In the network of social frailty, physical activity, anxiety, and depression among elderly coronary heart disease patients, the edge weight between A4 (leisure and entertainment equivalent) and S6 (social support) was -0.20, the largest among cross-network edges. Life satisfaction (S4) had the highest expected influence coefficient, while anxiety (An), depression (D), and living conditions (S2) were identified as bridge nodes.

Conclusions

Social frailty among elderly patients with coronary heart disease was at a moderately low level. Network analysis revealed complex associations between social frailty, physical activity, anxiety, and depression in this population, identifying life satisfaction as a core node and anxiety, depression, and living conditions as bridge nodes, suggesting that they should be prioritized as intervention targets.

Concurrent Oral Presentation Session

Session 1: Ageing and Frailty (CS1-5)

Social Determinants of Health and Frailty Among Older Adults: An Exploratory Network Analysis

Ying Gao, Denise Shuk Ting Cheung, Pui Hing Chau

School of Nursing, The University of Hong Kong

Background and Objectives

Frailty is a multidimensional syndrome that increases vulnerability in later life. Social determinants of health (SDoH) are increasingly recognized as key contributors to frailty, yet their interconnections remain poorly understood. This study aimed to examine how multiple SDoH domains and variables are related to different frailty dimensions among Chinese community-dwelling older adults.

Methods

We analyzed data from 7,652 adults aged 60 years or older in the China Health and Retirement Longitudinal Study (CHARLS). Five SDoH domains, defined according to the Healthy People 2030 framework, were assessed, including Economic Stability, Education Access and Quality, Health Care Access and Quality, Neighborhood and Built Environment, and Social and Community Context. Frailty was measured using a multidimensional frailty index comprising comorbidities, self-reported health, ADL/IADL disability, depression, and cognition. Mixed graphical models (MGMs) were used to construct conditional dependency networks at both the domain and variable levels. Node centrality and bridge strength were calculated to identify key nodes. Network accuracy and stability were evaluated through bootstrapping.

Results

At the domain level, Education Access and Quality, Economic Stability, and Social and Community Context showed the strongest connections to frailty. Education Access and Quality exhibited the highest node and bridge strength within the SDoH community. At the variable level, education level, limited healthcare access, and rural residence emerged as key bridging variables linking SDoH to frailty. In both models, cognition consistently had the highest bridge strength within the frailty network, indicating its central role in connecting social disadvantage to multiple frailty domains.

Conclusions

Education and cognition were the most influential nodes in the social-frailty network. These findings suggest that promoting cognitive health, enhancing education, improving healthcare accessibility, and addressing rural-urban disparities may be important strategies for preventing or mitigating frailty in aging populations.

Concurrent Oral Presentation Session

Session 1: Ageing and Frailty (CS1-6)

Effectiveness and Cost-Effectiveness of the "Internet+Nursing Consortium" Model in Home-Based Management for Rural Elderly with Chronic Diseases

Yu Zhu¹, Jianghong Tan², Chen Chen³, Songli Cui⁴, Yanzhen Tian⁴, Zhangrong Wu^{5,6}

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Background and Objectives

Amid population aging, rising empty-nest households, and surging chronic diseases, weakened primary-level chronic disease management has escalated home-based care demand among patients and functionally impaired seniors. In China, however, rural primary facilities' limited expertise forces most patients to seek post-discharge care at higher-level hospitals. Zhuzhou City thus implemented a rural "Internet + Nursing Consortium" model. This framework integrates regional and subordinate healthcare resources, providing scheduled online appointments and door-to-door services to meet elderly chronic patients' home-based care needs. This study aimed to investigate the application effectiveness of the "Internet + Nursing Consortium" model in home-based care for elderly patients with chronic diseases in rural areas and to provide a health economics foundation for the adoption of this model.

Methods

A self-controlled before-and-after study design was employed. A total of 1,253 elderly individuals with chronic diseases receiving home-based care were selected from four village clinics under the jurisdiction of Xinshi Town Health Center in You County, Zhuzhou City. After implementing the model for two years, we evaluated changes in quality of life, readmission rates, patients' satisfaction, and calculated incremental cost-effectiveness ratio (ICER) and incremental cost-utility ratio (ICUR).

Results

The post-intervention health utility (0.81 ± 0.20 vs. 0.78 ± 0.22) and health status scores (71.39 ± 12.62 vs. 68.33 ± 13.81) significantly increased ($P < 0.05$), while the readmission rates dropped from 35.20% to 15.50% ($P < 0.05$). Patients' satisfaction with door-to-door services improved from 83.3 ± 16.46 to 86.51 ± 6.72 after the intervention ($P < 0.05$). The ICERs for 1-point VAS improvement and per readmission avoided were ¥1,023.40 and ¥158.96, respectively; the ICUR was ¥52,193.50 per QALY gained.

Conclusions

The "Internet + Nursing Consortium" model facilitates the downward flow of high-quality nursing resources, offering convenient, professional, and continuous home-based services that enhance patients' quality of life and satisfaction, reduce readmission rates, demonstrate favorable cost-effectiveness, and support broader implementation.

Concurrent Oral Presentation Session

Session 1: Ageing and Frailty (CS1-7)

Prevalence of Loneliness and Social Isolation Among People Living with HIV: A Systematic Review and Meta-Analysis

Qi Wen^{1,2}, Ting Zhao^{1,2}, Xirongguli Halili³, Xinyi Lai^{1,2}, Kexin Zheng^{1,2}, Honghong Wang^{1,2}

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Background and Objectives

Loneliness and social isolation are recognized as critical global public health concerns, particularly among people living with HIV. Their prevalence and correlates remain unclear. This study aimed to estimate the pooled prevalence of loneliness, social isolation, and their co-occurrence among people living with HIV, and to explore sources of heterogeneity.

Methods

We systematically searched PubMed, Cochrane Library, SciELO Citation Index, Scopus, Embase, PsycArticles, and CINAHL from inception to November 2024. Eligible studies included cross-sectional, cohort, or randomized trials reporting the prevalence of loneliness and/or social isolation among people living with HIV. Two reviewers independently performed study selection, data extraction, and quality assessment. Random-effects meta-analysis was used to calculate pooled prevalence, and subgroup analyses were conducted by geographic region, age group, measurement tools, and study characteristics.

Results

A total of 66 studies comprising 17,664 people living with HIV were included. The pooled prevalence was 46.90% (95% CI, 39.13%-54.73%) for loneliness, 25.86% (95% CI, 18.50%-33.22%) for social isolation, and 19.03% (95% CI, 9.07%-32.23%) for their co-occurrence. The highest prevalence of loneliness was found among younger adults aged 18–50 years (73.05%) and in studies conducted in South America (74.1% [95% CI, 65.81%-82.34%]) and Asia (58.25% [95% CI, 44.83%-71.67%]), while the lowest was in Europe (32.73% [95% CI, 15.56%-49.90%]). In contrast, for social isolation, the highest prevalence was observed among older adults aged 50 years or above (25.73% [95% CI, 15.73%-35.74%]) and in studies conducted in Africa (37.78% [95% CI, 20.27%-55.29%]) and Europe (36.95% [95% CI, 17.06%-56.84%]), and the lowest in North America (17.99% [95% CI, 13.61%-22.38%]).

Conclusions

Loneliness and social isolation are highly prevalent among people living with HIV. Population-specific intervention strategies are needed to reduce this burden.

Concurrent Oral Presentation Session

Session 2: Nursing Workforce and Professional Development

Day 1 (October 31, 2025) | 14:00 - 15:30 | Seminar Room 3 (3SR)

Moderators: Dr Emily Tomlinson, Deakin University

Prof Benjamin Ho, The University of Hong Kong

- CS2-1 Enhancing Nursing Students' Competence in Diabetic Ketoacidosis Care Through Experiential Learning-Based Virtual Reality Simulation**
Eunju Lee¹, Gyuli Baek²
¹School of Nursing, Keimyung University College of Nursing, ²School of Nursing, Yeungnam University College
- CS2-2 Inspiring the Next Generation of Care Professionals: Evaluation of a High School-Based Intervention**
Xinxin Cai^{1, 2}, Xinyu Yi^{1, 2}, Xiang Li¹, Xue Bai^{1, 2}
¹Department of Applied Social Sciences, The Hong Kong Polytechnic University, ²Research Centre for Gerontology and Family Studies, The Hong Kong Polytechnic University
- CS2-3 Factors Associated with Profiles Among Nurses' Missed Nursing Care, Nurse Leaders' Abusive Supervision, and Leader-Member Exchange: A Latent Profile Analysis**
Shuang Hu^{1, 2}, Siying Liu³, Jiale Hu⁴, Huiping Hu⁵, Shumaila Batool², Qizhi Yang⁶, Dandan Xu⁶, Yujuan Chen³, Mingmin Xu³, Xianhong Li¹
¹Xiangya School of Nursing, Central South University, ²Department of Nursing Science, University of Turku, ³Department of Nursing, Hunan Provincial Maternal and Child Health Care Hospital, ⁴Department of Nurse Anesthesia, Virginia Commonwealth University, ⁵Department of Nursing, Hunan Cancer Hospital, ⁶Department of Emergency Intensive Care Unit, Xuzhou Medical University Affiliated Hospital
- CS2-4 A Serial Mediation Model of Patient Safety Climate on Nurses' Compliance with Standard Precautions: The Roles of Infection Prevention Climate and Attitude**
Wenjing Jiang, Li Cao, Ping Zhou, Juan Tang
Department of Hospital Infection Management, Zigong First People's Hospital
- CS2-5 Nurses Role in Disaster Risk Reduction with Older People**
Tonia Crawford¹, Michelle Villeneuve²
¹Susan Wakil School of Nursing and Midwifery, The University of Sydney, ²School of Health Sciences, The University of Sydney
- CS2-6 Mediating Effects of Nurses' Work Thriving Between Sense of Work Gain and Proactive Innovative Behaviors in a Tertiary Hospital in Henan Province**
Xiaochen Lv
School of Nursing and Health, Zhengzhou University
- CS2-7 Latent Profile Analysis of Mental Workload and Its Association with Nursing Interruption Knowledge, Familiarity, and Occurrence: A Multi-Center Cross-Sectional Study**
Xiaoqian Dong^{1, 2}, Nandan Chen^{1, 2}, Jianfei Xie²
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Concurrent Oral Presentation Session

Session 2: Nursing Workforce and Professional Development (CS2-1)

Enhancing Nursing Students' Competence in Diabetic Ketoacidosis Care Through Experiential Learning-Based Virtual Reality Simulation

Eunju Lee¹, Gyuli Baek²

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Background and Objectives

Diabetic ketoacidosis (DKA) is a life-threatening complication of diabetes that requires timely assessment and skilled nursing intervention. However, opportunities for nursing students to gain hands-on experience in DKA management are limited due to patient safety concerns. Virtual reality (VR) simulation provides an immersive and realistic environment for developing clinical competence. Guided by Kolb's experiential learning theory, this study aimed to develop and evaluate the effectiveness of a VR simulation program designed to enhance nursing students' problem-solving abilities and performance confidence in DKA care.

Methods

A randomized controlled trial was conducted with 44 third- and fourth-year nursing students from a university in Korea. Participants were randomly assigned to either the experimental group (n=22), which received a four-session DKA nursing education program based on experiential learning theory (lecture, VR simulation, problem-based learning discussion, and structured SENSE debriefing), or the control group (n=22), which completed the lecture and a case-based self-learning e-book with reflective journaling. Data were collected through self-administered questionnaires assessing problem-solving ability, performance confidence, class evaluation, simulation design, and practice immersion. Statistical analyses included chi-square tests, independent t-tests, and repeated measures ANOVA.

Results

Compared with the control group, the experimental group demonstrated significantly greater improvements in problem-solving ability and performance confidence after the intervention ($p<.05$). Furthermore, post-intervention evaluations showed higher scores in class evaluation, simulation design evaluation, and practice immersion in the experimental group than in the control group (all $p<.05$).

Conclusions

The VR simulation program based on experiential learning theory effectively improved nursing students' problem-solving ability, performance confidence, and learning satisfaction in DKA management. Incorporating such immersive simulations into nursing curricula may better prepare students for complex clinical scenarios, ultimately strengthening nursing competencies and contributing to improved patient outcomes.

Concurrent Oral Presentation Session

Session 2: Nursing Workforce and Professional Development (CS2-2)

Inspiring the Next Generation of Care Professionals: Evaluation of a High School-Based Intervention

Xinxin Cai^{1, 2}, Xinyu Yi^{1, 2}, Xiang Li¹, Xue Bai^{1, 2}

¹Department of Applied Social Sciences, The Hong Kong Polytechnic University, ²Research Centre for Gerontology and Family Studies, The Hong Kong Polytechnic University

Background and Objectives

The rising demand for care professionals, driven by population ageing and workforce shortages, highlights the need to cultivate early career interest. As high school students increasingly align studies with career goals, introducing care professions such as nursing, social work, and eldercare presents a strategic opportunity. This study evaluated whether a weekly "Silver Age Course," offering Form 4 and 5 students knowledge, interaction with older adults, and exposure to care professionals, could foster orientation toward care careers.

Methods

A mixed-methods sequential explanatory design was adopted. Phase 1 involved a quasi-experiment with enrolled students ($n = 28$) and a control group ($n = 31$). Career orientation, willingness and confidence in communicating with older adults, understanding and application of knowledge and skills, impression of older adults, and compassion were measured before and after the course. Repeated-measures MANCOVA was used for analysis. Phase 2 included four rounds of reflective diaries (T1 to T4) from enrolled students ($n = 28$), analyzed using thematic trajectory analysis. Two teachers' in-depth interviews were analyzed thematically.

Results

Significant time*group interactions were found for career orientation and understanding of knowledge and skills after controlling for social relationships ($p < 0.05$). Thematic trajectory analysis revealed that the course fostered care and aging-related career orientation, shifting students from non-care to care-related interests, vague to specific career goals, and unrelated aspirations to incorporating a caring mindset. These changes stemmed from students' deeper understanding of older adults, enhanced compassion, interpersonal skills, and maturity. Growth extended into school and family life, reinforcing motivation and exploration of care careers. Teacher interviews also highlighted students' increased openness and proactivity in care-related learning.

Conclusions

High school students' interest in care professions can be fostered through experiential and project-based learning that combines exposure to older adults and care professionals. Such programs support holistic growth of adolescents and help cultivate future care professionals.

Concurrent Oral Presentation Session

Session 2: Nursing Workforce and Professional Development (CS2-3)

Factors Associated with Profiles Among Nurses' Missed Nursing Care, Nurse Leaders' Abusive Supervision, and Leader-Member Exchange: A Latent Profile Analysis

Shuang Hu^{1,2}, Siying Liu³, Jiale Hu⁴, Huiping Hu⁵, Shumaila Batool², Qizhi Yang⁶, Dandan Xu⁶, Yujuan Chen³, Mingmin Xu³, Xianhong Li¹

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Background and Objectives

Current understanding of the relationships between nurses' missed nursing care behaviors, nurse leaders' abusive supervision, and leader-member exchange remains limited. This study aims to address this gap by 1) examining the co-occurrence of these variables among nurses using Latent Profile Analysis, and 2) identifying sociodemographic factors that predict these profiles.

Methods

This cross-sectional study was conducted across all municipal-level maternal and child health hospitals in Hunan Province, representing a province-wide investigation. A questionnaire incorporating sociodemographic factors, the Leader-Member Exchange-7 Scale, the Abusive Supervision Questionnaire, and the Missed Nursing Care Survey was used for data collection. Latent profile analysis identified distinct profiles. The Three-Step Approach to Auxiliary Variable Selection method was used to examine factors related to different profiles.

Results

All staff nurses (n=2,839) were invited to participate, and 1,593 nurses (55.1%) completed the questionnaire. Three profiles were identified: the "out-group" (low leader-member exchange, occasional abusive supervision, and fewer missed nursing care behaviors; n = 142, 11.8%), the "in-group" (high leader-member exchange, fewer abusive supervision, and occasional missed nursing care behaviors; n = 866, 72.1%), and the "middle-group" (moderate leader-member exchange, frequent abusive supervision, and frequent missed nursing care behaviors; n = 193, 16.1%). Education level and average daily overtime hours were statistically significant factors associated with these profiles.

Conclusions

This study provides valuable insights into the complex interaction among nurses' missed nursing care, nurse leaders' abusive supervision, and leader-member exchange. Nurses in the "middle group" and their leaders should be the primary target population to more effectively tackle issues related to missed nursing care. Moreover, targeting resources to support nurses with lower education levels and longer average daily overtime hours are also important to address missed nursing care more effectively. Future endeavor is needed to examine the generalizability of the profile structure and its factors across various study settings.

Concurrent Oral Presentation Session

Session 2: Nursing Workforce and Professional Development (CS2-4)

A Serial Mediation Model of Patient Safety Climate on Nurses' Compliance with Standard Precautions: The Roles of Infection Prevention Climate and Attitude

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Background and Objectives

Standard precautions are essential to preventing healthcare-associated infections, yet nurses' compliance remains suboptimal worldwide. While prior studies suggest that organizational climate plays a role in shaping compliance behaviors, the psychological and environmental mechanisms linking institutional factors to individual adherence are not well understood. Grounded in Bandura's Social Cognitive Theory, this study investigates a serial mediation model in which patient safety climate influences nurses' compliance with standard precautions through infection prevention climate and attitudes toward standard precautions.

Methods

A cross-sectional survey was conducted among 913 nurses from multiple hospitals in China using validated instruments to assess patient safety climate, infection prevention climate, attitudes, and compliance. Serial mediation analysis was performed using Hayes' PROCESS macro (Model 6), with 5,000 bootstrap samples. Covariates included age, gender, education, professional title, hospital level, and infection control training frequency.

Results

Patient safety climate had a significant total effect on compliance ($\beta = 0.551$, $p < 0.001$), which became non-significant ($\beta = -0.034$, $p = 0.378$) when mediators were included—indicating full mediation. All three indirect paths were significant: via infection prevention climate ($\beta = 0.138$), via attitude ($\beta = 0.102$), and sequentially via both ($\beta = 0.346$, 95% CI [0.272, 0.426]). The sequential pathway accounted for 59.0% of the total indirect effect and was the strongest mediating mechanism. Notably, a one standard deviation increase in infection prevention climate was associated with a 0.157 SD increase in compliance ($\beta = 0.157$), underscoring its key role.

Conclusions

Patient safety climate influences compliance primarily through infection prevention climate and individual attitudes. Multi-level interventions targeting both organizational culture and individual cognition may enhance adherence to standard precautions in clinical practice.

Concurrent Oral Presentation Session

Session 2: Nursing Workforce and Professional Development (CS2-5)

Nurses Role in Disaster Risk Reduction with Older People

Tonia Crawford¹, Michelle Villeneuve²

¹*Susan Wakil School of Nursing and Midwifery, The University of Sydney*, ²*School of Health Sciences, The University of Sydney*

Background and Objectives

Older people are one of the most vulnerable or at-risk groups who experience higher rates of death and injury from natural disasters due to chronic illness, disability, and social isolation. Despite this, their support needs have received minimal attention in disaster response (Adams et al., 2021; Andrade et al., 2023; Phraknoi et al., 2023). Furthermore, there are additional barriers and greater impacts of disaster for older adults who come from marginalised groups and those with lower incomes (Cox & Kim, 2018). Nursing and disaster preparedness are intrinsically linked, as nurses play a crucial role before, during, and after disasters. Nurses provide education, community engagement, health promotion and implement interventions to safeguard health. As most areas where nurses work have patients/clients who are older, nurses therefore need to be educated in how to have conversations that raise awareness and help them consider and make steps towards disaster preparedness. Community and Primary Health Care nurses in particular are well placed to have such conversations as they provide care in their clients' home environments.

Methods

Person-Centred Emergency Preparedness (P-CEP) tools and approaches to enable greater disaster preparedness has and been co-produced with many individuals and groups through surveys, interviews and real-world testing and application. These tools aid inclusive conversations that focus on functional capabilities and support needs of each person in consideration of their context.

Results

P-CEP tools and approaches will be presented along with findings from a current project focusing on disaster risk reduction with older people.

Conclusions

Using P-CEP in conversation with older people can increase their awareness of their capabilities and support needs, enable more informed disaster preparedness and planning, and mitigate the risks of death and injury from disasters.

