1st ANNUAL

International Symposium on Graduate Leading Innovations in Nursing Knowledge

: GRADLINK 2025

THEME “Navigating Complexity
: Graduate Nursing in a Changing Healthcare Landscape”

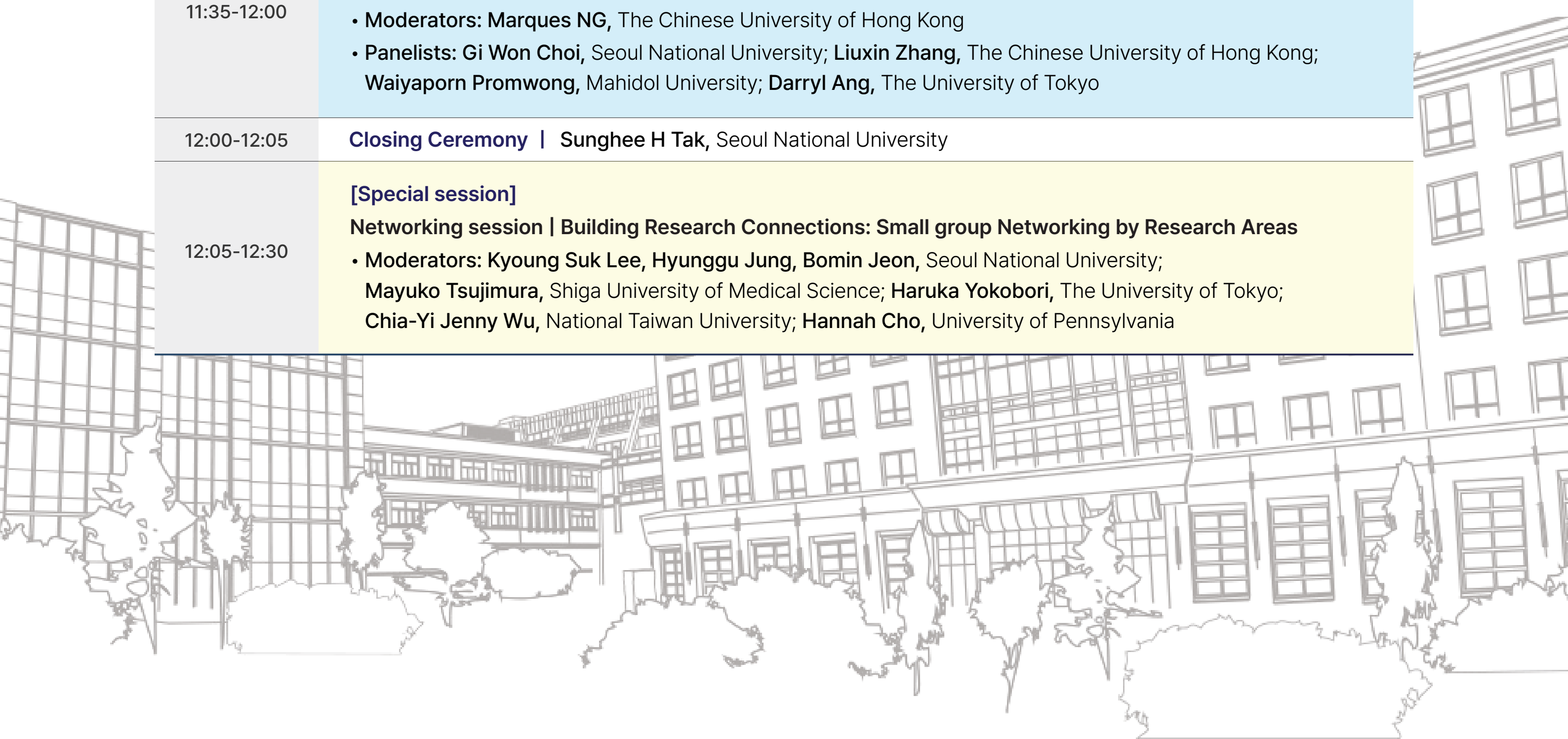
JULY 10, 2025 AM 10:00 ~ PM 12:30 (KST)

COLLEGE OF NURSING
SEOUL NATIONAL UNIVERSITY

Research Institute of
Nursing Science

Symposium program

Time (KST)	Session
Facilitator: Seonmin Lee, Seoul National University	
10:00-10:05	**Opening Ceremony | Sunghee H Tak,** Seoul National University
10:05-10:55	**[Keynote Lecture] Exploring the Future of Healthcare: Challenges, Opportunities, and the Role of Nursing** **Claudia KY Lai,** The Hong Kong Polytechnic University
10:55-11:00	**Break**
11:00-11:30	**Concurrent sessions**
	[Policy Level] Digital Healthcare Policies and Nursing, National and Global Perspective • **Moderators: Hyeoneui Kim & Sunjung Kim,** Seoul National University • **Graduate student presenters** ∘ **Jeongha Kim,** Seoul National University ∘ **Fumie Matsuno,** Shiga University of Medical Science ∘ **YEE Bit Lian,** International Medical University ∘ **Jinyan Wu,** The University of Tokyo **[Community Level] Community-based Nursing across the Lifespan** • **Moderators: Chiyoung Lee,** Arizona State University; **Yewon Lee,** Seoul National University • **Graduate student presenters** ∘ **Suhan Lee,** Seoul National University ∘ **Lily Ho,** The Hong Kong Polytechnic University ∘ **Julianne Ballard,** University of California San Francisco ∘ **Meng-Chin Gracie Tsai,** National Taiwan University **[Individual Level] Person-centered Care for Patients with Complex Needs** • **Moderators: Johannah Glover,** Arizona State University; **Hyerin Yoo,** Seoul National University • **Graduate student presenters** ∘ **Dajeong Kum,** Seoul National University ∘ **Kristina Wechsler,** Arizona State University ∘ **Vicky YUAN,** Deakin University ∘ **Anderson TAO,** The Chinese University of Hong Kong
11:30-11:35	**Break**
11:35-12:00	**[Panel Discussion]** **Global Nursing Research Collaboration: Building Sustainable Partnerships for the Future** • **Moderators: Marques NG,** The Chinese University of Hong Kong • **Panelists: Gi Won Choi,** Seoul National University; **Liuxin Zhang,** The Chinese University of Hong Kong; **Waiyaporn Promwong,** Mahidol University; **Darryl Ang,** The University of Tokyo
12:00-12:05	**Closing Ceremony | Sunghee H Tak,** Seoul National University
12:05-12:30	**[Special session]** **Networking session | Building Research Connections: Small group Networking by Research Areas** • **Moderators: Kyoung Suk Lee, Hyunggu Jung, Bomin Jeon,** Seoul National University; **Mayuko Tsujimura,** Shiga University of Medical Science; **Haruka Yokobori,** The University of Tokyo; **Chia-Yi Jenny Wu,** National Taiwan University; **Hannah Cho,** University of Pennsylvania