Concurrent Oral Presentation Session

Session 2: Nursing Workforce and Professional Development (CS2-6)

Mediating Effects of Nurses' Work Thriving Between Sense of Work Gain and Proactive Innovative Behaviors in a Tertiary Hospital in Henan Province

Xiaochen Lv

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Background and Objectives

Proactive innovation behaviour means nurses take the initiative to improve and create in their work. A strong sense of work gain can motivate such behaviour, while work thriving—feeling energetic and learning at work—may help explain how this happens. With increasing focus on nursing innovation in China, this study looks at how nurses' work thriving connects their sense of work gain to their innovation behaviour. The goal is to better understand what drives nurses to innovate and how to support this in practice.

Methods

A total of 2100 clinical nurses from 33 tertiary hospitals in 18 cities belonging to Henan Province were selected by convenience sampling method from September to November 2023 as the study subjects, and were investigated by using the General Information Questionnaire, Proactive Innovative Behavior Scale, Work Thriving Scale, and Employee Sense of Work Gain; the mediating effects were analyzed by using AMOS 25.0 software analysis.

Results

A total of 2085 valid questionnaires were recovered. The scores of nurses' proactive innovative behavior, work thriving, and sense of work gain were (54.07 ± 13.45) , (38.93 ± 9.59) , and (49.81 ± 12.49) , respectively, and the sense of work gain was positively correlated with the proactive innovative behavior, the proactive innovative behavior with work thriving, and the sense of work gain with work thriving ($P < 0.01$). Nurses' work thriving partially mediated between the sense of work gain and proactive innovative behavior, accounting for 45.30% of the total effect.

Conclusions

Nurses' work thriving is a mediating variable between the sense of work gain and proactive innovative behaviors. Nursing managers should adopt various interventions to cultivate nurses' sense of work gain, and then enhance their sense of work thriving, so as to maximize nurses' innovative abilities.

Concurrent Oral Presentation Session

Session 2: Nursing Workforce and Professional Development (CS2-7)

Latent Profile Analysis of Mental Workload and Its Association with Nursing Interruption Knowledge, Familiarity, and Occurrence: A Multi-Center Cross-Sectional Study

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Background and Objectives

The high mental workload (MWL) level of nurses affects their mental health and threatens patient safety. However, current research has overlooked the heterogeneity of MWL among individuals. This study aimed to explore distinct profiles of MWL among nurses through latent profile analysis, and analyze influencing factors of different categories.

Methods

From November 1, 2023 to January 31, 2024, we investigated clinical nurses using convenience sampling in 12 tertiary grade-A hospitals of China. Data collection included sociodemographic and work characteristics, as well as cognitive level and perception of nursing interruptions, measured using a self-developed questionnaire. The NASA-TLX scale was applied to assess MWL, while the General Self-Efficacy Scale, Maslach Burnout Inventory, and Nurses' Risk Perception Questionnaire were used to measure psychological variables. Latent profile analysis was conducted using Mplus 8.3, and predictors of profile membership were examined through ANOVA, chi-square tests, and multivariate logistic regression in SPSS 26.0.

Results

Of the 4,758 nurses surveyed, the overall MWL score was 64.35 ± 21.90 . Three profiles of MWL were identified: low MWL ($n=520$, 10.93%), moderate MWL ($n=1,505$, 31.63%), and high MWL ($n=2,733$, 57.44%). Among all factors, higher knowledge of nursing interruptions and greater familiarity with nursing interruptions during medication administration (NIMA) emerged as key protective factors, while NIMA occurrence was a strong risk factor for higher MWL. Multivariate logistic regression further showed that other protective factors included having children, 6-10 years of service, lower resignation intention, and higher self-efficacy, whereas shorter sleep duration, working AM shifts, and greater risk perception of the work environment were additional risk factors.

Conclusions

Mental workload among nurses in Chinese tertiary hospitals was generally high, exhibiting three distinct latent profiles that reflect substantial heterogeneity. Tailored interventions addressing subgroup-specific characteristics, particularly cognitive level and perception of nursing interruptions, are essential for effectively mitigating MWL and enhancing workforce well-being.

Concurrent Oral Presentation Session

Session 3: Digital Innovation and AI in Healthcare

Day 1 (October 31, 2025) | 14:00 - 15:30 | Seminar Room 4 (3SR)

Moderators: Prof Kevin Luk, National University of Singapore

Prof Celine Chui, The University of Hong Kong

- CS3-1 Application of Pulmonary Rehabilitation Integrated Care Management Mode Based on Internet of Things Platform in Patients with Chronic Obstructive Pulmonary Disease**
Zhi Lu, Qiyu Dong, Jie Dong
Department of Pulmonary and Critical Care Medicine, The Affiliated Changsha Central Hospital, University of South China
- CS3-2 The Effectiveness of Just-in-Time Adaptive Interventions on Health Behaviors in 'Life's Essential 8': A Systematic Review and Meta-Analysis**
Ying Huang, Yunyun He, Dandan Zhang, Mengyan Hao, Ting Liu
School of Nursing, Sun Yat-sen University
- CS3-3 AI-Based Measurement Tools for Intrinsic Capacity in Older Adults: A Scoping Review**
Chengji Yu^{1, 2}, Ping Lu^{1, 2}, Liying Ying¹
¹School of Nursing, Zhejiang University, ²Nursing Department, The Second Affiliated Hospital Zhejiang University School of Medicine
- CS3-4 Development of a Digital Health-Based Resistance and Balance 'Exercise Snacks' Intervention for Community-Dwelling Pre-Frail Elderly: A Study Protocol**
Xinyue Zhao¹, Yijia Zhuo¹, Mingli Zhao^{1, 2}
¹School of Nursing and Health, Zhengzhou University, ²Department of Nursing, The Fifth People's Hospital of Shanghai, Fudan University
- CS3-5 Personalized, Just-in-Time Intelligent Nursing Intervention for Discharge Readiness and Parental Self-Efficacy in Preterm Infants: A Randomized Controlled Trial**
Kang Lin¹, Niyang Lin², Hong Zhang³
¹Department of Nursing, Shantou University Medical College, ²Department of Neonatology, The First Affiliated Hospital of Shantou University Medical College, ³Nursing Department, The First Affiliated Hospital of Shantou University Medical College
- CS3-6 Exploring the Influencing Factors of Self-Management in Young Patients with Refractory Epilepsy: A Cross-Sectional Study Based on Dual-System Model**
Wenhao Tian^{1, 2}, Wanya Pan^{1, 2}, Xiaoxiao Yin², Lan Chen^{1, 2}, Yuan Zhao^{1, 2}, Yan He^{1, 2}, Yanjie Liu^{1, 2}, Xiuqin Feng²
¹School of Nursing, Zhejiang University, ²Department of Nursing, The Second Affiliated Hospital Zhejiang University School of Medicine
- CS3-7 Efficacy of Multi-Component Program in Reducing Fear of Falling and Improving Functional Outcomes Among Community-Dwelling Elderly: A Cluster Randomized Trial**
Mingli Zhao¹, Xue Wang², Siyuan Feng¹
¹Department of Nursing, The Fifth People's Hospital of Shanghai, Fudan University, ²Department of Nursing, Henan Cancer Hospital

Concurrent Oral Presentation Session

Session 3: Digital Innovation and AI in Healthcare (CS3-1)

Application of Pulmonary Rehabilitation Integrated Care Management Mode Based on Internet of Things Platform in Patients with Chronic Obstructive Pulmonary Disease

Zhi Lu, Qiyu Dong, Jie Dong

Department of Pulmonary and Critical Care Medicine, The Affiliated Changsha Central Hospital, University of South China

Background and Objectives

Respiratory rehabilitation serves as the cornerstone of non-pharmacological management for patients with chronic obstructive pulmonary disease (COPD). It can improve patients' exercise tolerance, symptoms and quality of life, reduce disease burden, in the past, it was often discontinued after discharge, failing to meet needs. This study implemented a comprehensive respiratory rehabilitation management model based on an Internet of Things (IoT) platform for patients with COPD and evaluated its effectiveness to provide evidence for clinical respiratory rehabilitation practices.

Methods

A quasi-experimental design was adopted. Patients from the Department of Respiratory and Critical Care Medicine at Changsha Central Hospital Affiliated to University of South China between May and December 2023 were selected via purposive sampling. Sixty COPD patients from May to August 2023 were assigned to the control group (routine respiratory rehabilitation management), while 60 patients from September to December 2023 were assigned to the comprehensive management group (IoT-based respiratory rehabilitation). Before and after 6 months of intervention, patients were assessed for respiratory rehabilitation compliance, lung function (including the percentage of forced expiratory volume in the first second to the expected value (FEV1% pred) and forced vital capacity in the first second (FEV1/FVC), quality of life (CAT score), and 6-minute walk test (6MWT).

Results

The control group included 32 males and 23 females, aged (67.31 ± 7.14) years. The comprehensive management group included 39 males and 30 females, aged (68.15 ± 6.34) years. The respiratory rehabilitation compliance score, FEV1% pred, FEV1/FVC, 6MWT, and CAT score of the full management group intervention for 6 months were as follows: (26.45 ± 1.51) points, (59.21 ± 6.68)%, (78.35 ± 8.01)%, (479.63 ± 54.70) meters, and (12.35 ± 4.01) points which were all better than the control group's (15.68 ± 1.56) points, (44.09 ± 6.31)%, (68.38 ± 6.43)%, (429.82 ± 60.50) meters, and (17.03 ± 4.23) points. The difference between two groups were significant (t values were 1.83-12.53, all $P < 0.05$).

Conclusions

The IoT-based comprehensive respiratory rehabilitation management model improves patient compliance, enhances pulmonary function, enhance their activity endurance, and improve their quality of life. It is worth promoting and using in clinical practice.

Concurrent Oral Presentation Session

Session 3: Digital Innovation and AI in Healthcare (CS3-2)

The Effectiveness of Just-in-Time Adaptive Interventions on Health Behaviors in 'Life's Essential 8': A Systematic Review and Meta-Analysis

Ying Huang, Yunyun He, Dandan Zhang, Mengyan Hao, Ting Liu

School of Nursing, Sun Yat-sen University

Background and Objectives

Health behaviors in 'Life's Essential 8', developed by the American Heart Association, including regular physical activity, healthy diet, smoking cessation, and adequate sleep, are crucial in preventing chronic diseases and cancer. Just-in-time adaptive interventions (JITAI), utilizing mobile health technologies like smartphones and wearables, provide timely and personalized support for health behavior change by capturing dynamic behavior patterns and context-specific data. Although JITAI has shown preliminary effectiveness in behavior change, its specific effects on different health behaviors remain unclear. This study aims to evaluate the effectiveness of JITAI on health behaviors through a systematic review and meta-analysis.

Methods

A comprehensive search across PubMed, Embase, Scopus, Web of Science, and the Cochrane Library was conducted from inception to August 1, 2025. Studies evaluating health behaviors in 'Life's Essential 8' were included. Quality appraisal was evaluated using RoB-2 and ROBINS-I tools. Meta-analyses were conducted to estimate effect sizes using R software. This study was registered in PROSPERO (CRD420251029056).

Results

Nineteen studies (7 RCTs, 12 pre-test/post-test) involving 1037 participants were included. JITAI significantly increased step counts (SMD=0.31), reduced sedentary time (SMD= -0.22), and improved vigorous-intensity physical activity (SMD=0.53), as well as smoking cessation (RR=5.40 for 7-day abstinence, RR=3.60 for 6-month abstinence). No significant effects were found for other outcomes. Subgroup analysis indicated multi-triggered interventions were effective in reducing sedentary time and increasing step counts. Sensitivity analyses indicated the results remained consistent.

Conclusions

This meta-analysis suggests that JITAI may effectively reduce sedentary time, increase step counts and vigorous-intensity physical activity, and promote smoking cessation, while limited impact on other health behaviors. Future studies should focus on refining tailoring variables and precision of decision points, standardizing outcome measures. Overall, this study highlights the need to conduct more robust trials to guide the implementation and scale up of JITAI in health services.

Concurrent Oral Presentation Session

Session 3: Digital Innovation and AI in Healthcare (CS3-3)

AI-Based Measurement Tools for Intrinsic Capacity in Older Adults: A Scoping Review

Chengji Yu^{1,2}, Ping Lu^{1,2}, Liying Ying¹

¹School of Nursing, Zhejiang University, ²Nursing Department, The Second Affiliated Hospital Zhejiang University School of Medicine

Background and Objectives

The multidomain structure of Intrinsic capacity (IC) is currently assessed using multiple scales across five dimensions (Cognition, Locomotion, Psychological, Sensory, and Vitality), the process is resource-intensive. However how to measure IC objectively and efficiently remains an open question. The rapidly developing artificial intelligence (AI) technologies can play a new role in the measurement of IC in older adults, promoting research in this field. To provide a comprehensive overview of AI-based measurement tools for IC in older adults by exploring the types of AI devices and technologies employed.

Methods

Databases searched encompassed PubMed, Embase, CINAHL, PsycInfo, Cochrane Library, CBM, and CNKI, covering publications up to March 2025 following PRISMA-ScR guidelines. MeSH terms and keywords included "aged," "intrinsic capacity," and "artificial intelligence".

Results

Based on the inclusion criteria, 155 studies were included. The vast majority of studies focused on the measurement of IC along a single dimension, nearly half of which assessing cognition. Only seven studies involved the measurement of multidimensional IC. The AI-powered digital devices utilized in IC measurement can be categorized by frequency of use, from highest to lowest, as follows: AI-enabled health applications or online platforms, wearable devices, voice analysis devices, fixed sensors, smart homes, computer vision capture devices, virtual reality systems, and robotics. The key digital biomarkers (DB) were summarized, including gait, speech, facial images, physical activity, and digital test performance. Overlapping DBs have been identified across the cognitive, locomotor, psychological, and vitality domains. The type of AI technologies used in AI-based measurement tools for IC primarily included ML, DL, CV, NLP and KRR, among others.

Conclusions

The integration of AI technologies with digital devices can enhance the efficiency and scientific rigor of IC measurement, demonstrating great potential as an alternative to traditional scale-based approaches.

Concurrent Oral Presentation Session

Session 3: Digital Innovation and AI in Healthcare (CS3-4)

Development of a Digital Health-Based Resistance and Balance ‘Exercise Snacks’ Intervention for Community-Dwelling Pre-Frail Elderly: A Study Protocol

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¹*School of Nursing and Health, Zhengzhou University*, ²*Department of Nursing, The Fifth People's Hospital of Shanghai, Fudan University*

Background and Objectives

With the deepening of population aging in China, pre-frail elderly in communities represent a significant proportion facing risks such as functional decline, falls, and disability. Existing exercise interventions often suffer from issues like poor tolerance and low adherence among the elderly. This study aims to develop a digital health-based intervention program of resistance and balance “Exercise snacks” for community-dwelling pre-frail elderly to delay the progression of frailty and improve their health status.

Methods

Through literature review and panel discussions, a preliminary intervention program was developed. Using the Delphi method, two rounds of consultations were conducted with 15 experts to form the final version.

Results

The effective response rates for the two rounds of expert consultation were 90% and 100%, respectively, with consensus eventually achieved. The expert authority coefficient was 0.837, and Kendall's coefficients of concordance were 0.340 and 0.404 (both $P < 0.001$), indicating statistical significance. The finalized intervention program comprises three stages: preparation, action, and maintenance. Specific implementation details include intervention timing, themes, objectives, content, delivery methods, evaluation indicators, and assessment schedule.

Conclusions

The digital health-based resistance and balance “Exercise snacks” intervention program for community-dwelling pre-frail older adults developed in this study demonstrates reliability and practicality. Further empirical research is warranted to validate its effectiveness.

Concurrent Oral Presentation Session

Session 3: Digital Innovation and AI in Healthcare (CS3-5)

Personalized, Just-in-Time Intelligent Nursing Intervention for Discharge Readiness and Parental Self-Efficacy in Preterm Infants: A Randomized Controlled Trial

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Background and Objectives

Preterm infants' prolonged hospitalisation often leaves parents unprepared for home care, with personalised, real-time nursing interventions lacking. Based on our meta-analysis and best-evidence synthesis, we developed an intelligent nursing intervention guided by the JITAI framework and Kenner Transition Model. We evaluated its effectiveness on parental and infant outcomes versus routine discharge education.

Methods

In this randomized controlled trial, 111 parents of preterm infants at a tertiary hospital were assigned to an intervention group (n = 56) that received routine discharge education plus an intelligent nursing program with personalized guidance, adaptive content delivery, and real-time support, or a control group (n = 55) that received routine education only. Outcomes included discharge readiness, parental self-efficacy, anxiety, caregiving ability, breastfeeding rate, rehospitalisation rate, and infant growth. Discharge readiness was analysed with independent-samples t tests, and longitudinal outcomes using generalized estimating equations (GEE). Trial registration: NCT06635473.

Results

Of 108 participants included in the efficacy set (intervention: 56; control: 52), three controls were excluded due to in-hospital death (n = 1) or early discharge (n = 2); baseline characteristics were balanced. The intervention group had higher discharge readiness (87.5 ± 6.2 vs. 79.3 ± 7.1 , $P < 0.001$) and greater improvements in parental self-efficacy over time (group $\times$ time, $P < 0.01$). Exclusive breastfeeding at discharge was more frequent (62.5% vs. 42.3%, $P = 0.02$), with discharge readiness positively correlated with self-efficacy ($r = 0.46$, $P < 0.001$) and breastfeeding ($r = 0.34$, $P = 0.01$). Rehospitalisation rates were similar ($P = 0.68$), and no intervention-related adverse events occurred.

Conclusions

An intelligent nursing intervention integrating personalization and real-time support significantly improved discharge readiness and parental self-efficacy among parents of preterm infants. These findings provide robust evidence for developing intelligent home-support systems and highlight the potential of adaptive, personalized nursing strategies to enhance transitional care for vulnerable families; multicentre trials are warranted to confirm generalisability.

Concurrent Oral Presentation Session

Session 3: Digital Innovation and AI in Healthcare (CS3-6)

Exploring the Influencing Factors of Self-Management in Young Patients with Refractory Epilepsy: A Cross-Sectional Study Based on Dual-System Model

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Background and Objectives

Refractory epilepsy (RE) is characterized by chronic, stubborn, intractable, drug resistance and drug insensitivity, which seriously affects the physical and mental health and quality of life of patients. Self-management is significant for the quality of life, physical and mental health, and prognosis of patients with epilepsy. In the dual-system and self-control model, our theoretical hypothesis posits that self-control can influence self-management. To analyze the determinants of self-management in young patients with RE and to identify potential intervention targets.

Methods

A convenience sampling method was employed to recruit 230 patients with RE from tertiary general hospitals in Hangzhou from November 2024 to May 2025. Data were gathered through a general data questionnaire, the Chinese version of Epilepsy Self-Management Scale (C-ESMS), the Chinese version of Self-Control Scale (CSCS), the Patient-Weighted Quality of Life in Epilepsy Questionnaire (QOLIE-31-P). We adopted independent t-test and one-way ANOVA test to analyze the differences of self-management in patients with RE. Pearson correlation coefficient was used to analyze the relationships among self-control, self-management and quality of life. Finally, the results of multiple linear regression analysis model were performed to investigate the influence factors of self-management.

Results

A total of 216 valid questionnaires were collected, with an effective response rate of 96.87%. In the multiple linear regression analysis model, primary or below ($\beta=-0.133$, $p=0.040$), middle school ($\beta=-0.22$, $p=0.002$), student ($\beta=0.172$, $p=0.0007$), number of ASM ($\beta=0.162$, $p=0.005$), self-control ($\beta=0.291$, $p<0.001$), mood were statistically significant. There is a strong positive correlation between self-control and self-management ($r=0.471$, $p<0.01$).

Conclusions

In our study, the level of self-management in patients with RE was in a moderate status, total score of Epilepsy Self-management Scale was 126.72 ± 14.14 . Education, employment, number of ASM, self-control, mood may be the influencing factors of self-management in patients with young refractory epilepsy. Self-control, as a novel and important intervention target, deserves more research and application in the field of self-management research.

Concurrent Oral Presentation Session

Session 3: Digital Innovation and AI in Healthcare (CS3-7)

Efficacy of Multi-Component Program in Reducing Fear of Falling and Improving Functional Outcomes Among Community-Dwelling Elderly: A Cluster Randomized Trial

Mingli Zhao¹, Xue Wang², Siyuan Feng¹

¹*Department of Nursing, The Fifth People's Hospital of Shanghai, Fudan University,* ²*Department of Nursing, Henan Cancer Hospital*

Background and Objectives

With the accelerated global population aging, falls have emerged as a major health issue, and fear of falling is prevalent among community-dwelling elderly. This fear of falling not only restricts their daily activity performance but also contributes to physical function decline. This study aims to evaluate the effect of the Multi-component Program on the level of fear of falling of community elderly.

Methods

A cluster randomized trial design was adopted, with 2 communities in Minhang District, Shanghai selected and randomly divided into control group (CG) and intervention group (IG). The CG received routine community health education, while the IG additionally received multi-faceted intervention measures on this basis. The Short-Form International Falls Efficacy Scale was used as the primary outcome measure, and activities of daily living, physical function, and fall risk as secondary outcome measures. Data were collected at baseline, immediately after the intervention, and 1 month after the intervention. Statistical analyses included descriptive and inferential tests.

Results

41 participants were recruited in the CG and 40 in the IG, with comparable baseline data between the two groups ($P>0.05$). Immediately after the intervention and at 1 month post-intervention, the fall efficacy scores ($t=-16.847/-15.930$) and fall risk scores ($t=-3.689/-3.693$, both) of the elderly in the IG were lower than those in the CG, while their activities of daily living scores ($t=3.782/3.709$) and physical function scores ($t=-5.377/-4.752$) were higher than those in the CG; all these differences were statistically significant ($P<0.001$). Additionally, statistically significant intra-group effects, inter-group effects, and interaction effects were observed between the two groups regarding the indicators of fall efficacy, activities of daily living, physical function, and fall risk ($P<0.05$).

Conclusions

The intervention program can reduce the fear of falling among older adults in the community, improve their independence in daily activities and physical functions, and reduce their risk of falling.

Concurrent Oral Presentation Session

Session 4: Community and Public Health

Day 1 (October 31, 2025) | 16:00 - 17:30 | Seminar Room 2 (3SR)

Moderators: Prof Wenjun Chen, Central South University

Dr Lubeca Zhao, The University of Hong Kong

- CS4-1 Community-Based Rehabilitation Needs and Older Adult Profiles in China: Implications from a Cross-Sectional Study**
Pan Wenqing^{1, 2}, Zhang Li^{1, 2}
¹Nursing Department, Affiliated Hospital of Zunyi Medical University, ²School of Nursing, Zunyi Medical University
- CS4-2 Implicit “Liking” and “Wanting” Toward Risky Sexual Behavior: A Cross-Sectional Study with Mediation Analysis**
Ziqi Qin¹, Yixuan Li¹, Nancy Reynolds², Yuqiong Duan¹, Pingwu Wang¹, Tao Liu¹, Honghong Wang¹, Xueling Xiao¹
¹Xiangya School of Nursing, Central South University, ²School of Nursing, Johns Hopkins University
- CS4-3 Evaluation of the Effect of an Anti-AIDS Exhibition Room on HIV-Related Knowledge Attitude and Sexual Behaviors Among Older Adults: A Randomized Controlled Trial**
Xiaoyu Du, Jia Chen, Xiaochen Yan, Wenjun Chen, Jiajia Liu, Xincen Liu, Wendi Guo
Xiangya School of Nursing, Central South University
- CS4-4 Active Health Management in the Elderly: Strategies and Outcomes**
Xiuyuan Xie
Health Management Center, The First Affiliated Hospital of Nanjing Medical University
- CS4-5 A Public Health Nursing Response to Technology-Facilitated Sexual Violence and Abuse: Insights from a Qualitative Study in Hong Kong**
Sharon Hoi Lam Pak, Edmond Pui Hang Choi, Pui Hing Chau
School of Nursing, The University of Hong Kong

Concurrent Oral Presentation Session

Session 4: Community and Public Health (CS4-1)

Community-Based Rehabilitation Needs and Older Adult Profiles in China: Implications from a Cross-Sectional Study

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Background and Objectives

The global population is aging rapidly, prompting the United Nations to declare 2021–2030 the Decade of Healthy Ageing. Effective rehabilitation is essential to help older adults maintain independence and quality of life. Community-based rehabilitation (CBR) is a cost-effective, accessible model, yet its success relies on identifying diverse needs. Many studies, however, treat older adults as a homogeneous group, overlooking heterogeneity in health, cognition, socioeconomic status, and social support, which can lead to poor rehabilitation outcomes.

Methods

A cross-sectional survey was conducted between June and October 2024 in Guizhou Province, China. Using two-stage probability proportional to size sampling, 4040 older adults from 50 communities were assessed, yielding 3940 valid responses (97.53%). Data were collected on demographics (Anderson model) and rehabilitation needs. Latent Class Analysis (LCA) was applied to classify need subtypes. ANOVA and logistic regression explored influencing factors, while user profiling summarized subgroup characteristics.

Results

Five subtypes of rehabilitation needs were identified: (C1) Physical and psychological needs (17.4%); (C2) Low comprehensive needs with perceptual focus (39.6%); (C3) Social participation needs (17.0%); (C4) Social participation with environmental and informational needs (18.4%); and (C5) High comprehensive needs (7.6%). Significant differences emerged across subtypes in demographics, situational factors, and rehabilitation behaviors. User profiling further visualized unique subgroup features.

Conclusions

Findings highlight marked heterogeneity in community rehabilitation needs among older adults. Tailoring CBR services to distinct subtypes could enhance effectiveness, satisfaction, and accessibility. Aligning services with subgroup-specific characteristics provides a pathway to optimize rehabilitation strategies and support the objectives of the Decade of Healthy Ageing.

Concurrent Oral Presentation Session

Session 4: Community and Public Health (CS4-2)

Implicit “Liking” and “Wanting” Toward Risky Sexual Behavior: A Cross-Sectional Study with Mediation Analysis

Ziqi Qin¹, Yixuan Li¹, Nancy Reynolds², Yuqiong Duan¹, Pingwu Wang¹, Tao Liu¹, Honghong Wang¹, Xueling Xiao¹

¹Xiangya School of Nursing, Central South University, ²School of Nursing, Johns Hopkins University

Background and Objectives

Risky sexual behavior (RSB) increases the transmission of sexually transmitted diseases (STDs) among people living with HIV (PLWH). However, the cognitive mechanisms driving these behaviors—particularly implicit attitudes toward RSB (including “liking” and “wanting”) remain poorly explored. This study aims to examine implicit attitudes toward RSB in PLWH, identify their sociodemographic and clinical factors, and explore the potential mediating or moderating pathways through which these implicit processes influence engagement in RSB.

Methods

We recruited 406 PLWH from Xiangya Affiliated Hospital. Data collection included a demographic and clinical questionnaire, Implicit Association Tests (measuring liking and wanting toward RSB), and a self-reported RSB scale. Normality was assessed using the Kolmogorov-Smirnov test with skewness and kurtosis values. Besides descriptive statistics, t-tests, ANOVAs, and LSD post-hoc analyses, we further conducted exploratory moderation and mediation analysis to elucidate how implicit attitudes interact with contextual and individual factors to shape behavioral outcomes.

Results

Few participants showed positive implicit attitudes: 17.2% implicitly “liked” and 34.7% “wanted” RSB. Regression analyses showed ethnic-minority status ($\beta = -0.22$, $p = 0.007$) associated with stronger implicit dislike, and a history of other STDs or co-infection linked to weaker implicit liking ($\beta = 0.10$, $p = 0.019$). Furthermore, participants with no recent RSB showed significantly stronger implicit dislike than those with it ($t = -2.03$, $p = 0.043$), with no significant association for implicit wanting. Notably, other STD history/co-infection fully mediated the relationship between implicit liking and RSB, accounting for 48.7% of the total effect.

Conclusions

Implicit attitudes associate with RSB and are influenced by sociodemographic/clinical factors, with other STD history/co-infection mediating this relationship. Cross-sectional design limits causal inference, but results suggest potential intervention points. Ethnic minorities may need tailored support. Longitudinal studies should test STD screening and attitude-focused interventions for RSB reduction.

Concurrent Oral Presentation Session

Session 4: Community and Public Health (CS4-3)

Evaluation of the Effect of an Anti-AIDS Exhibition Room on HIV-Related Knowledge Attitude and Sexual Behaviors Among Older Adults: A Randomized Controlled Trial

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Xiangya School of Nursing, Central South University

Background and Objectives

The transmission of HIV among older adults has become an escalating public health concern, severely compromising their quality of life and even lifespan. Non-conventional, non-pharmaceutical interventions focusing on behavior change have the potential to improve HIV-related knowledge and condom-related stigma, and reduce condomless sex. Aims: This study aims to evaluate the effect of an anti-AIDS exhibition room in enhancing HIV-related knowledge and reducing condomless sex among older adults.

Methods

A single-blind, two-arm parallel randomized controlled trial was designed. Participants were randomly assigned to the experimental and control groups. The intervention group received the Anti-AIDS Exhibition Room intervention. The control group received regular HIV-related health education in the community. The effect of the intervention in both groups at different times was analyzed by generalized estimating equations.

Results

A total of 182 participants were finally analyzed in this study. The intervention group had a higher HIV-related knowledge, lower condom-related stigma and higher sexual behavioral attitudes than the control group at post-intervention and three months ($P < 0.05$). Compared with the control group, the intervention group showed a significant increase in condom use frequency ($P < 0.05$), but there was no statistically significant difference in the incidence of condomless sex between the two groups ($P > 0.05$).

Conclusions

The Anti-AIDS Exhibition Room intervention can effectively increase HIV-related knowledge, improve condom-related stigma and HIV-related stigma and increase the rate of condom use. The intervention has not shown satisfactory effect for condomless sex among the elderly. The identification and intervention of susceptible persons with a tendency to engage in condomless sex is the key to the future comprehensive prevention and treatment of HIV infection in the elderly.

Concurrent Oral Presentation Session

Session 4: Community and Public Health (CS4-4)

Active Health Management in the Elderly: Strategies and Outcomes

Xiuyuan Xie

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Background and Objectives

The primary objective of this study is to evaluate the effectiveness of a structured, proactive health management program on improving the overall health status, quality of life, and reducing hospital readmission rates among the elderly population. It aims to shift the paradigm from reactive disease treatment to proactive wellness maintenance.

Methods

A randomized controlled trial was conducted over a 6-month period with 120 participants aged 65 and above. The intervention group (n=60) received a multifaceted active health management program. This included personalized health risk assessments, regular monitoring of vital signs via wearable technology, tailored exercise and nutrition plans, educational workshops on medication adherence and chronic disease self-management, and access to a dedicated health coach for support. The control group (n=60) received standard usual care. Data was collected through before and after the intervention surveys, biometric measurements, and analysis of electronic health records for hospital utilization.

Results

Participants in the intervention group demonstrated statistically significant improvements across all measured outcomes compared to the control group. Key results included a 35% reduction in unplanned hospital admissions, a marked improvement in self-reported quality of life scores ($p<0.01$), enhanced physical activity levels, and better management of key chronic conditions such as hypertension and type 2 diabetes, as evidenced by improved clinical markers.

Conclusions

The findings strongly indicate that a comprehensive and technology-supported active health management program is highly effective in promoting healthier aging. By empowering older adults with tools, knowledge, and continuous support, such initiatives can significantly enhance well-being, foster independence, and alleviate the burden on healthcare systems by preventing costly emergency interventions. Proactive, personalized health management should be integrated into standard geriatric care.

Concurrent Oral Presentation Session

Session 4: Community and Public Health (CS4-5)

A Public Health Nursing Response to Technology-Facilitated Sexual Violence and Abuse: Insights from a Qualitative Study in Hong Kong

Sharon Hoi Lam Pak, Edmond Pui Hang Choi, Pui Hing Chau

School of Nursing, The University of Hong Kong

Background and Objectives

Technology-facilitated sexual violence and abuse (TFSVA) is an emerging public health concern that manifests through image-based sexual abuse, online sexual harassment, and coercive behaviors. Yet, a comprehensive understanding of its social dynamics and cultural underpinnings is crucial for developing effective intervention. This study aimed to explore the perceptions and experiences of TFSVA among adults in Hong Kong to inform a strategic public health nursing response.

Methods

A qualitative descriptive design was employed. Forty-one Hong Kong adults were recruited via convenience sampling between April and September 2025. Data were collected through semi-structured individual interviews, transcribed verbatim, and analyzed through Braun and Clarke's thematic analysis.

Results

Six themes were identified. The analysis revealed an underlying cultural logic of dehumanization and entitlement that fueled abusive behaviors. This existed alongside a pervasive veil of ignorance, where low public awareness of TFSVA and digital consent were identified. These factors enabled a culture of complicity, which was characterized by victim-blaming attitudes and perpetrator anonymity on digital platforms. The consequences for victims were outlined in the theme of profound invisible wounds, which reflected severe psychosocial impacts. The findings also revealed a passive bystander phenomenon, where witnesses failed to intervene. Ultimately, these issues were sustained by systemic gaps in law, education, and societal norms that failed to keep pace with technology.

Conclusions

The study concluded that TFSVA is a multifaceted public health issue driven by cultural, social, and systemic failures. It underscores the critical role of public health nurses in leading a multi-level response. This includes developing primary prevention programs to challenge harmful norms and promote digital citizenship, creating trauma-informed care pathways for victims, launching community campaigns to empower bystanders, and advocating for robust policy and educational reforms. This evidence provided a foundational guide for public health nursing to address TFSVA proactively and effectively.

Concurrent Oral Presentation Session

Session 5: Maternal and Child Health

Day 1 (October 31, 2025) | 16:00 - 17:30 | Seminar Room 3 (3SR)

Moderators: Prof Nethong Namprom, Chiang Mai University

Prof Jojo Kwok, The University of Hong Kong

- CS5-1 Early High Breast Milk Feeding Improves Respiratory Microbiota in Extremely Preterm Infants: A Cohort Study**
Qingling Yu¹, Qiaoxuan Wu², Xinxin Song³, Yubing Dong³, Xueyu Chen², Chuazhong Yang², Aifen Cao², Xiaoyun Xiong²
¹Graduate School, Guangzhou University of Chinese Medicine, ²Neonatology Department, Shenzhen Maternity and Child Healthcare Hospital, ³School of Nursing, Shanxi University of Chinese Medicine
- CS5-2 New Perspectives on Linking Metabolic Biomarkers and Adverse Pregnancy Outcomes in GDM: Cluster Analysis-Based Association and Machine Learning-Based Prediction**
Yanjing Zeng¹, Jing Zhou², Zhengbin Ou¹, Jie Dong², Jia Guo¹
Xiangya School of Nursing, Central South University, ²Xiangya School of Pharmaceutical Sciences, Central South University
- CS5-3 Feasibility of an Animation-Based Interactive Tool for Symptom Reporting in Young Children with Acute Leukemia: A Cognitive Interview Study**
Xuerui Ma, Yuanyuan Zheng, Zhuangrong Fan, Rong Hu
School of Nursing, Fujian Medical University
- CS5-4 Dynamic Interplay of Maternal Depression, Sleep Problems, and Social Support from Mid-Pregnancy to Early Postpartum: A Network Analysis**
Ying Dai^{1, 2}
¹School of Nursing, The University of Hong Kong, ²Department of Nursing, Guangzhou Medical University Affiliated Women and Children's Medical Center
- CS5-5 Effectiveness of an Ecological Momentary Breastfeeding Intervention Program in Hong Kong: Interim Results of the Randomized Controlled Study**
Ying Wei Fan¹, Caroline Ip¹, Derek Yee Tak Cheung¹, Ameilia Pui Wah Hui², Bryan P.H Hui³, Kelvin Man Ping Wang¹, Kris Yuet Wan Lok¹
¹School of Nursing, The University of Hong Kong, ²Department of Obstetrics and Gynaecology, Queen Mary Hospital, ³Department of Applied Social Sciences, The Hong Kong Polytechnic University

Concurrent Oral Presentation Session

Session 5: Maternal and Child Health (CS5-1)

Early High Breast Milk Feeding Improves Respiratory Microbiota in Extremely Preterm Infants: A Cohort Study

Qingling Yu¹, Qiaoxuan Wu², Xinxin Song³, Yubing Dong³, Xueyu Chen², Chuanzhong Yang², Aifen Cao², Xiaoyun Xiong²

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Background and Objectives

This study aimed to assess the impact of early breastfeeding on the respiratory tract microbiota of extremely preterm infants (≤ 32 weeks gestational age).

Methods

Out of 339 infants enrolled, 65 infants with prolonged endotracheal intubation (≥ 20 days) were selected based on predetermined criteria. They were divided into two groups: high breast milk group ($\geq 50\%$ breast milk within 7 days, $n=127$) and low breast milk group ($<50\%$, $n=179$). The pure formula group ($n=33$) was excluded due to insufficient eligible cases. Tracheal aspirates were collected on days 3, 7, and 20, resulting in 208 samples, of which 140 passed quality control. Microbiota analysis was conducted using 16S rDNA high-throughput sequencing.

Results

The high breast milk group demonstrated greater microbial diversity (Shannon index: $3.76 \pm .38$ vs. $3.24 \pm .52$ on day 7, $P < .01$), which was sustained through day 20. By day 20, the high breast milk group showed significantly higher abundance of *Lactobacillus* (29.06% vs. 6.34%) and lower abundance of *Staphylococcus* (33.66% vs. 57.07%) compared to the low breast milk group. Multivariate analysis confirmed a positive correlation between breastfeeding and diversity ($\beta=0.412$, $P < .001$).

Conclusions

Early breastfeeding enhances respiratory microbiota diversity, fosters beneficial bacterial colonization, and potentially mitigates respiratory complications in extremely preterm infants.

Concurrent Oral Presentation Session

Session 5: Maternal and Child Health (CS5-2)

New Perspectives on Linking Metabolic Biomarkers and Adverse Pregnancy Outcomes in GDM: Cluster Analysis-Based Association and Machine Learning-Based Prediction

Yanjing Zeng¹, Jing Zhou², Zhengbin Ou¹, Jie Dong², Jia Guo¹

Xiangya School of Nursing, Central South University, ²Xiangya School of Pharmaceutical Sciences, Central South University

Background and Objectives

Recognizing metabolic heterogeneity in gestational diabetes mellitus (GDM) across different biomarker classes is crucial for informing individualized treatment strategies to prevent adverse pregnancy outcomes. Integrating conventional statistics and machine learning (ML) can validate the accuracy of the associations between metabolic biomarker subtypes and adverse outcomes. This study aimed to identify metabolic subgroups among GDM women, examine their associations with adverse pregnancy outcomes by logistic regression, and predict these associations by ML.

Methods

This retrospective cohort study extracted sociodemographic, anthropometric, medical history, laboratory test, and pregnancy outcomes of GDM women delivering at a tertiary hospital in Changsha, China, between 2018 and 2023. We used unsupervised k-means clustering to identify metabolic subgroups, binary logistic regression to examine the association between these subgroups and adverse outcomes. Multiple ML algorithms were trained to predict adverse outcomes based on all features, thereby cross-verifying the associations in a holistic perspective.

Results

A total of 2240 GDM women were categorized into the five metabolic subgroups. Logistic regression revealed significant associations between certain subgroups and risks of adverse outcomes such as macrosomia, preterm delivery, neonatal complications, and insulin treatment. ML models confirmed these associations, providing convergent evidence that the identified metabolic heterogeneity is clinically relevant. For example, OGTT_Baseline, OGTT1H, OGTT2H, and TG were predictors of the insulin treatment model, and also reflected characteristics of the combined hyperglycemia subgroup or the high UA and high TG subgroup.

Conclusions

By integrating conventional statistics and ML, this study demonstrates rational associations between metabolic subgroups and adverse pregnancy outcomes. The findings highlight potential antagonistic effects among biomarkers, such as the protective role of HDL against preterm delivery in women with isolated fasting hyperglycemia or high TC. The findings also facilitate clinicians to identify women at higher risk of insulin treatment, macrosomia and neonatal-related adverse outcomes by specific metabolic biomarkers combination, enabling timely and targeted interventions.

Concurrent Oral Presentation Session

Session 5: Maternal and Child Health (CS5-3)

Feasibility of an Animation-Based Interactive Tool for Symptom Reporting in Young Children with Acute Leukemia: A Cognitive Interview Study

Xuerui Ma, Yuanyuan Zheng, Zhuangrong Fan, Rong Hu
School of Nursing, Fujian Medical University

Background and Objectives

Young children with acute leukemia (AL) have difficulty identifying and describing the multiple symptoms they experience during chemotherapy. Digital tools offer an exciting opportunity to support child-centric symptom reporting. This study aimed to evaluate the feasibility of an animation-based interactive tool for self-reporting symptom experiences among young children with AL.

Methods

A total of 20 semi-structured cognitive interviews were conducted using the 'think-aloud' method among young children (3–7 years) with AL. Children were guided to identify their symptoms using animated videos and short-answer responses. Their ability to understand the wording of instructions was also assessed, as well as the overall feasibility of the symptom reporting tool. Interviews were audio recorded, transcribed verbatim and analyzed using a problem-focused coding manual.

Results

All children completed symptom reporting using the animation-based interactive tool. Extent of comprehensibility could be determined for 33/35 (94.3%) item discussions, but some vocabulary was difficult for younger children to understand. Children's understanding of symptom items varied depending on the animation's content. Feedback highlighted key areas for improvement, such as enhancing animation details and creating more relatable scenarios. Children enjoyed aspects of the interactive tool that supported their creativity and allowed them to voice their thoughts.

Conclusions

The results demonstrate that young children with AL are willing to describe their symptom experiences on an animation-based interactive tool through quantitative reports and by using narrative descriptions. The interactive tool has potential to obtain clinical information from the child's perspective that might otherwise be overlooked. Future directions will focus on optimizing the user experience for children and investigating the tool's role as a resource to promote shared decision making for symptom management.

Concurrent Oral Presentation Session

Session 5: Maternal and Child Health (CS5-4)

Dynamic Interplay of Maternal Depression, Sleep Problems, and Social Support from Mid-Pregnancy to Early Postpartum: A Network Analysis

Ying Dai^{1, 2}

¹*School of Nursing, The University of Hong Kong*, ²*Department of Nursing, Guangzhou Medical University Affiliated Women and Children's Medical Center*

Background and Objectives

Depression, poor sleep, and social support are interconnected factors affecting women's well-being during the perinatal period. However, the detailed, symptom-by-symptom evolution of their relationships over time is not fully clear. This study aimed to map these dynamic interactions from pregnancy to postpartum.

Methods

We followed 3,376 women, assessing them at four time points: 24 weeks pregnant (T1), 32 weeks pregnant (T2), 1 week postpartum (T3), and 6 weeks postpartum (T4). We used standardized scales to measure depressive symptoms (EPDS), sleep quality (PSQI), and social support (SSRS). A cross-lagged panel network analysis was employed to model the relationships between these factors across three intervals (T1→T2, T2→T3, T3→T4).

Results

The prevalence of significant depressive symptoms ranged from 21.6% to 31.8%, while sleep problems became very common, affecting 74.8% of women by 6 weeks postpartum. Overall social support declined after childbirth, primarily driven by a drop in the mother's feeling of being supported, even though practical support and her ability to seek help remained stable. The network analysis showed that depressive and sleep symptoms strongly predicted their own future occurrence. Key dynamic relationships included: positive mood during pregnancy leading to better perceived support later, sleep-related daytime dysfunction predicting anxiety symptoms, and postpartum sleep disturbances contributing to lower feelings of support.

Conclusions

The relationships between depression, sleep, and social support are complex and change throughout the perinatal journey. Interventions should be timed to specific stages and target key symptoms, such as improving mood and sleep, to enhance perceived support and overall mental health.

Concurrent Oral Presentation Session

Session 5: Maternal and Child Health (CS5-5)

Effectiveness of an Ecological Momentary Breastfeeding Intervention Program in Hong Kong: Interim Results of the Randomized Controlled Study

Ying Wei Fan¹, Caroline Ip¹, Derek Yee Tak Cheung¹, Ameilia Pui Wah Hui², Bryan P.H Hui³, Kelvin Man Ping Wang¹, Kris Yuet Wan Lok¹

¹*School of Nursing, The University of Hong Kong*, ²*Department of Obstetrics and Gynaecology, Queen Mary Hospital*, ³*Department of Applied Social Sciences, The Hong Kong Polytechnic University*

Background and Objectives

Exclusive breastfeeding rates in Hong Kong remain below global targets, highlighting the need for scalable and effective support strategies. This study presents interim findings from a randomized controlled trial (RCT) evaluating the impact of a text messaging-based ecological momentary intervention (EMI) on breastfeeding outcomes among postpartum women in Hong Kong. The objective was to assess the intervention's preliminary effectiveness in improving exclusive breastfeeding rates, self-efficacy, and attitudes toward breastfeeding.

Methods

This single-blind, two-arm RCT enrolled 623 eligible pregnant women from two hospital sites. Participants were randomized to either an intervention group receiving theory-based text messages and real-time support via WhatsApp or a control group receiving standard breastfeeding messages. Data were collected at baseline, and 1, 2, and 3 months postpartum. Generalized Estimating Equation (GEE) models and multivariable regression analyses were used to evaluate group differences, adjusting for potential confounders. This interim analysis includes data up to June 13, 2025, from 308 participants with complete follow-up.

Results

At 3 months postpartum, exclusive breastfeeding rates were significantly higher in the intervention group (adjusted odds ratio [aOR] 3.11, 95% CI: 1.06–9.09, $p = 0.038$). No statistically significant group differences were detected for any breastfeeding rates or breastfeeding self-efficacy and attitude scores. However, within-group analyses showed significant improvements in self-efficacy over time in both groups. Attitude scores were significantly higher in the intervention group at 1 month postpartum in multivariable analyses.

Conclusions

This interim analysis suggests that a text messaging-based EMI can effectively enhance exclusive breastfeeding rates during the early postpartum period. While the intervention did not significantly affect any breastfeeding or psychosocial outcomes at this stage, positive trends were observed. Continued follow-up and a larger sample size are needed to fully evaluate the intervention's long-term impact and potential for integration into public health programs.

Concurrent Oral Presentation Session

Session 6: Mental Health Across the Lifespan

Day 1 (October 31, 2025) | 16:00 - 17:30 | Seminar Room 4 (3SR)

Moderators: Prof Li-Yin Chien, National Yang Ming Chiao Tung University

Prof Yi Nam Suen, The University of Hong Kong

CS6-1 Burden on Family Caregivers of Children with Cancer: A Meta-Synthesis of Qualitative Studies

Lu Zhang¹, Jinjin Cao², Mei Li¹, Jing Liu²

¹School of Nursing, Nanjing Medical University, ²Department of Nursing, Nanjing BenQ Medical Center

CS6-2 Symptom Network Structure and Latent Profiles of Depression and Loneliness in Middle-Aged and Older Adults: The Role of Digital Exclusion

Liyao Su, Yongmei Jin

Nursing Department, The Seventh People's Hospital Affiliated to Shanghai University of Traditional Chinese Medicine

CS6-3 The Associations Between Sleep Problems and Somatic Diseases Among Nurses: Cross-Sectional Analyses of a National Cohort Study

Meng Ning^{1, 2}, Jiabin Yang^{3, 4}, Zengyu Chen^{3, 5}, Yusheng Tian³, Xuting Li³, Yitinig Liu³, Qiang Yu³, Chongmei Huang⁶, Dan Zhang¹, Zhenhui Ren¹, Chunhui Bin¹, Jianghao Yuan¹, Yamin Li⁷

¹Xiangya School of Nursing, Central South University, ²School of Nursing, The Hong Kong Polytechnic University, ³Clinical Nursing Teaching and Research Section, The Second Xiangya Hospital of Central South University, ⁴School of Computer Science and Engineering, Central South University, ⁵School of Nursing, University of Washington, ⁶School of Nursing, Ningxia Medical University, ⁷Management Department, Hunan Provincial People's Hospital (The First Affiliated Hospital of Hunan Normal University)

CS6-4 Effective Strategies for Engaging Distressed Young People in Community Services: Insights from the Headwind Program

Yi Nam Suen¹, Yu Hai Eric Chen²

¹School of Nursing, The University of Hong Kong, ²Department of Psychiatry, The University of Hong Kong

CS6-5 Mediators of Psychotic-Like Experiences in Community Youths After Trauma: Positive Sense of Agency and Post-Traumatic Stress Symptoms

Melody So, Christy Lai Ming Hui

Department of Psychiatry, The University of Hong Kong

Concurrent Oral Presentation Session

Session 6: Mental Health Across the Lifespan (CS6-1)

Burden on Family Caregivers of Children with Cancer: A Meta-Synthesis of Qualitative Studies

Lu Zhang¹, Jinjin Cao², Mei Li¹, Jing Liu²

¹*School of Nursing, Nanjing Medical University,* ²*Department of Nursing, Nanjing BenQ Medical Center*

Background and Objectives

Family caregivers of children with cancer have an immense caregiver burden, which can negatively impact their physical and psychological well-being. A comprehensive assessment of the caregiver burden is vital for the effective implementation of future interventions and support. Objectives: To thoroughly explore the burdens confronted by family caregivers of children with cancer.

Methods

We conducted a systematic review and qualitative meta-synthesis. Eligible studies included caregiver burden experienced by family caregivers, published in English and Chinese from January 2014 to November 2024. Data sources included Pubmed, Embase, CINAHL, PsycINFO, Web of science, Cochrane Library, CNKI, WangFang, VIP. Systematic searches retrieved 12,244 potentially relevant articles. Two reviewers independently screened titles, abstracts and full text and achieved consensus through critical discussion with a third reviewer. Fifteen studies were finally agreed for inclusion. Data were extracted into a Microsoft Excel spreadsheet and synthesised through line-by-line coding of relevant quotes.

Results

The qualitative synthesis resulted in ten descriptive themes followed later by six analytical themes. Specifically, these were (1) Emotional and Mental Strain of Caregiving, (2) Financial Strain and Economic Challenges, (3) Lack of Caregiving Knowledge and Skills, (4) Inadequate Support Networks, (5) Physical Exhaustion and Health Decline and (6) Disruption of Family Dynamics and Social Roles.

Conclusions

This article indicates that caregiver burden is intricate, encompassing psycho-emotional, financial, and support network dimensions. It presents multifaceted recommendations to alleviate the caregiver burden, aiming to provide evidence-based support for healthcare professionals to enhance the quality of care and treatment satisfaction, while promoting synergistic benefits for patients, families, and healthcare institutions.

Concurrent Oral Presentation Session

Session 6: Mental Health Across the Lifespan (CS6-2)

Symptom Network Structure and Latent Profiles of Depression and Loneliness in Middle-Aged and Older Adults: The Role of Digital Exclusion

Liyao Su, Yongmei Jin

Nursing Department, The Seventh People's Hospital Affiliated to Shanghai University of Traditional Chinese Medicine

Background and Objectives

Depression and loneliness are common among older adults. However, the heterogeneity and overlapping symptom patterns of these conditions remain poorly understood. Digital exclusion has also emerged as a key factor in social inequality, yet its impact on mental health is still unclear. Objective: This study aimed to identify latent subgroups of middle-aged and older adults in China based on depressive and loneliness symptoms, and to compare symptom-level network structures between individuals with and without digital exclusion.

Methods

We analyzed 15,860 adults in the 2020 wave of CHARLS. Latent profile analysis identified subgroups by depression and loneliness scores. Symptom networks for individuals with and without digital exclusion were constructed using Gaussian graphical models with LASSO regularization. Network comparison tests assessed global connectivity and inter-symptom associations, while centrality analyses identified key bridge symptoms linking depression and loneliness.

Results

Three subgroups were identified by LPA: low (71.2%), moderate (20.1%), and high symptoms (8.6%). Denser networks and higher levels of loneliness and sadness were associated with digital isolation. Cognitive-emotional ties (CESD1–CESD2) were highest in excluded people, while CESD3 was more associated with loneliness in non-excluded people. Loneliness and CESD10 were identified as the main bridge symptoms by centrality analysis. Following sensitivity testing and demographic adjustments, these trends persisted.

Conclusions

These findings suggest that digital exclusion may exacerbate psychological distress by strengthening connections between symptoms, particularly loneliness and low motivation. Targeted interventions and inclusive public health policies addressing digital inequality could lower mental health risks and enhance resilience among older adults.

Concurrent Oral Presentation Session

Session 6: Mental Health Across the Lifespan (CS6-3)

The Associations Between Sleep Problems and Somatic Diseases Among Nurses: Cross-Sectional Analyses of a National Cohort Study

Meng Ning^{1, 2}, Jiaxin Yang^{3, 4}, Zengyu Chen^{3, 5}, Yusheng Tian³, Xuting Li³, Yitinig Liu³, Qiang Yu³, Chongmei Huang⁶, Dan Zhang¹, Zhenhui Ren¹, Chunhui Bin¹, Jianghao Yuan¹, Yamin Li⁷

¹Xiangya School of Nursing, Central South University, ²School of Nursing, The Hong Kong Polytechnic University, ³Clinical Nursing Teaching and Research Section, The Second Xiangya Hospital of Central South University, ⁴School of Computer Science and Engineering, Central South University, ⁵School of Nursing, University of Washington, ⁶School of Nursing, Ningxia Medical University, ⁷Management Department, Hunan Provincial People's Hospital (The First Affiliated Hospital of Hunan Normal University)

Background and Objectives

Sleep problems are common among nurses and may compromise both health and professional performance. However, large-scale evidence on their associations with diverse somatic diseases is scarce. This study explored these associations in a nationwide cohort of Chinese nurses.

Methods

Data were drawn from the Nurses' Mental Health Study, including 132,910 nurses from tertiary hospitals in China. Sleep problems were defined as frequent insomnia symptoms or self-reported sleep disorders in the past year. Disease outcomes were classified by ICD-11. Binary logistic regression was applied, with negative control analyses, sensitivity tests, and subgroup analyses conducted to test robustness. Percentage of excess risk mediated (PERM) was calculated to evaluate the proportions that three types of explanatory factors mediating the association. Population-attributable fraction (PAF) was performed to examine the proportion of diseases that could be avoided by eliminating sleep problems.

Results

Overall, 24.1% of nurses reported sleep problems. After adjusting for demographic and lifestyle factors, sleep problems were significantly associated with 13 of 13 disease categories, 30 of 32 individual diseases and comorbidities (adjusted OR 1.04–2.79, PAF 0.75%–27.82%). Pain, diseases of the nervous system, ear or mastoid process, musculoskeletal system or connective tissue and hematopoietic system were the five categories most strongly associated with sleep problems. Work-related factors, lifestyle, and mental health symptoms partially mediated these associations, explaining 21%–73% of the excess risk, with mental health symptoms explaining the largest proportion.

Conclusions

This study provides the first comprehensive evidence linking sleep problems to a broad spectrum of diseases in nurses. Addressing sleep health in the nursing workforce may be a critical strategy to prevent diseases and multimorbidity, and sustain healthcare capacity.

Concurrent Oral Presentation Session

Session 6: Mental Health Across the Lifespan (CS6-4)

Effective Strategies for Engaging Distressed Young People in Community Services: Insights from the Headwind Program

Yi Nam Suen¹, Yu Hai Eric Chen²

¹*School of Nursing, The University of Hong Kong*, ²*Department of Psychiatry, The University of Hong Kong*

Background and Objectives

The study evaluated if headwind service, an online, informal mental health advisory platform, effectively engages people with moderate to severe psychological distress and lowers distress levels. It compared distress reduction with natural recovery in a community cohort.

Methods

Study analysed data from 13,527 people across three groups: headwind service users (n = 3,559), territory-wide YMH program participants (n = 6,734), and community youth group (n = 3,234). Data collected between April 2019 and December 2024 in Hong Kong. headwind offers single 30-minute advisory sessions through Zoom or telephone, led by psychiatrists and clinical psychologists. Service designed for easy access and immediacy, giving practical advice without formal doctor-patient relationship. Mental distress was measured using the Kessler Psychological Distress Scale (K6) at baseline and follow-up. Primary outcomes included engagement of individuals with moderate to severe levels of mental distress, reductions in K6 scores and changes in distress severity categories. Secondary outcomes examined demographic subgroup differences and comparisons with natural recovery in the community cohort.

Results

headwind users reported the highest baseline distress levels (mean K6 score: 13.11), significantly higher than those in the YMH (7.88) and community (7.27) cohorts ($P < 0.001$). Following a single session, headwind participants experienced substantial reductions in distress (large effect size: 0.74). Reductions were consistent across age, gender, and baseline distress subgroups, with the largest improvements observed in individuals with severe distress. headwind users showed significantly greater distress reductions than the naturalistic recovery observed in the community cohort ($P = 0.008$).

Conclusions

The headwind service effectively engages young people with moderate to severe mental distress and provides immediate, meaningful reductions in distress. Its anonymous, accessible, and low-barrier design addresses systemic challenges in traditional mental health services, making it a valuable complement to existing care systems.

Concurrent Oral Presentation Session

Session 6: Mental Health Across the Lifespan (CS6-5)

Mediators of Psychotic-Like Experiences in Community Youths After Trauma: Positive Sense of Agency and Post-Traumatic Stress Symptoms

Melody So, Christy Lai Ming Hui

Department of Psychiatry, The University of Hong Kong

Background and Objectives

Trauma exposure has been associated with the development of psychotic disorders in adolescence and young adulthood. Trauma can compromise the sense of agency, a predictor of psychosis. Symptoms of post-traumatic stress disorder (PTSD) after trauma may also imply significant cognitive impairments that predispose young people to psychotic-like experiences (PLEs). This study investigates whether the two senses of agency subtypes – positive and negative agency, and PTSD symptoms mediated PLEs in youths after trauma.

Methods

Participants were Hong Kong youths aged 12 to 25 who completed surveys online from May 2022 to May 2024. Self-report sense of agency, PLEs and related distress, potentially traumatic life events, and PTSD symptoms from 517 youths with a mean age of 20.22 and 72.0% female were analysed. 283 participants (54.7%) experienced at least one potentially traumatic event.

Results

Mediation analyses indicated a significant indirect effect of trauma on both PLEs ($B=0.041$, 95% CI [0.003, 0.035]) and related distress ($B=0.174$, 95% CI [0.004, 0.038]) through a positive sense of agency in the full sample. In the trauma-exposed subgroup ($n=283$), a different pattern emerged -- PTSD symptoms, but not sense of agency, demonstrated a significant indirect effect on the relationship between trauma and both outcomes (PLEs: $B=0.247$, 95% CI [0.047, 0.152]; distress: $B=0.996$, 95% CI [0.052, 0.162]).

Conclusions

The presence of traumatic experiences can increase PLEs by reducing positive agency in community youths. Among trauma-exposed youths, the effect of various traumatic experiences on PLEs may be better explained by PTSD symptoms. Limitations of the study and future directions are discussed.

Concurrent Oral Presentation Session

Session 7: Primary Healthcare and Nursing

Day 2 (November 1, 2025) | 09:00 - 10:15 | Lecture Theatre 1 (21SR)

Moderators: Prof Kieko Iida, Chiba University

Dr Josephine De Leon, Centro Escolar University

- CS7-1 Perceptions of Primary Healthcare Professionals in the Care of Older People with Sarcopenia: A Qualitative Study**
Shuang Wu^{1,2}, Jing Chang¹, Hui Feng¹, Lily Xiao³
¹Xiangya School of Nursing, Central South University, ²School of Nursing, Anhui Medical University, ³College of Nursing and Health Sciences, Flinders University
- CS7-2 Primary Healthcare Utilization and Perceptions of District Health Centres Among Elderly Residents in Hong Kong: Insights from the Generations Connect Project**
Aaron Wan Jia He, Ferrina Hoi-yan Cheung, Yuna Shao, Sophia Siu Chee Chan
School of Public Health, The University of Hong Kong
- CS7-3 Evaluating a Weight Management Training Program for NGO Nurses: Insights from the HKJC Datazone Primary Health Care Project**
Sophia Siu Chee Chan¹, Aaron Wan Jia He¹, Yuna Shao¹, Ryder Tsz Hong Chan¹, Derek Yee Tak Cheung²
¹School of Public Health, The University of Hong Kong, ²School of Nursing, The University of Hong Kong
- CS7-4 The Impact of Social Media Influencers on Food Consumption and Diabetes Mellitus Risk Among Non-Health Allied Students**
Josephine De Leon^{1,2}, Jon Joshua Echano¹, Jeremi Isaac Bernante¹, Jenny Carreon¹, Ma Loryneth Lim¹, Koreen Mae Magday¹, Austin Gianni Manalo¹, Christopher Mistiola¹, Sean Kester Navarro¹, Bea Noell Pebojot¹, Melanie Roy¹, Danielle Antonette Sakay¹, Megan Tan¹
¹School of Nursing, Centro Escolar University, ²Graduate School, Centro Escolar University
- CS7-5 Exploring the Determinants of Integrated Care for Community-Dwelling Frail Older Adults: A Qualitative Study Guided by Implementation Science Frameworks**
Jiaqi Yu¹, Hejing Chen¹, Yang Yang¹, Xuanzhi Liu¹, Zihang Tu¹, Yufeng Wang¹, Huaxin Si¹, Wendie Zhou¹, Yanyan Li¹, Beibei Yuan², Bei Wu³, Cuili Wang¹
¹School of Nursing, Peking University, ²China Center for Health Development Studies, Peking University, ³Rory Meyers College of Nursing, New York University
- CS7-6 Exploring the Care Needs of Conversational Agents from the Perspective of the Elderly: A Qualitative Study**
Yibing Jiang, Ying Wang, Rong Li, Rong Hu
School of Nursing, Fujian Medical University

Concurrent Oral Presentation Session

Session 7: Primary Healthcare and Nursing (CS7-1)

Perceptions of Primary Healthcare Professionals in the Care of Older People with Sarcopenia: A Qualitative Study

Shuang Wu^{1,2}, Jing Chang¹, Hui Feng¹, Lily Xiao³

¹Xiangya School of Nursing, Central South University, ²School of Nursing, Anhui Medical University, ³College of Nursing and Health Sciences, Flinders University

Background and Objectives

Sarcopenia is highly prevalent among community-dwelling older adults and is associated with diverse adverse health outcomes, yet it remains frequently underdiagnosed and undertreated in primary care. As the first point of contact, primary healthcare professionals (PHCPs) play a pivotal role in chronic disease management, care coordination, health education, and motivating behavior change. However, limited evidence exists regarding PHCPs' perspectives on sarcopenia care, which constrains the development and promotion of effective services. This study aimed to identify the challenges and opportunities faced by PHCPs in caring for older people with sarcopenia in China.

Methods

A qualitative descriptive design was employed. Semi-structured interviews were conducted with 23 PHCPs (11 nurses, 7 general practitioners, and 5 physiotherapists) from four community care centres in China between April and July 2024. Data were analyzed using thematic analysis.

Results

Four main themes with their respective sub-themes were identified and described as: (1) limited capability in sarcopenia detection and management; (2) attention and autonomy in sarcopenia care influenced by work priorities and patient's cooperation; (3) challenges in practical guidelines and resources availability for sarcopenia integrated care; (4) future practical pathways through standardization, embedding and collaboration.

Conclusions

PHCPs face significant challenges primarily due to limited awareness and the lack of systematic training, which they viewed as essential to building competence and confidence. Even when knowledge was present, its application was constrained by insufficient motivation, resources, and support. For feasible community implementation, PHCPs recommended developing standardized assessment and intervention protocols or embedding sarcopenia management into existing service systems, such as family doctor contract packages, to enable tailored care, workload monitoring, and follow-up. Integrating sarcopenia screening into routine chronic disease visits and fostering collaboration with social workers and academic institutions were also seen as key opportunities.

Concurrent Oral Presentation Session

Session 7: Primary Healthcare and Nursing (CS7-2)

Primary Healthcare Utilization and Perceptions of District Health Centres Among Elderly Residents in Hong Kong: Insights from the Generations Connect Project

Aaron Wan Jia He, Ferrina Hoi-yan Cheung, Yuna Shao, Sophia Siu Chee Chan

School of Public Health, The University of Hong Kong

Background and Objectives

Hong Kong's rapidly ageing population is experiencing a high prevalence of chronic conditions, with nearly half of adults aged ≥ 65 affected. In response, the Government has initiated primary health care reform and established District Health Centres (DHCs), which provide primary, secondary and tertiary prevention services, including nurse-led clinics offering health assessments, counselling, chronic disease management, and multidisciplinary referrals. This qualitative study, conducted as part of the Generations Connect Project, involved trained students visiting underprivileged older adults to provide health assessments, promote e health literacy, and encourage engagement with DHC services. This study aimed to explore older adults' perceptions of, and facilitators and barriers to, joining DHCs and engaging in their primary healthcare services.

Methods

A total of sixty-six underprivileged older adults (mean [SD] aged 76.1 [6.7]) from all 18 districts in Hong Kong participated in face-to-face, semi-structured individual interviews. The majority were female (81.8%), retired (90.9%), and reported no income (68.2%). Interview data were transcribed, coded and analysed thematically.

Results

Of the 66 participants, 43.9% (29/66) were DHC members, primarily engaging in nurse-led health assessments (41.3%, 12/29) and wellness education programmes (41.3%, 12/29). However, 34.5% of these members did not maintain regular attendance. Reported barriers included doubts about the effectiveness of primary healthcare services, habitual reliance on other healthcare providers, and time constraints. The remaining 56.1% (37/66) had never used DHC services, citing limited knowledge of services offered, uncertainty about DHC locations, enrolment procedures, and costs. Facilitators for participation included positive peer recommendations and perceived convenience.

Conclusions

Many older adults still view primary healthcare as supplementary rather than essential. To improve engagement, greater differentiation of nurse-led services from existing providers, targeted outreach, enhanced accessibility, and improved e-health literacy are recommended. Strengthening these strategies may maximize the role of nurses and promote broader participation of older adults in DHCs and their health promotion activities.

Concurrent Oral Presentation Session

Session 7: Primary Healthcare and Nursing (CS7-3)

Evaluating a Weight Management Training Program for NGO Nurses: Insights from the HKJC Datazone Primary Health Care Project

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Background and Objectives

Weight management is a key component of chronic disease prevention in primary healthcare. However, frontline staff often lack structured training in behavioral strategies. This study, under the Hong Kong Jockey Club Datazone Primary Health Care Project, evaluated an innovative capacity-building program using blended learning, behavioral modification techniques, and the Kirkpatrick Model to enhance NGO staff's knowledge, confidence, attitude, and commitment in delivering weight management interventions.

Methods

A quasi-experimental pretest-post-test design was adopted. Twenty-four participants from three NGOs in Hong Kong attended a blended-format training on March 18, 2024, led by a registered dietitian. Knowledge was assessed via a 10-item quiz, while confidence, attitude, and commitment were measured using self-rated questionnaires based on the Kirkpatrick Model. Wilcoxon signed-rank tests and Hedges' g were used for analysis.

Results

A total of 24 participants (91.7% female), with 83.3% nurses, attended the training and completed pre-and immediate post-test questionnaires. Participants demonstrated significant improvements across all measured areas after the training, including knowledge ($Z = 2.53$, $p = 0.01$, Hedges' $g = 0.37$), confidence ($Z = 3.56$, $p < 0.001$, Hedges' $g = 0.86$), attitude ($Z = 2.81$, $p = 0.005$, Hedges' $g = 0.61$), and commitment ($Z = 3.13$, $p = 0.002$, Hedges' $g = 0.71$). Course evaluations indicated over 90% satisfaction, engagement, and relevance among participants, with confidence in delivering weight management interventions increasing from 58.3% pre-training to 95.8% post-training.

Conclusions

The training program effectively enhanced NGO staff's capacity to deliver weight management interventions. Findings support the value of blended learning with structured behavioral training in strengthening nurse-led primary healthcare delivery. Future research should explore long-term impact on practice and client outcomes.

Concurrent Oral Presentation Session

Session 7: Primary Healthcare and Nursing (CS7-4)

The Impact of Social Media Influencers on Food Consumption and Diabetes Mellitus Risk Among Non-Health Allied Students

Josephine De Leon^{1,2}, Jon Joshua Echano¹, Jeremi Isaac Bernante¹, Jenny Carreon¹, Ma Loryneth Lim¹, Koreen Mae Magday¹, Austin Gianni Manalo¹, Christopher Mistiola¹, Sean Kester Navarro¹, Bea Noell Pebojot¹, Melanie Roy¹, Danielle Antonette Sakay¹, Megan Tan¹

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Background and Objectives

The rise of social media influencers in the Philippines has significantly shaped consumer trends and eating habits, particularly among young adults. The widespread posting of food-related content raises concerns about its potential contribution to the increasing prevalence of Type 2 Diabetes Mellitus (T2DM), especially among susceptible student populations. With over 4 million diabetes cases nationwide and a growing number of younger individuals affected, understanding the interaction between social media influence and dietary practices is critical.

Methods

This study aimed to examine the relationship between social media influencer impact, frequency of food consumption, and student profiles about the risk of developing T2DM. A descriptive correlational design was employed to describe variables such as food composition, diabetes risk, and social media influence. Data were collected through a structured questionnaire and analyzed using Pearson correlation.

Results

Findings revealed strong positive correlations between perceived content attractiveness of influencers and consumption of meat, processed meat, and alcoholic beverages. Informational influence from influencers was linked to higher intake of processed foods and sugary products. The majority of participants were 21 years old, predominantly female, Filipino, with no family history of diabetes, and within the normal BMI range. Facebook emerged as the most frequently used platform, followed by Instagram and TikTok. Influencers were generally perceived as credible, with attractiveness, expertise, self-concept, and informational value also influencing perceptions.

Conclusions

Although no significant relationship was found between overall influencer impact and T2DM risk, a significant positive correlation existed between food consumption frequency and diabetes risk. Platform-specific trends suggested that Instagram and TikTok engagement were associated with higher perception of influencer credibility in the food context. Results highlight that while demographics alone are not primary determinants of T2DM risk, social media exposure and resulting dietary patterns can play a meaningful role in shaping behaviors linked to the disease.

Concurrent Oral Presentation Session

Session 7: Primary Healthcare and Nursing (CS7-5)

Exploring the Determinants of Integrated Care for Community-Dwelling Frail Older Adults: A Qualitative Study Guided by Implementation Science Frameworks

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Background and Objectives

Integrated care is increasingly recommended as a crucial approach for frail community-dwelling older people, and primary care teams becomes the optimal providers of this healthcare service. This study aimed to identify the barriers and facilitators to implement integrated care for frail community-dwelling older adults by primary care teams in China.

Methods

This qualitative explorative study was conducted from January 2024 to June 2025, recruited 28 integrated care deliverers and 16 recipients through purposive sampling. Participants underwent individual in-depth interviews. The updated Consolidated Framework for Implementation Research and Theoretical Domains Framework were applied to guide semi-structured interviews, traditional content analysis and reporting of findings.

Results

The findings highlighted 56 implementation determinants of the integrated care for frail individuals, including 26 barriers, 28 facilitators and 2 mixed factors. Common barriers were identified, such as insufficient healthcare human resources, the complexity of integrated care with multiple components, its low priority compared to specific disease treatment, and poor beliefs about capabilities.

Conclusions

The implementation of integrated care is influenced by barriers and facilitators from multiple levels (organizational and individual) and multiple sources (implementers and recipients). It will inform policy makers and practitioners in similar settings of potential strategies to overcome barriers and enhance facilitators, promoting the implementation of integrated care and improving older adults' quality of life and reducing healthcare costs.

Concurrent Oral Presentation Session

Session 7: Primary Healthcare and Nursing (CS7-6)

Exploring the Care Needs of Conversational Agents from the Perspective of the Elderly: A Qualitative Study

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Background and Objectives

With the acceleration of population aging, the demand for care from the elderly is increasing. Conversational agents (CAs), as emerging intelligent interaction tools, have gradually been applied to elderly care services. However, individual differences lead to varying demands for CAs among the elderly. Therefore, this study aims to investigate the heterogeneity of their demands, and to construct demand portraits that address the unique challenges and needs of different elderly groups.

Methods

This qualitative descriptive study was conducted from June to August 2025 in four elderly care institutions in mainland China. Semi-structured, face-to-face interviews were carried out with elderly participants to understand their needs for CAs. The content analysis method was used to extract labels and construct dimensions, and elderly demand portraits were constructed based on these dimensions. This study followed the Consolidated Criteria for Reporting Qualitative Research (COREQ) checklist.

Results

A total of 21 elderly individuals participated in this study. Three key dimensions were identified to construct the portraits: person, environment, and technology. Five distinct portraits were developed to highlight differences in the elderly's needs for CAs. The specific portraits are as follows: life support-oriented; knowledge acquisition-oriented; emotional interaction-oriented; safety assurance-oriented; and technology indifference-oriented.

Conclusions

The needs of the elderly in care institutions for CAs are multidimensional and complex. The findings provide a basis for future elderly-friendly design based on user needs, contributing to the optimisation and development of intelligent elderly care services.

Concurrent Oral Presentation Session

Session 8: Cognitive Health and Dementia Care

Day 2 (November 1, 2025) | 09:00 - 10:15 | Lecture Theatre 2 (21SR)

Moderators: Prof Sheila R. Bonito, University of the Philippines Manila

Prof Ping Guo, University of Birmingham

CS8-1 Pragmatic Resilience: A Grounded Theory of the Family as a System in Chinese Dementia Care

Dian Jiang, Yishi Chen, Xi Chen, Feng Hui

Xiangya School of Nursing, Central South University

CS8-2 Balance Function is Associated with Cognitive Status, Brain Amyloid-Beta Deposition, and Blood Biomarkers in Chinese Han Population

Ziwei Xu, Yuanyuan Peng, Haiou Xia, Zixing Weng

Department of Nursing, School of International Medical Technology, Shanghai Sanda University

CS8-3 Relationship Between Self-Management Behaviors and Cognitive Impairment Among Elderly Patients with Chronic Diseases in China: A Network Analysis

Xiangyu Lai¹, Chengfeng Xu¹, Chenfan Yang¹, Chun Li^{2,3}, Yi Lin⁴, Yuan Liao^{1,2}, Yu Li¹

¹School of Nursing, Guangzhou University of Chinese Medicine, ²Academic Affairs Office, Guangzhou University of Chinese Medicine, ³Nursing Interdisciplinary Research Center, Guangzhou University of Chinese Medicine, ⁴Encephalopathy Department, Guangdong Provincial Hospital of Chinese Medicine

CS8-4 Promoting Healthy Ageing from a Visual-Cognitive Perspective: A Series of Studies on Causal Associations, Screening Management, and Potential Mechanisms of Visual Impairment in Cognitive Decline

Yafang Zhao¹, Xiaopeng Huo², Dan Xie¹, Qingchi Wang², Qianbei Wang³, Yonghua Cai²

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CS8-5 Priorities of Integrating Palliative Care into Dementia Practice from the Perspectives of Underrepresented Stakeholders: A Qualitative Study

Ping Guo¹, Priyanka Sharma¹, Nikolaos Efsthathiou¹, Cara Bailey¹, Peymane Adab², Jon Glasby³

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CS8-6 Combined Physical–Cognitive Rehabilitation Program Tackling Post-Intensive Care Syndrome in ICU Survivors

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Concurrent Oral Presentation Session

Session 8: Cognitive Health and Dementia Care (CS8-1)

Pragmatic Resilience: A Grounded Theory of the Family as a System in Chinese Dementia Care

Dian Jiang, Yishi Chen, Xi Chen, Feng Hui

Xiangya School of Nursing, Central South University

Background and Objectives

With the global rise in dementia, families, particularly in China, provide the majority of long-term care. However, dominant Western resilience frameworks often focus on individual coping and may not capture the collective, culturally-grounded processes that sustain these families. This study aimed to develop a substantive theory of family resilience among Chinese families caring for a member with dementia.

Methods

A constructivist grounded theory study was conducted. In-depth interviews were held with 21 family caregivers from 21 families providing dementia care at home in Hunan, China. Data were collected and analyzed concurrently using constant comparative analysis, progressing through initial, focused, and theoretical coding to generate a substantive theory.

Results

The study generated a theory of 'Pragmatic Family Resilience,' a collective organizational process. This resilience is driven by a 'Motivational Core,' a dual-engine of internalized ethical obligations and enduring emotional bonds, rather than positive reframing. This core sustains an 'Adaptive Care Architecture,' a flexible, multi-layered family system that operates through strategic ambiguity and resource conservation. This architecture enables families to enact 'Pragmatic Daily Strategies,' which are characterized by tenacious endurance, acknowledging limits, and creating pockets of positivity to sustain long-term care.

Conclusions

Family resilience in Chinese dementia care is a pragmatic, collective process of endurance, not an individual act of overcoming. This finding has significant implications for chronic disease management and long-term care. Nurses should shift their focus from the individual caregiver to assessing and facilitating the family's entire adaptive system. Nurse leadership is crucial in championing this family-centered approach, empowering families' own culturally-grounded resilience mechanisms to ensure sustainable and compassionate long-term care.

Concurrent Oral Presentation Session

Session 8: Cognitive Health and Dementia Care (CS8-2)

Balance Function is Associated with Cognitive Status, Brain Amyloid-Beta Deposition, and Blood Biomarkers in Chinese Han Population

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Background and Objectives

In recent years, an increasing amount of research evidence suggests that cognitive dysfunction not only involves damage to advanced central functions such as memory and attention, but may also be closely related to balance function. The question of whether the decline in balance function in the elderly population may have already occurred in the preclinical stage of dementia and often precedes significant cognitive decline still deserves further exploration.

Methods

Balance function and cognition data of 2218 participants were obtained from the Chinese preclinical Alzheimer's disease study. Participants were divided into four groups according to disease severity. Among them, 1048 participants underwent the positron emission tomography-computed tomography (PET-CT) and plasma biomarker test. Berg Scale Score and gait were combined into a score indicating physical function. Multiple linear regression models and logistic regression models were mainly used to conduct the analysis.

Results

There was a significant positive correlation between balance function and cognitive function ($R = 0.48$, $p < 0.001$), independent of sex, age, apolipoprotein E- $\epsilon 4$ genotype, and disease stages ($p < 0.001$). Physical function was effective in distinguishing individuals with cognitive impairment from those without ($AUC = 0.835$). Balance function was negatively associated with brain A β deposition ($p = 0.008$) and brain A β had an intermediary effect ($p < 0.01$) on the association between balance function and cognition in women. This association was mainly evident in the lateral parietal, lateral temporal, posterior cingulate, frontal, occipital, and precuneus regions.

Conclusions

The balance function of elderly people in China is closely related to cognitive function, and brain A β deposition mediates the relationship between balance and cognition to a certain extent. Plasma NfL can serve as a potential target for balancing interventions in cognitive function. Improving balance function can help alleviate cognitive decline.

Concurrent Oral Presentation Session

Session 8: Cognitive Health and Dementia Care (CS8-3)

Relationship Between Self-Management Behaviors and Cognitive Impairment Among Elderly Patients with Chronic Diseases in China: A Network Analysis

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Background and Objectives

As the trend of population aging accelerates and chronic diseases prevalence remains high, the issue of cognitive impairment among elderly patients with chronic diseases has become increasingly prominent. This study utilizes network analysis to examine the cognitive symptom network in elderly patients with chronic diseases, explore the relationship between cognitive impairment and self-management behaviors, and identify potential intervention targets. The findings aim to support early detection and prevention of cognitive impairment and promote healthy aging.

Methods

A total of 723 elderly patients with chronic diseases were selected from 120 cities in China through a multi-stage sampling method. The 8-item ascertain dementia scale (AD-8) was used to assess cognitive function. The level of self-management behavior of participants was evaluated using the Chronic disease self-management behaviors scale (CDSMB). Network analysis was used to construct the cognitive symptom network and the cognitive impairment-CDSMB network for elderly patients with chronic diseases.

Results

Based on network analysis, AD7 "Trouble remembering appointments" was identified as a central symptom in both the cognitive symptom network and the cognitive impairment-CDSMB network. Furthermore, within the cognitive impairment-CDSMB network, the important bridge nodes identified were Ex "Exercise", AD8 "Daily problems with thinking and/or memory", and AD2 "Less interest in hobbies/activities".

Conclusions

The central cognitive symptoms of elderly patients with chronic diseases are manifested as episodic memory deficits. Precise intervention measures targeting bridge nodes, such as the integration of structured cognitive training, interest-oriented behavioral incentives, and social support strategies, may effectively delay cognitive decline and improve self-management efficacy among patients. Healthcare professionals should promptly identify the central symptoms of patients' cognitive impairment and develop personalized cognitive health management models to reduce the risk of cognitive disorders.

Concurrent Oral Presentation Session

Session 8: Cognitive Health and Dementia Care (CS8-4)

Promoting Healthy Ageing from a Visual-Cognitive Perspective: A Series of Studies on Causal Associations, Screening Management, and Potential Mechanisms of Visual Impairment in Cognitive Decline

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Background and Objectives

Research on visual-cognitive impairment provides new insight into the prevention of cognitive decline. However, the above causal relationships, underlying mechanisms, and predictive risk factors have not yet been identified. To clarify the causal relationship between visual impairment and cognitive impairment via Mendelian randomization, then to summarize the risk factors in the visual-cognitive pathway, and to identify potential mediating variables.

Methods

The univariate and multivariate Mendelian randomization analyses were conducted by collecting data from the FinnGen and Open GWAS. A knowledge graph was used to construct screening and intervention factors related to visual-cognitive impairment. A cross-sectional survey was subsequently conducted to identify the mechanisms involved in the visual-cognitive pathway, fundus imaging and electronic information system were the data source.

Results

Increases in visual disturbance severity were associated with negative of cognitive performance [OR=1.031, 95% CI: 1.005~1.057] and cognitive function decline [OR=1.247, 95% CI: 1.055~1.473]. The causal effect of visual impairment on cognitive performance and cognitive function after adjusting for BMI and smoking was significant [OR=1.14, 95% CI: 1.006~1.291; OR=1.13, 95% CI: 1.006~1.269; OR=1.022, 95% CI: 1.001~1.044; OR=1.033, 95% CI: 1.004~1.063]. The knowledge graph identified the following risk factors: physical activity, psychosocial indicators, nutritional level, and retinal markers. Total 303 elderly were included in the survey, the average retinal nerve fiber layer thickness and cardiovascular disease fully mediated the relationship between visual impairment and cognitive impairment ($\beta = 0.556$, $p < 0.001$).

Conclusions

Genetically determined visual impairment is causally linked to poorer general cognitive function. The exploration of potential biomarkers in visual-cognitive pathway is empirically necessary. There is a need to explore the feasibility of identifying individuals at risk of cognitive impairment through the predictability of retinal markers in fundus imaging, and establishing a three-level linkage model of hospital-individual-community to provide comprehensive assessments of eye disease, visual function, lifestyle factors, social factors and retinal biomarkers, as it is necessary to identify the causes of cognitive impairment earlier and manage risk factors.

Concurrent Oral Presentation Session

Session 8: Cognitive Health and Dementia Care (CS8-5)

Priorities of Integrating Palliative Care into Dementia Practice from the Perspectives of Underrepresented Stakeholders: A Qualitative Study

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Background and Objectives

The prevalence of dementia is expected to rise substantially, creating an urgent need to enhance care to better support individuals living with this condition, particularly as they approach their end of life. Palliative care has been recognised as an essential component of care. However, the integration of palliative care into dementia practice presents unique challenges, especially for minority and marginalised populations. This study aimed to explore the palliative care needs, priorities, and concerns of people living with dementia from the perspectives of underrepresented stakeholders in Birmingham and the West Midlands region.

Methods

A descriptive qualitative design was used. 30 semi-structured interviews were conducted (10 people with dementia and 10 caregivers from minority ethnic groups, 10 healthcare providers from primary care and social care settings). Interview data were analysed using thematic analysis.

Results

Five themes were generated: (1) Cultural sensitivities: Participants emphasised the importance of respecting their cultural, spiritual, and religious beliefs; (2) Communication barriers (e.g., lack of awareness about palliative care and multilingual resources); (3) Rising challenges in acute settings; (4) Specialised staff training: It is crucial to recognise end-of-life stages of dementia and tailor care to meet the needs of diverse populations; and (5) Emotional and relational challenges: Caregivers discussed the emotional toll of caregiving and the difficulties of end-of-life decision making.

Conclusions

This study highlights the importance of better communication, cultural sensitivities, staff training, and caregiver support. It promotes a more inclusive and person-centred approach to giving a voice to people living with dementia and caregivers from minority and marginalised communities. Future work is required to develop and evaluate culturally competent care models and training programmes to integrate palliative care into dementia practice more effectively. Funder: NIHR Three Schools' Dementia Research Programme.

Concurrent Oral Presentation Session

Session 8: Cognitive Health and Dementia Care (CS8-6)

Combined Physical–Cognitive Rehabilitation Program Tackling Post-Intensive Care Syndrome in ICU Survivors

Polly Wai Chi Li¹, Doris Yu¹, Mu-hsing Ho¹, Chak Kwan Tong², Pauline Yeung^{3, 4}, Peter Lai⁴, Sampson Chan⁵

¹*School of Nursing, The University of Hong Kong*, ²*Intensive Care Unit, Tuen Mun Hospital*, ³*Critical Care Medicine Unit, The University of Hong Kong*, ⁴*Adult Intensive Care Unit, Queen Mary Hospital*, ⁵*Intensive Care Unit, Ruttonjee & Tang Shiu Kin Hospitals*

Background and Objectives

Post-intensive care syndrome (PICS) encompasses persistent physical, cognitive, and psychological impairments following critical illness, substantially limiting functional recovery and health-related quality of life (HRQoL). Despite its recognized impact, effective interventions addressing PICS remain limited. The study aimed to examine the feasibility, acceptability, and preliminary effects of the Combined Activity and Cognitive Intervention for ICU survivors (COMBAT-ICU).

Methods

This three-arm randomized prospectively randomized adult ICU survivors with minimum four-day ICU stays to receive COMBAT-ICU intervention (n=13), exercise-only (n=11), or attention-control group (n=12). The 8-week COMBAT-ICU intervention comprised individualized, progressive home-based multimodal exercise sequentially combined with cognitive training via the CogniFit platform. The exercise-only group received the same exercise program without cognitive training. Both interventions were delivered through a blended model transitioning from supervised home visits to telehealth and self-directed sessions. The primary outcome was patient-reported PICS, while secondary outcomes included performance-based assessments on physical, cognitive and psychological outcomes, and HRQoL measured at immediate and 3 months post-intervention.

Results

The intervention demonstrated high feasibility, acceptability and safety profile, with no adverse events other than fatigue and muscle soreness. Significant between-group differences favoring COMBAT-ICU over attention-control for patient-reported PICS severity immediately post-intervention (Hedges' $g=0.55$, $p=0.045$) and at three-month follow-up (Hedges' $g=0.82$, $p=0.020$). Improvements were most pronounced in physical domains, with smaller yet clinically meaningful gains in cognitive and psychological dimensions. Performance-based functional measures (Hedges' $g=0.158$ – 0.484) and HRQoL (Hedges' $g=0.126$ – 0.422) indicated small-to-moderate effect sizes. While physical improvements were comparable between COMBAT-ICU and exercise-only groups, COMBAT-ICU participants achieved greater overall reductions in PICS severity, underscoring the additive benefit of combining physical and cognitive rehabilitation.

Conclusions

The COMBAT-ICU program was feasible, safe, and well tolerated, demonstrating promising preliminary efficacy for mitigating multidimensional PICS outcomes among adult ICU survivors. A large-scale randomized controlled trial is warranted to confirm clinical effectiveness and support integration into post-critical care rehabilitation pathways.

Concurrent Oral Presentation Session

Session 9: Chronic Disease Management and Long-Term Care
Day 2 (November 1, 2025) | 09:00 - 10:15 | Seminar Room 1 (21SR)
Moderators: Prof Ratsiri Thato, Chulalongkorn University
Dr Tonia Crawford, The University of Sydney

- CS9-1 Three-Stage Progressive Baduanjin for Early Rehabilitation in Newly Diagnosed Multiple Myeloma Patients with Bone Disease: A Randomised Controlled Trial**
Shanshan Yu, Jiayao Li, Yi Peng
Department of Hematology, The First Hospital of Jilin University
- CS9-2 Understanding Oral Health Self-Care Behaviours in Older Adults with Type 2 Diabetes: A Descriptive Qualitative Study**
Yaocan Bao, Shanshuo Sun, Yixuan Su, Yuting Jiang, Leyan Yu, **Wei Liang**
School of Nursing, Nanjing Medical University
- CS9-3 Latent Profile Analysis of Exercise Self-Efficacy and Its Influencing Factors in Early- to Mid-Stage Parkinson's Disease Patients**
Xinan Chen
School of Nursing, Southern Medical University
- CS9-4 Understanding the Causes of Delayed Care-Seeking Among Older Adults with Stroke: A Phenomenological Study**
Yueer Chen¹, Qianhua Mai¹, Zhengyong Zhen¹, Hongyi Chen², Yibing Tan¹
¹*School of Nursing, Guangzhou University of Chinese Medicine*, ²*Department of Gynecology, The First Affiliated Hospital, Guangzhou University of Traditional Chinese Medicine*
- CS9-5 From General to Specific: A Mixed-Methods Study Developing Tailored Personas for Proactive Health in Older Adults with Intrinsic Capacity Decline**
Kai Yu, Xiaoqing Wang, Yuexian Shi
School of Nursing, Peking University
- CS9-6 Application of the Dual-Track Nursing Model Based on Humanistic Care and Risk Management in Alleviating Postoperative Pain in Elderly Patients**
Yue Gu, **Junqi Li**
Department of Hepatobiliary and Pancreatic Surgery, General Surgery Center, The First Hospital of Jilin University

Concurrent Oral Presentation Session

Session 9: Chronic Disease Management and Long-Term Care (CS9-1)

Three-Stage Progressive Baduanjin for Early Rehabilitation in Newly Diagnosed Multiple Myeloma Patients with Bone Disease: A Randomised Controlled Trial

Shanshan Yu, Jiayao Li, Yi Peng

Department of Hematology, The First Hospital of Jilin University

Background and Objectives

Background: Patients with newly diagnosed multiple myeloma (NDMM) and bone disease suffer from severe pain, functional decline and high risk of venous thrombo-embolism (VTE). Traditional Chinese exercise Baduanjin may be beneficial, but evidence in this population is scarce. Objective: To evaluate the efficacy and safety of a 12-week, three-stage (supine→sitting→standing) progressive Baduanjin programme added to standard therapy.

Methods

In this single-centre, assessor-blind, parallel-group RCT, 224 eligible NDMM patients with bone disease were randomised (1:1; block size 4; sealed envelopes) to either Baduanjin plus standard therapy (intervention, n=120) or standard therapy alone (control, n=120). The primary outcome was time to bone-disease recovery (composite of pain NRS ≤3, discontinuation of analgesics, and stable imaging lesions). Secondary outcomes included QoL (EORTC QLQ-C30), cancer-related fatigue (PFS-R), sleep (PSQI), mood (HADS), muscle strength (hand-grip), physical performance (6-MWT), cardiopulmonary function (CPET), frailty (Fried score) and VTE incidence. Intention-to-treat and per-protocol analyses were performed; α was adjusted by Holm-Bonferroni for multiple secondary outcomes.

Results

232 participants completed the study (intervention 112, control 120). Median recovery time was 8.4 weeks (95 % CI 7.9–8.9) vs 10.7 weeks (95 % CI 10.2–11.2) in favour of the intervention (HR=1.63, p=0.002). All secondary outcomes improved significantly (p<0.05, adjusted). Adverse events related to exercise were mild (three rib stress reactions, no fractures).

Conclusions

Three-stage progressive Baduanjin safely accelerates bone-disease recovery and improves multiple patient-centred outcomes in NDMM with bone involvement.

Concurrent Oral Presentation Session

Session 9: Chronic Disease Management and Long-Term Care (CS9-2)

Understanding Oral Health Self-Care Behaviours in Older Adults with Type 2 Diabetes: A Descriptive Qualitative Study

Yaocan Bao, Shanshuo Sun, Yixuan Su, Yuting Jiang, Leyan Yu, **Wei Liang**
School of Nursing, Nanjing Medical University

Background and Objectives

Diabetes mellitus is one of the most rapidly increasing chronic conditions globally. Compared with non-diabetic individuals, those with type 2 diabetes are at greater risk of developing oral diseases, such as periodontitis. Moreover, older adults with type 2 diabetes are more likely to report tooth loss and receive dental care, compared with those without. However, support for oral health self-care in this population remains limited and often overlooked in routine care. This study aimed to understand oral health self-care behaviours among older adults with type 2 diabetes.

Methods

A descriptive qualitative study was conducted through individual, semi-structured interviews. Participants were selected by purposive sampling. All interviews were audio recorded and transcribed verbatim. Data were analysed using thematic analysis.

Results

A total of 23 older adults with type 2 diabetes (60-86 years) were recruited. The findings are described in three themes and six sub-themes. The first theme, perception of oral health: dental care isn't a top priority, contained two sub-themes: misunderstanding of oral health and the role of diabetes, and reliance on personal experience and limited knowledge. The second theme, oral health self-care: relieving symptoms matters most, contained two sub-themes: passive coping for oral symptoms, and adapting to oral symptoms to minimise the interruptions. The third theme: unmet support needs: cost and accessibility are major barriers, contained two sub-themes: barriers to health-seeking behaviours, and expressing expectations for support from multiple stakeholders.

Conclusions

The findings contribute to a better understanding of oral health issues among older adults with type 2 diabetes and highlight the need for tailored oral health self-care education and support. Incorporating effective and culturally appropriate oral care into routine diabetes management should be considered a critical component of comprehensive care.

Concurrent Oral Presentation Session

Session 9: Chronic Disease Management and Long-Term Care (CS9-3)

Latent Profile Analysis of Exercise Self-Efficacy and Its Influencing Factors in Early- to Mid-Stage Parkinson's Disease Patients

Xinan Chen

School of Nursing, Southern Medical University

Background and Objectives

With the global population aging, there would be 9 million Parkinson's disease (PD) patients worldwide by 2030. While exercise was beneficial for early- to mid-stage PD patients, nearly half of them remained sedentary. Current studies mainly focused on the overall level of Exercise Self-Efficacy (ESE), overlooking the diversity among patients. By latent profile analysis (LPA), this study aimed to identify different ESE profiles among PD patients in the early- to mid-stages and to explore the influencing factors associated with different ESE profiles, thereby providing a reference for developing personalized intervention strategies.

Methods

This was a cross-sectional study. A total of 344 PD patients were investigated by the demographic questionnaire, Chinese version of the ESE Scale and the Family Care Index Questionnaire were used to the patients. LPA was used to analyze the latent profiles of ESE among early-to-mid-stage PD patients, and multiple logistic regression was used to explore the predictors of different profiles.

Results

Three potential profiles were identified: the Low-level ESE group (39.5%), the Medium-level ESE - Somatic Symptom Coping Group (35.5%), and the High-level ESE -Exercise Interest Perception Group (25.0%). Patients with primary school education or below (OR=3.50, $P<0.01$), irregular exercise habit before illness (OR=0.32, $P<0.01$), uncertain exercise beneficial to PD (OR=2.89, $P<0.01$), and selecting "almost rarely" for "adaptability" in family care (OR=2.39, $P<0.05$) were more likely to be classified as the Low-level ESE group. Female (OR=0.34, $P<0.01$), fallen in the past year (OR=3.10, $P<0.01$), selecting "frequent occurrence" for "emotional degree" ($P<0.05$) tended to belong to the Medium-level ESE - Somatic Symptom Coping Group.

Conclusions

There was significant heterogeneity in ESE among early to mid-stage PD patients. It is essential for healthcare providers, community organizations, and family members to develop personalized intervention approaches tailored to the distinct ESE profiles of patients to promote the improvement of exercise level and quality of life.

Concurrent Oral Presentation Session

Session 9: Chronic Disease Management and Long-Term Care (CS9-4)

Understanding the Causes of Delayed Care-Seeking Among Older Adults with Stroke: A Phenomenological Study

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Background and Objectives

The treatment of stroke has a strict time window, yet delays in seeking medical care are common, particularly among older adults with stroke. However, existing studies lacking an analysis of the phenomenon from a holistic perspective of social structure and social networks such as decisions with family members, accessibility of social resources, and health beliefs among older adults with stroke. Therefore, this study integrates the social-ecological model and aims to understand the underlying reasons of delayed medical treatment among older adults with stroke from a sociological perspective.

Methods

A phenomenological research method was adopted, using purposive sampling. From June to August 2025, 15 older adults with stroke from a tertiary hospital in Guangzhou were selected as study participants. Semi-structured in-depth interviews were conducted, and the interview data were analyzed using Colaizzi's seven-step method.

Results

15 patients experienced delayed care-seeking (mean age=74.5 years, 70% are female). Four major themes and nine sub-themes were identified: Intergenerational dimension (shift in health decision-making autonomy, care-seeking contingency on family accompaniment); Resource dimension (preference for nearby medical services, concerns about the economic burden of medical care); Cultural dimension (normalization of suffering, insufficient adherence to chronic disease management, reverse filial piety), and Technological dimension (technological barriers and distrust, reliance on offspring as technology proxies).

Conclusions

Delayed medical care for older adults with stroke is influenced by multiple factors. In the future, systematic strategies can be developed from a sociological perspective to provide comprehensive support for older adults with stroke and reduce the occurrence of delayed medical care.

Concurrent Oral Presentation Session

Session 9: Chronic Disease Management and Long-Term Care (CS9-5)

From General to Specific: A Mixed-Methods Study Developing Tailored Personas for Proactive Health in Older Adults with Intrinsic Capacity Decline

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School of Nursing, Peking University

Background and Objectives

Strengthening proactive health is critical to preventing older adults with declining intrinsic capacity (IC) from progressing to loss of IC. However, proactive health among older adults with IC decline demonstrates are heterogeneous, and standardized approaches often fail to fully meet the needs of this heterogeneous group. This study aimed to examine the proactive health characteristics and needs of older adults with IC decline and develop tailored personas.

Methods

An explanatory sequential mixed-methods was used in this study. The quantitative phase collected numerical data from a sample of 350 older adults with IC decline to identify clusters of proactive health. These quantitative findings informed the purposive sampling and guided question development for the subsequent qualitative phase, in which 36 participants were selected for semi-structured interviews to further explore the characteristics and needs shaping proactive health within each cluster. Personas were developed by integrating quantitative cluster profiles with qualitative insights, and their proactive health personas were visualised using labelled personas.

Results

Four distinct personas were developed based on individual attributes, highlighting the varying proactive health behaviours and needs of older adults with IC decline. The personas were categorised as follows: a. older adults with proactively seek health cooperation; b. older adults with symptom-triggered intermittent proactive health; c. older adults with socially-contingent proactive health behavior mimics; d. older adults with low proactive health motivation.

Conclusions

This study highlighted how social engagement, symptom awareness, and motivation shape proactive health. Developing personalised intervention strategies tailored to these personas, such as enhancing health literacy, providing collaborative platforms, offering psychological support, and implementing positive incentives, are crucial for improving proactive health.

Concurrent Oral Presentation Session

Session 9: Chronic Disease Management and Long-Term Care (CS9-6)

Application of the Dual-Track Nursing Model Based on Humanistic Care and Risk Management in Alleviating Postoperative Pain in Elderly Patients

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Department of Hepatobiliary and Pancreatic Surgery, General Surgery Center, The First Hospital of Jilin University

Background and Objectives

To explore the construction path of a nursing risk management model based on the concept of humanistic care in alleviating postoperative pain in elderly patients, and its application effect on reducing nursing risk events, improving patient satisfaction, and enhancing psychophysical comfort.

Methods

A randomized controlled trial design was adopted. A total of 200 elderly surgical patients aged ≥ 65 years, admitted to the Hepatobiliary and Pancreatic Surgery Department II of a tertiary hospital in Jilin Province from January to December 2024, were randomly divided into an experimental group ($n=100$) and an observation group ($n=100$). The observation group received conventional nursing care, while the experimental group received conventional nursing care combined with the concept of humanistic care and systematic nursing risk management. The intervention effects were analyzed by comparing the changes in postoperative cortisol and endorphin levels, the incidence of nursing risk events, nursing satisfaction (using a standardized hospital questionnaire), and anxiety scores (HAMA scale) between the two groups.

Results

The pain scores in the experimental group were significantly better than those in the observation group (both $P<0.05$), and indicators such as the incidence of nursing risk events, nursing satisfaction, and anxiety scores were also superior to those in the observation group.

Conclusions

The collaborative application of the concept of humanistic care and nursing risk management can significantly alleviate postoperative pain in elderly patients, improve nursing quality, reduce risk events, and enhance patients' physical and psychological experiences, making it worthy of clinical promotion.

Concurrent Oral Presentation Session

Session 10: Cancer Care

Day 2 (November 1, 2025) | 09:00 - 10:15 | Seminar Room 2 (21SR)

Moderators: Prof Denise Cheung, The University of Hong Kong

Dr Quanlei Li, The University of Hong Kong

CS10-1 Effectiveness of Program on Improving Positive Emotions for Breast Cancer

Tieying Shi, Tongtong Jiang

Nursing Department, The First Affiliated Hospital of Dalian Medical University

CS10-2 Effects of Zero-Time Exercise on Fatigue in Postoperative Patients with Colorectal Cancer: A Randomized Controlled Trial

Si Chen, Yiyuan Li, Cheng Chang, Yingli Li, Lijie Wang, Haijia Zhang, Meng Lu, Sihong Zheng

Department of Colorectal and Anal Surgery, The First Hospital of Jilin University

CS10-3 Construction and Validation of a Risk Prediction Model for Oral Frailty in Elderly Patients with Esophageal Cancer

Yu Wang¹, Jingwen Lv², Jianwei Li³, Yunhong Du³, Li Wang³, Hui Wang², Yao Shi²

¹School of Nursing, Hunan University of Chinese Medicine, ²Emergency Medicine Department, The First Affiliated Hospital of Naval Medical University, ³Nursing Department, Qingdao Hiser Hospital Affiliated of Qingdao University

CS10-4 Elucidating the Temporal Dynamics of Symptoms Among Older Cancer Survivors: A Cross-Lagged Panel Network Analysis

Jia Fang, Meifen Zhang

School of Nursing, Sun Yat-sen University

CS10-5 Effects of Nursing-Led Behavioral Speech Therapy on Postoperative Cough of Lung Cancer Patients: A Prospective Randomized Controlled Study

Yue Jin, Yufeng Tian, Zhigang Hu, Hanyu Zhang, Guilan Ban, Caie Chen, Xiaopin Zhou, Linjuan Li

School of Nursing, China Three Gorges University

CS10-6 Prevalence and Associated Factors of Kinesiophobia in Postoperative Patients with Breast Cancer: A Systematic Review and Meta-Analysis

Yiting Wu, Pingwu Wang, Honghong Wang, Ziqi Qin, Xueling Xiao

Xiangya School of Nursing, Central South University

Concurrent Oral Presentation Session

Session 10: Cancer Care (CS10-1)

Effectiveness of Program on Improving Positive Emotions for Breast Cancer

Tieying Shi, Tongtong Jiang

Nursing Department, The First Affiliated Hospital of Dalian Medical University

Background and Objectives

To evaluate the feasibility and effectiveness of care program on improving positive emotions for breast cancer patients in clinical practice by using a pilot case study. Background: In China, there are fewer intervention programs of improving positive emotions for breast cancer patients. Most of them need professional psychological adviser to carry out, not suitable for ward nurses to practice. And in most cases, the single psychological treatment method is directly applied to patients without considering patients' psychosocial needs from the perspective of patients. The researcher has previously developed care program on improving positive emotions for breast cancer patients.

Methods

The patients were evaluated by using the questionnaires. The baseline evaluation before intervention were performed at the beginning of week 1 and evaluation after intervention were performed at the end of week 5. The data were processed by SPSS17.0 statistical software. Descriptive statistical analysis was used. After finishing the care program, the researcher did an interview with the nurses about their perspectives on implementing this care program. Content analysis were used to analyze the data.

Results

After finishing the care program, the overall scores of positive emotions, subjective well-being and health-related quality of life among 5 patients were improved through the questionnaire survey. And from the perspectives of 2 nurses, this care program was feasible and suitable for nurses to implement in clinical practice through face-to-face semi-structured interviews.

Conclusions

This care program has a positive impact on improving positive emotions for breast cancer patients. And multiple intervention forms such as video can be combined, and the number of patients in one support group can be increased appropriately, in order to reduce the workload and burden of nurses and be more beneficial from the perspective of cost-effectiveness.

Concurrent Oral Presentation Session

Session 10: Cancer Care (CS10-2)

Effects of Zero-Time Exercise on Fatigue in Postoperative Patients with Colorectal Cancer: A Randomized Controlled Trial

Si Chen, Yiyuan Li, Cheng Chang, Yingli Li, Lijie Wang, Haijia Zhang, Meng Lu, Sihong Zheng

Department of Colorectal and Anal Surgery, The First Hospital of Jilin University

Background and Objectives

To explore whether lifestyle-integrated exercise (Zero-Time Exercise) can alleviate fatigue in patients after colorectal cancer surgery.

Methods

A total of 186 postoperative patients from a tertiary hospital in Changchun (October 2023–February 2024) were randomly divided into the intervention group (Zero-Time Exercise) and control group (usual care) at a 1:1 ratio. The intervention group attended two 2-hour training sessions within 2 weeks post-surgery, practicing 11 exercises (e.g., seated/standing arm swings, tiptoe stands; supine straight leg raises, glute bridges at night; brisk walking during fragmented time), with coaches helping integrate exercises into daily life. The control group received routine health education plus two weekly reminder calls for 10 weeks. Outcomes were evaluated at 4, 12, and 24 weeks after surgery, with the primary outcome being the BFI score at week 24 and secondary outcomes including PSQI, EORTC QLQ-C30, SAS, and SDS scores.

Results

There were no significant differences in baseline characteristics between the two groups. The intervention group had significantly lower BFI scores at week 12 ($P=0.039$) and week 24 ($P=0.001$). It also had higher EORTC QLQ-C30 scores and lower PSQI, SAS, and SDS scores. At week 4, the intervention group had a lower PSQI score, but the difference in BFI scores was not significant ($P=0.054$).

Conclusions

Zero-Time Exercise can reduce postoperative fatigue, is easily integrated into daily life, and improves sleep quality, quality of life, and negative emotions.

Construction and Validation of a Risk Prediction Model for Oral Frailty in Elderly Patients with Esophageal Cancer

Yu Wang¹, Jingwen Lv², Jianwei Li³, Yunhong Du³, Li Wang³, Hui Wang², Yao Shi²

¹*School of Nursing, Hunan University of Chinese Medicine*, ²*Emergency Medicine Department, The First Affiliated Hospital of Naval Medical University*, ³*Nursing Department, Qingdao Hiser Hospital Affiliated of Qingdao University*

Background and Objectives

To explore the current status of oral frailty in elderly patients with esophageal cancer (EC), construct and verify the risk prediction model of oral frailty in elderly patients with EC, so as to provide a reference for early identification and intervention of oral frailty in this population.

Methods

A cross-sectional study was used for data collection. Three types of assessment tools were used, including the self-made general information questionnaire, outcome variable assessment scale and candidate variable assessment scale. The patients were divided into two groups according to the occurrence of oral frailty. SPSS 27.0 software was used to conduct univariate analysis and logistic regression analysis to determine independent risk factors for oral frailty. R 4.4.3 software was used to carry out the Bootstrap1000 repeated sampling method for internal validation of the model, and the validation group data for external validation.

Results

The incidence of oral frailty in the training group and validation group was 45.90% and 43.03%, respectively. The results of regression analysis showed that radiotherapy history, tumor stage, physical frailty, smoking history, age, and nutritional status were independent risk factors for oral frailty in elderly patients with EC ($P < 0.05$). The consistency between the actual value of the calibration curve and the predicted value was high. The DCA results suggested that the model could obtain net benefits within a large threshold probability in both internal and external validation.

Conclusions

The risk of oral frailty in elderly patients with EC is high, which is related to radiotherapy history, tumor stage, physical frailty, smoking history, age, nutritional status and other factors. The oral frailty risk prediction model for elderly patients with EC constructed in this study has good predictive efficacy in internal and external validation, which can provide a reference for medical staff to identify high-risk groups early and take targeted intervention measures.

Concurrent Oral Presentation Session

Session 10: Cancer Care (CS10-4)

Elucidating the Temporal Dynamics of Symptoms Among Older Cancer Survivors: A Cross-Lagged Panel Network Analysis

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School of Nursing, Sun Yat-sen University

Background and Objectives

While older cancer survivors (OCS) suffer from a complex web of interacting symptoms, the dynamic nature and temporal interplay of these symptom networks, particularly the identification of core drivers and bridge symptoms, remain poorly understood, limiting the development of precise interventions. Therefore, this study employed dynamic network analysis to longitudinally model the symptom-to-symptom propagation pathways, aiming to identify the most influential core and bridge symptoms that could serve as strategic targets for effective symptom management in this population.

Methods

A total of 2,037 cancer survivors from the Health and Retirement Study (HRS), who were followed from 2008 to 2012, were analyzed. Dynamic network analysis was employed to examine symptom interconnections across five symptom domains: Physical (fatigue, physical disability, pain), Sensory (visual/hearing impairments, dizziness), Cognitive (cognitive decline, depression), Sleep (rest problems, sleep medication), and Respiratory (shortness of breath, wheezing, swelling). Both contemporaneous and temporal networks were constructed, with centrality indices and bridge coefficients calculated to identify influential symptoms.

Results

Fatigue demonstrated the highest outgoing influence (Out Expected Influence=2.02, bridge strength=2.06), actively affecting other symptoms. Depression emerged as the strongest bridge symptom (bridge strength=3.79, betweenness=43), linking cognitive symptoms with other domains, while showing high susceptibility to other symptoms (In Expected Influence=2.99). Physical disability functioned as the critical pathway symptom (betweenness=47), mediating between disconnected symptom clusters. The cognitive-physical connection formed the strongest cross-domain pathway, with depression and physical disability creating a robust bridge.

Conclusions

This study unveils critical core and bridge symptoms among older cancer survivors. These bridge symptoms represent strategic intervention targets, as improvements in these areas may trigger cascading benefits across multiple symptom domains. Findings suggest that integrated symptom management approaches targeting these key bridge symptoms could potentially improve overall symptom burden in aging cancer survivors.

Effects of Nursing-Led Behavioral Speech Therapy on Postoperative Cough of Lung Cancer Patients: A Prospective Randomized Controlled Study

Yue Jin, Yufeng Tian, Zhigang Hu, Hanyu Zhang, Guilan Ban, Caie Chen, Xiaopin Zhou, Linjuan Li
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Background and Objectives

Chronic cough affects 30%-40% of lung cancer patients post-thoracoscopic surgery, yet evidence for Behavioral Speech Therapy (BST) in preventing postoperative chronic cough remains limited. This study evaluated whether nursing-led BST based on the transtheoretical model (TTM) reduces chronic cough incidence and improves cough-related quality of life (QoL) in lung cancer patients after surgery.

Methods

In this prospective randomized controlled trial, 112 patients undergoing thoracoscopic surgery were assigned 1:1 to receive either BST (eight sessions over 3 months) or standard care. Primary outcomes included chronic cough incidence (defined as cough ≥ 8 weeks post-surgery) and severity (Cough Evaluation Test, CET); secondary outcomes were cough-related QoL (Leicester Cough Questionnaire, LCQ-MC) and psychological status (Hospital Anxiety and Depression Scale, HADS). Assessments occurred at admission (T0), 1 month (T1), and 3 months post-surgery (T2). Data were analyzed via Poisson regression and mixed-effects models.

Results

The BST group had significantly lower chronic cough incidence than controls (21.1% vs. 43.6%; adjusted RR = 0.35, 95% CI: 0.19–0.64, $P = 0.001$). CET scores improved more in the BST group from T0 to T2 (mean difference [MD] = -4.11 , 95% CI: -5.33 to -2.89 , $P < 0.001$). LCQ-MC total scores were higher in the BST group at T2 (MD = 2.54 , $P < 0.001$), with greater improvements from T0 to T2 (MD = 3.16 , 95% CI: 2.41 – 3.91 , $P < 0.001$). Anxiety (HADS-A) and depression (HADS-D) scores also improved more significantly in the BST group (T0–T2 MD: -1.56 and -1.73 , both $P < 0.001$).

Conclusions

BST effectively reduces chronic cough incidence, alleviates symptoms, and enhances QoL in post-thoracoscopic lung cancer patients, supporting its integration into routine care as recommended by non-pharmacological guidelines for cough management.

Prevalence and Associated Factors of Kinesiophobia in Postoperative Patients with Breast Cancer: A Systematic Review and Meta-Analysis

Yiting Wu, Pingwu Wang, Honghong Wang, Ziqi Qin, Xueling Xiao
Xiangya School of Nursing, Central South University

Background and Objectives

Kinesiophobia severely affects the rehabilitation process and quality of life of postoperative patients with breast cancer. Despite the estimated prevalence and risk factors of kinesiophobia being widely reported, these results have not been synthesized. This study aimed to comprehensively review the prevalence of kinesiophobia and further explore the factors associated with it in postoperative patients with breast cancer.

Methods

A systematic review was conducted in 13 databases from inception until March 5, 2025. Two reviewers independently selected the literature and extracted the data. Methodological quality assessment of the included studies was performed using the Joanna Briggs Institute (JBI) critical appraisal checklists. A random-effect model was applied to estimate the pooled prevalence. A subgroup analysis was conducted to explore the sources of heterogeneity. A narrative synthesis was utilized to identify the associated factors.

Results

A total of 21 studies, including 2,773 patients, met the inclusion criteria. Fourteen studies with 2,007 postoperative patients with breast cancer were included in the meta-analysis. The pooled prevalence of kinesiophobia in postoperative patients with breast cancer was 56.5% (95% confidence interval: 39.5%–72.8%). According to the results of the subgroup analyses, a lower prevalence of kinesiophobia was observed among postoperative patients with breast cancer who lived in high-income countries and who were assessed using the Tampa Scale for Kinesiophobia. Moreover, socio-demographic, physical functional, psychosocial, breast cancer-related, and behavioral factors were found to be associated with kinesiophobia in postoperative patients with breast cancer.

Conclusions

The findings indicate a high prevalence of kinesiophobia in postoperative patients with breast cancer, influenced by multiple factors. This high prevalence underscores the clinical significance of the issue in their postoperative care. Future studies should identify predictors and long-term adverse effects of kinesiophobia in these patients, and explore more effective tailored interventions to help them benefit from exercise.

Concurrent Oral Presentation Session

Session 11: Cardiovascular Health

Day 2 (November 1, 2025) | 09:00 - 10:15 | Seminar Room 3 (21SR)

Moderators: Prof Wai I Ng, Kiang Wu Nursing College of Macau

Dr Jie Zhong, The University of Hong Kong

- CS11-1 The Relationship Between Lifestyle Habits of Knowledge Workers and Carotid Atherosclerosis: A Latent Category Study of 113,262 Chinese**
Huiyi Zhang^{1,2}, Xue He², Caiting She³, Jianfei Xie⁴
¹Xiangya School of Nursing, Central South University, ²Health Management Medicine Center, The Third Xiangya Hospital of Central South University, ³Chinese Education Trade Union, The Third Xiangya Hospital of Central South University, ⁴Nursing Department, The Third Xiangya Hospital of Central South University
- CS11-2 Path Analysis of the Status and Influencing Factors of Health-Promoting Behaviors in Patients with Cardiometabolic Multimorbidity**
Haidan Xie¹, Xiaozhou Zhou²
¹School of Nursing, Guangdong Pharmaceutical University, ²Department of Nursing, The First Affiliated Hospital of Guangdong Pharmaceutical University
- CS11-3 Associations of Baseline and Changes in Intrinsic Capacity with Incident Cardiovascular Disease: A Multicohort Study**
Lulu Tang
School of Medicine, Tongji University
- CS11-4 Explainable Machine Learning Model for Predicting 8-Year All-Cause Mortality in Cardiovascular-Kidney-Metabolic Syndrome Among Older Adults: A Multicenter Study**
Zhiren Zhu¹, Dongmei Gu^{1,2}, Huiping Xue², Jie Zhang¹
¹School of Nursing and Rehabilitation, Nantong University, ²Department of Nursing, Affiliated Hospital of Nantong University
- CS11-5 Interpretable Machine Learning Model for Predicting the Risk of Dysphagia in Patients After Cardiac Surgery**
Xuan Ren^{1,2}, Aoxiang Lou¹, Huajun Wang²
¹School of Nursing, Guangdong Pharmaceutical University, ²Department of Critical Care Medicine, Guangdong Provincial People's Hospital
- CS11-6 Typical Symptom Presentation in Predicting Coronary Artery Disease: A Multivariable Prediction Model**
Anthony Kin Hei Chan¹, Bernice Shinyi Chan¹, Mei Yi Chau², Chun Ka Wong³, Polly Wai Chi Li¹
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Concurrent Oral Presentation Session

Session 11: Cardiovascular Health (CS11-1)

The Relationship Between Lifestyle Habits of Knowledge Workers and Carotid Atherosclerosis: A Latent Category Study of 113,262 Chinese

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Background and Objectives

Carotid atherosclerosis (CAS) underlies cardiovascular and cerebrovascular diseases and is linked to unhealthy lifestyles. Knowledge workers, due to sedentary behavior, nocturnal eating, and high caffeine intake, may face increased CAS risk, yet relevant research is limited. This study applies latent class analysis (LCA) to identify lifestyle patterns among 113,262 Chinese knowledge workers and assess their association with CAS risk.

Methods

This cross-sectional study analyzed data from the Health Management Center Database of a comprehensive Chinese hospital (2017–2024), including 113,262 knowledge workers. Lifestyle factors assessed included nocturnal eating, coffee and sugar-sweetened beverage consumption, smoking, alcohol use, sedentary behavior, and physical activity. CAS was evaluated via ultrasonography. Latent class analysis identified lifestyle patterns, and multivariable logistic regression assessed their associations with CAS risk. Stratified analysis was performed by gender, age, BMI, and marital status.

Results

The overall CAS prevalence among knowledge workers was 49.0%. Latent class analysis identified four lifestyle categories: basically healthy, mixed class 1, mixed class 2, and unhealthy. Compared to the basically healthy class, categories characterized by smoking, high alcohol intake, and prolonged sedentary behavior had a significantly increased CAS risk ($P < 0.05$), while other classes showed potential protective effects.

Conclusions

The findings reveal substantial heterogeneity in lifestyle behaviors among knowledge workers, which are closely associated with CAS risk. These results suggest that targeted interventions addressing specific lifestyle behaviors may help mitigate CAS risk, providing a scientific basis for the development of precise prevention strategies.

Concurrent Oral Presentation Session

Session 11: Cardiovascular Health (CS11-2)

Path Analysis of the Status and Influencing Factors of Health-Promoting Behaviors in Patients with Cardiometabolic Multimorbidity

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Background and Objectives

Cardiometabolic multimorbidity, one of the most prevalent comorbidity patterns, has emerged as a critical global public health challenge due to its escalating incidence and substantial health burden. Within chronic disease management strategies, health-promoting behaviors serve as a vital non-pharmacological intervention that plays a pivotal role in enhancing patients' quality of life. However, systematic research on health-promoting behaviors in patients with cardiometabolic multimorbidity remains limited. Therefore, this study aims to investigate the current status of health-promoting behaviors in this population and examine their influencing factors and pathways, providing evidence for developing targeted health interventions.

Methods

A total of 260 patients with cardiometabolic multimorbidity were recruited from the Department of Internal Medicine at a tertiary hospital in Guangzhou using convenience sampling. Data were collected through the General Information Questionnaire, brief illness perception questionnaire (BIPQ), family health scale (FHS), Patient Activation Measure (PAM), and Health Promoting Lifestyle Profile-II (HPLP-II). A structural equation model was employed to investigate the influencing factors and path analysis of health-promoting behaviors in these patients.

Results

The health-promoting behavior score among patients with cardiometabolic multimorbidity was (91.83 ± 12.65) points. The structural equation modeling revealed significant direct effects of illness perception ($\beta = -0.339$), patient activation ($\beta = 0.237$), and family health ($\beta = 0.288$) on health-promoting behaviors. Additionally, illness perception and family health demonstrated indirect effects mediated through patient activation, with standardized coefficients of -0.089 and 0.079 , respectively.

Conclusions

Patients with cardiometabolic multimorbidity exhibited suboptimal health-promoting behaviors, suggesting considerable potential for improvement. Healthcare professionals should enhance these behaviors by guiding patients to develop accurate illness perceptions and optimizing family health support, thereby increasing patient activation and ultimately improving health-promoting behaviors.

Concurrent Oral Presentation Session

Session 11: Cardiovascular Health (CS11-3)

Associations of Baseline and Changes in Intrinsic Capacity with Incident Cardiovascular Disease: A Multicohort Study

Lulu Tang

School of Medicine, Tongji University

Background and Objectives

Cardiovascular disease (CVD) is the leading cause of morbidity and mortality worldwide. Intrinsic capacity (IC), reflecting an individual's physical and mental reserves, may play an important role in CVD development. This study aimed to investigate the associations of baseline IC status and longitudinal IC changes with incident CVD across diverse populations.

Methods

We analyzed data from four nationally representative aging cohorts: the China Health and Retirement Longitudinal Study (CHARLS), the Health and Retirement Study (HRS), the Mexican Health and Aging Study (MHAS), and the Survey of Health, Aging, and Retirement in Europe (SHARE). Participants aged ≥ 50 years were included. IC was measured across five domains (locomotion, cognition, vitality, sensory, and psychology). Changes in IC were classified as robust, decline, improve, or stable impaired. Cox proportional hazards models estimated hazard ratios (HRs) with 95% confidence intervals (CIs).

Results

Among 40,244 participants, individuals with impairments in ≥ 2 IC domains had a significantly higher risk of incident CVD compared with those without IC decline (pooled HR 1.51, 95% CI 1.40–1.61). In longitudinal analyses of 35,042 participants, both stable impaired (HR 1.62, 95% CI 1.49–1.76) and decline (HR 1.42, 95% CI 1.28–1.57) groups showed elevated CVD risks relative to the robust group. Interestingly, the improve group also had higher CVD risk than consistently robust individuals (HR 1.16, 95% CI 1.05–1.28).

Conclusions

Baseline IC impairments and adverse IC changes are strong, independent predictors of incident CVD. Routine IC assessments in midlife may help identify high-risk populations and support targeted preventive strategies.

Concurrent Oral Presentation Session

Session 11: Cardiovascular Health (CS11-4)

Explainable Machine Learning Model for Predicting 8-Year All-Cause Mortality in Cardiovascular-Kidney-Metabolic Syndrome Among Older Adults: A Multicenter Study

Zhiren Zhu¹, Dongmei Gu^{1,2}, Huiping Xue², Jie Zhang¹

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Background and Objectives

Cardiovascular-kidney-metabolic syndrome (CKM) among elder adults due to age-related physiology is a high burden, but long-term mortality risk prediction is understudied. This study aims to develop and validate an explainable machine learning model to predict 8-year all-cause mortality.

Methods

This study used HRS (2012–2020) and CHARLS (2011–2020) database, performed data cleaning and multiple imputation, plotted Kaplan–Meier curves with log-rank tests, conducted competing risk analyses, and pooled estimates using Rubin’s rules. Cox regression was used to adjust for confounders. In CHARLS, variables were selected using LASSO (retained if selected ≥ 3 times), after sensitivity and collinearity checks. We compared seven survival models with 10-fold cross-validation and evaluated performance with AUC, DCA, calibration curves, and the Brier score, with external validation in HRS. SHAP was used to explain feature importance.

Results

8,520 participants (CHARLS 4,503; HRS 4,017) was included. Pooled 8-year mortality by CKM stages 0–4 was: HRS 8.5%, 5.3%, 4.7%, 9.6%, 12.5%; CHARLS 16.5%, 10.8%, 17.7%, 30.3%, 28.2%. Each one-stage increase in CKM was associated with a 40% and 15% higher mortality risk (both $P < 0.001$). The Cox model performed best: internal AUC 76.21% (95%CI: 74.12-78.29), 76.65% after handling censoring; external AUC 75.4% (95%CI: 74.44-78.87), 80.9% (95%CI: 80.83-80.98) after handling censoring. Top three SHAP features: age, difficulty bathing, and smoke.

Conclusions

The Cox model showed good discrimination, calibration, and interpretability for predicting 8-year mortality risk in older adults with CKM. The findings suggest that comprehensive interventions targeting functional status and lifestyle may help reduce long-term mortality risk.

Concurrent Oral Presentation Session

Session 11: Cardiovascular Health (CS11-5)

Interpretable Machine Learning Model for Predicting the Risk of Dysphagia in Patients After Cardiac Surgery

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Background and Objectives

Dysphagia is a common and potentially serious complication following cardiac surgery, which can lead to complications such as aspiration pneumonia, malnutrition, and prolonged hospitalization. Early identification of patients at high risk of developing dysphagia is crucial for implementing preventive measures and improving clinical outcomes. However, traditional risk assessment methods have limitations in accurately predicting this complication. This study aimed to develop and validate a machine learning (ML)-based risk prediction model for dysphagia in post-cardiac surgery patients.

Methods

In this study, we aimed to develop a machine learning - based risk prediction model for dysphagia in patients after cardiac surgery. We conducted a prospective cohort study of 573 patients who underwent cardiac surgery at Guangdong Provincial People's Hospital from September 2024 to June 2025. Predictors included demographic information, preoperative risk factors, intraoperative variables, and postoperative outcomes. We trained Logistic Regression, Decision Tree, Random Forest, XGBoost, Support Vector Machine, Naive Bayes, K Nearest Neighbor, Neural Network. models using 70% of the data for development and 30% for validation. Model performance was evaluated by AUC, accuracy, precision, recall, and F1-score. Use DCA to evaluate clinical utility, and use SHAP to further explain and visualize the best-performing models.

Results

The incidence of acquired dysphagia was 23.03%. The optimal model XGBoost achieved an AUC of 0.845 on the testing set, outperforming traditional statistical models. The feature importance analysis revealed that factors such as total duration of sedative use, age, ICU length of stay, and surgery duration were significant predictors of dysphagia. Furthermore, the model showed good calibration and clinical applicability, indicating its potential to be integrated into clinical practice for personalized risk assessment.

Conclusions

This ML-based risk prediction model accurately identifies cardiac surgery patients at high risk for acquired dysphagia, enabling targeted prophylactic interventions. Integration into clinical workflows may reduce dysphagia-related complications.

Concurrent Oral Presentation Session

Session 11: Cardiovascular Health (CS11-6)

Typical Symptom Presentation in Predicting Coronary Artery Disease: A Multivariable Prediction Model

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Background and Objectives

Symptom presentation is the initial cue prompting patients to seek care and a critical indicator for healthcare providers in triage and clinical decision-making. The typicality of symptoms guides prioritization for investigations and determines diagnostic urgency. Understanding whether typical symptom presentation accurately predicts coronary artery disease (CAD) diagnosis is essential for optimizing clinical pathways and resource allocation. This study examined whether typical symptom presentation independently predicts CAD diagnosis when accounting for traditional cardiovascular risk factors.

Methods

A consecutive sample was recruited from the Specialty Outpatient Clinic and Chest Pain Clinic of a university-affiliated hospital. Eligible participants were adults presenting with chest symptoms without prior CAD diagnosis. The Chinese version of Symptoms of Acute Coronary Syndromes Inventory was used to assess symptom experience. Typical symptom presentation was defined as pain or discomfort in the center or left chest with typical quality; otherwise categorized as atypical. Traditional cardiovascular risk factors (hypertension, hyperlipidemia, hyperglycemia, body mass index, smoking history, and family history) were collected and verified by medical records. CAD diagnosis was confirmed by coronary computed tomography angiography.

Results

Among 110 patients [mean age 63.61 years (SD: 11.49), 51.8% male], 76.1% with confirmed CAD presented with typical symptoms. In bivariate analysis, typical symptoms showed no significant association with CAD diagnosis (unadjusted OR 0.760, 95% CI 0.255-2.263, $p=0.622$). After adjusting for demographic factors and traditional cardiovascular risk factors, typical symptom presentation remained non-predictive of CAD (adjusted OR 0.656, 95% CI 0.173-2.494, $p=0.537$). Among covariates examined, only smoking demonstrated a significant independent association with CAD diagnosis (adjusted OR 0.106, 95% CI 0.012-0.905, $p=0.040$). Other traditional risk factors including hypertension, hyperlipidemia, hyperglycemia, obesity, family history, sex, and age were not significant.

Conclusions

Despite being a primary clinical indicator for triage decisions, typical symptom presentation does not independently predict CAD diagnosis. These findings challenge symptom-based triage approaches and underscore the need for comprehensive risk stratification strategies in cardiovascular assessment.

Concurrent Oral Presentation Session

Session 12: Integrated Care for Stroke and Other Conditions

Day 2 (November 1, 2025) | 09:00 - 10:15 | Seminar Room 4 (21SR)

Moderators: Dr Elvira L. Urgel, Centro Escolar University

Dr Hye Ri Choi, The University of Hong Kong

- CS12-1 Analysis of Barrier Factors in Nurses' Screening and Assessment of Swallowing Function in Stroke Patients: A Mixed-Methods Study**
Renke Gao¹, Keke Ma², Wenfeng Fan¹, Dazhen Li¹, Yuanli Guo²
¹School of Nursing and Health, Zhengzhou University, ²Third Department of Neurology, The First Affiliated Hospital of Zhengzhou University
- CS12-2 Effectiveness of Acceptance and Commitment Therapy on Psychological Flexibility, Negative Emotions, and Hope Levels Among Stroke Patients in Rural China: A Randomized Controlled Trial**
Yinan Shi, Yongxia Mei, Yating Liu, Sixun Zhang
School of Nursing and Health, Zhengzhou University
- CS12-3 Effect of Auricular Point Sticking Combined with Mindfulness Breath Therapy on Anxiety Level Headache Sleep Disorder in Patients with Brain Tumor Surgery**
Juhua Li, Anna Guo
Department of Neurosurgery, The First Affiliated Hospital of Nanjing Medical University
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School of Nursing and Health, Zhengzhou University
- CS12-6 Understanding the Healthcare Professionals' Perspectives on the Implementation of Type 2 Diabetes Remission: A Grounded Theory Study**
Songna Jin¹, Linyue Tan¹, Qihong Zhou²
¹Xiangya School of Nursing, Central South University, ²Teaching and Research Section of Clinical Nursing, Xiangya Hospital of Central South University

Concurrent Oral Presentation Session

Session 12: Integrated Care for Stroke and Other Conditions (CS12-1)

Analysis of Barrier Factors in Nurses' Screening and Assessment of Swallowing Function in Stroke Patients: A Mixed-Methods Study

Renke Gao¹, Keke Ma², Wenfeng Fan¹, Dazhen Li¹, Yuanli Guo²

¹*School of Nursing and Health, Zhengzhou University,* ²*Third Department of Neurology, The First Affiliated Hospital of Zhengzhou University*

Background and Objectives

Guidelines mandate nurse-led swallowing screening within 24 hours of admission, yet compliance remains inconsistent. Understanding multilevel barriers hindering nurses is critical for implementation but underexplored. This study explores the barrier factors hindering nurses in screening and assessing swallowing function in stroke patients.

Methods

An explanatory sequential mixed-methods design was employed. From April 25 to May 20, 2024, electronic questionnaires were distributed to nurses in 100 hospitals in Henan Province. The questionnaires included a general information form and a survey investigating barriers to swallowing dysfunction screening and assessment in stroke patients. Barrier factor scores across 11 TDF domains were analyzed for nurses with different characteristics. One-way analysis of variance (ANOVA) was used to compare differences in barrier factors across different implementation stages. Subsequently, purposive sampling was used to select participants for online semi-structured interviews. Interview data were collated and analyzed using Colaizzi's seven-step method.

Results

A total of 528 valid questionnaires were collected in the quantitative phase. Domain D10 ("Memory, Attention, and Decision Processes") had the lowest mean score. These five domains represented the primary barrier factors. Qualitative interviews yielded the following themes: Lack of standardized operating procedures reduces the efficiency of skills training; Nurses hold pessimistic views about future implementation; Absence of intelligent alert systems reduces nurses' adherence to protocols; Lack of a performance evaluation system undermines the sustainability of nurses' actions; Negative emotions impact nurses' motivation to act.

Conclusions

Barriers to nurses' screening and assessment of swallowing function in stroke patients stem from patient, departmental, and hospital management levels, as well as the nurses themselves. Attention should be paid to the dynamic changes in major barrier factors across different implementation stages. Prioritizing the resolution of key barriers is essential to promote the efficient implementation and sustained adherence to swallowing function screening and assessment practices for stroke patients.

Concurrent Oral Presentation Session

Session 12: Integrated Care for Stroke and Other Conditions (CS12-2)

Effectiveness of Acceptance and Commitment Therapy on Psychological Flexibility, Negative Emotions, and Hope Levels Among Stroke Patients in Rural China: A Randomized Controlled Trial

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School of Nursing and Health, Zhengzhou University

Background and Objectives

Stroke patients in rural China face a notably high burden, with prevalent negative emotions. While some studies have demonstrated positive impacts of Acceptance and Commitment Therapy (ACT) on the mental well-being of stroke patients, its efficacy among rural survivors with low education levels and substantial financial burdens remains unclear.

Methods

An experimental design was employed. Rural stroke patients admitted to the Neurology Department of a tertiary hospital in Henan Province were conveniently selected and randomly assigned to either a wait-list control group or an intervention group. The wait-list control group received routine psychological nursing guidance, whereas the intervention group underwent a 6-week program of ACT comprising seven sessions. Data collection occurred pre-intervention (T0), post-intervention (T1), and at a 1-month follow-up. Evaluation utilized the Acceptance and Action Questionnaire-2nd Edition, Patient Health Questionnaire, Generalized Anxiety Disorder-7, and Herth Hope Index to gauge the intervention's effects. Comparative analysis of psychological flexibility, depression, anxiety, and hope levels between the two groups assessed the program's efficacy.

Results

T1 and T2, the intervention group exhibited significantly lower scores in experiential avoidance, depression, and anxiety compared to the wait-list control group. Furthermore, an interaction between groups and time points was observed. ACT significantly ameliorated levels of experiential avoidance, depression, and anxiety in rural stroke patients compared to routine psychological nursing guidance. However, these levels increased at the 1-month follow-up. Additionally, the intervention group demonstrated notably higher hope scores than the control group at both T1 and T2, with significant interactions between groups and time points. Although the intervention group's hope scores declined over time, the intervention's effect remained superior to that of the wait-list control group.

Conclusions

The ACT psychological intervention program exhibits potential for alleviating depression and anxiety among rural stroke patients, enhancing psychological flexibility and hope levels.

Concurrent Oral Presentation Session

Session 12: Integrated Care for Stroke and Other Conditions (CS12-3)

Effect of Auricular Point Sticking Combined with Mindfulness Breath Therapy on Anxiety Level Headache Sleep Disorder in Patients with Brain Tumor Surgery

Juhua Li, Anna Guo

Department of Neurosurgery, The First Affiliated Hospital of Nanjing Medical University

Background and Objectives

To investigate the effects of Auricular Point Sticking (APS) combined with mindfulness breath therapy on anxiety levels, headache, and sleep disturbances in patients who have undergone brain tumor surgery.

Methods

A total of 109 brain tumor patients were randomly assigned to two groups: the observation group (n = 53) and the control group (n = 56). Routine care was available for all patients, while those in the control group additionally received APS combined with mindfulness breath therapy. The study aimed to compare the Self-Rating Anxiety Scale (SAS), pain Visual Analog Scale (VAS) scores, Self-Rating Sleep Quality Scale (SRSS) scores, and sleep duration of brain tumor patients on postoperative day 1 and day 6. Data regarding patients' basic characteristics, clinical outcomes, pathological type were collected and analyzed.

Results

On the first day post-surgery, there were no significant differences between the two groups in terms of SAS, pain VAS score, SRSS, and sleep duration ($P > 0.05$). However, by the sixth day post-surgery, significant differences were observed in VAS and sleep duration between the two groups ($P < 0.05$). No statistical differences were found in SAS and SRSS on the sixth day post-surgery between the two groups ($P > 0.05$). Notably, there was a significant difference in the change in pain VAS score between the two groups from postoperative day 1 to day 6 ($P < 0.05$), whereas no significant differences were observed in the changes in sleep duration, SAS, and SRSS over the same period ($P > 0.05$).

Conclusions

Patients who received APS in combination with mindfulness breath therapy experienced improved sleep quality and reduced severity of headaches post-surgery compared to those who did not receive this intervention. This combined therapy was particularly effective in alleviating postoperative headaches. Overall, APS combined with mindfulness breath therapy is a safe, feasible, and effective treatment option for patients undergoing brain tumor surgery.

Concurrent Oral Presentation Session

Session 12: Integrated Care for Stroke and Other Conditions (CS12-4)

Artificial Intelligence in Symptom Management and Clinical Decision Support for Palliative Care

Roison Andro Narvaez, Marilane Ferrer, Ralph Antonio Peco, **Joylyn Mejilla**

School of Nursing, Centro Escolar University

Background and Objectives

Artificial intelligence (AI) is increasingly applied to palliative care to enhance symptom management and decision support. However, the breadth and implementation strategies of such technologies remain underexplored. This scoping review aimed to map empirical studies from 2015 to 2025 that used AI for symptom assessment, mortality prediction and care planning in palliative settings.

Methods

The review followed Arksey and O'Malley's five-stage framework for scoping reviews and was reported according to PRISMA-ScR guidelines. Included studies were appraised using the Mixed Methods Appraisal Tool.

Results

A total of 12 peer-reviewed studies were included, revealing five major themes: (1) Predictive modeling for mortality and referral, enabling early identification of high-risk patients; (2) Automated symptom detection, improving distress surveillance via NLP and decision trees; (3) Wearable and time-series forecasting, allowing real-time physiologic tracking; (4) Workflow integration, demonstrating seamless adoption of AI tools in clinical systems; and (5) Explainability and trust, where interpretable outputs enhanced clinician confidence. These studies showed improved symptom control, timely referrals and interdisciplinary coordination.

Conclusions

AI offers promising solutions to enhance palliative nursing through proactive, data-driven care. Ethical implementation, training, and validation are key to sustainable adoption.

Concurrent Oral Presentation Session

Session 12: Integrated Care for Stroke and Other Conditions (CS12-5)

Analysis of an Actor-Partner Interdependence Mediation Model of Illness Perception, Coping and Co-Management in Couples of Stroke Survivors

Yipu Sai, Yongxia Mei, Yating Liu

School of Nursing and Health, Zhengzhou University

Background and Objectives

To investigate the current status of disease perception, co-coping and co-management in stroke patients and their spouses, and to analyse the dichotomous interaction between disease perception, co-coping and co-management in couples by constructing a mediation model of actor-partner interdependence.

Methods

From July to November 2024, 422 couples of stroke patients hospitalised in the neurology wards of six tertiary-level hospitals in Henan Province were selected for the survey, which was carried out using a general information questionnaire, a simplified version of the Chinese version of the Disease Perception Questionnaire, the Shared Coping Scale, and the Couple Collaborative Management Questionnaire.

Results

Stroke patients' disease perception scores were (44.72 ± 9.68), spouses' disease perception scores were (44.32 ± 9.45), patients' and spouses' co-response scores were (13.20 ± 4.50) and (13.82 ± 4.28), and patients' and spouses' co-management scores were (66.69 ± 11.38) and (63.89 ± 10.61). Subject effect: both patients' and spouses' disease perceptions negatively affected their own co-response ($P < 0.001$), and indirectly affected their own co-management through co-response; object effect showed that: patients' disease was not a worrisome problem, but a cause for concern. The object effect showed that: patients' illness perception negatively affected spouses' co-responses ($p < 0.05$), spouses' illness perception negatively affected patients' own co-management through co-responses, and indirectly affected patients' own co-management through co-responses. Perceptions negatively affected patients' co-responses ($P < 0.001$), and both partners' illness perceptions indirectly affected each other's co-management.

Conclusions

There was a significant dichotomous interaction between stroke patients and their spouses on disease perception, coping, and co-management. There was a significant dichotomous interaction between stroke patients and their spouses on disease perception, coping and co-management, with coping playing a key role in the relationship between disease perception and co-management. Healthcare professionals should adopt couple-centred intervention strategies to improve disease perception, coping and co-management.

Concurrent Oral Presentation Session

Session 12: Integrated Care for Stroke and Other Conditions (CS12-6)

Understanding the Healthcare Professionals' Perspectives on the Implementation of Type 2 Diabetes Remission: A Grounded Theory Study

Songna Jin¹, Linyue Tan¹, QiuHong Zhou²

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Background and Objectives

Diabetes is a worldwide public health concern, with type 2 diabetes (T2D) representing its predominant form. T2D remission, an achievable therapeutic target evidenced by trials in highly selected populations, has spurred exploratory clinical adoption in China through self-driven institutional adoption. As frontline implementers, healthcare professionals' (HCPs') experiences remain understudied, particularly regarding the translation of the T2D remission paradigm into routine care. Therefore, this study aimed to explore HCPs' implementation experiences with T2D remission.

Methods

HCPs were purposively sampled from endocrinology departments of medical institutions in China to ensure variation in perceptions, experiences and opinions during the implementation of T2D remission. Using semi-structured interviews, we first conducted an initial round of data collection to develop a preliminary conceptual framework. Subsequently, theoretical sampling guided a second round of interviews to iteratively refine and validate the framework through ongoing data analysis. We employed Straussian grounded theory methodology, progressing through open, axial, and selective coding phases until theoretical saturation was attained.

Results

We recruited 26 healthcare professionals: endocrinologists (n=6), community-based physicians (n=4), nurses (n=8), dietitians (n=3) and others (n=4) between May and September 2025. Five themes relating to perceptions of implementation status of T2D remission were identified: 1) perceptions and attitudes of HCPs, 2) implementation status, 3) supportive factors, 4) major barriers and 5) sustainable implementation strategies. A conceptual framework was proposed to outline implementation pathways for T2D remission.

Conclusions

The findings offer new insights into HCPs' perspectives on T2D remission implementation within China's healthcare system. Building on this findings, the empirically-developed framework provides implementers with actionable strategies for scaling up T2D remission initiatives, particularly in settings where adoption relies on institutional rather than nationwide policy mandates.



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Cross-Disciplinary Innovation & Nursing Leadership:
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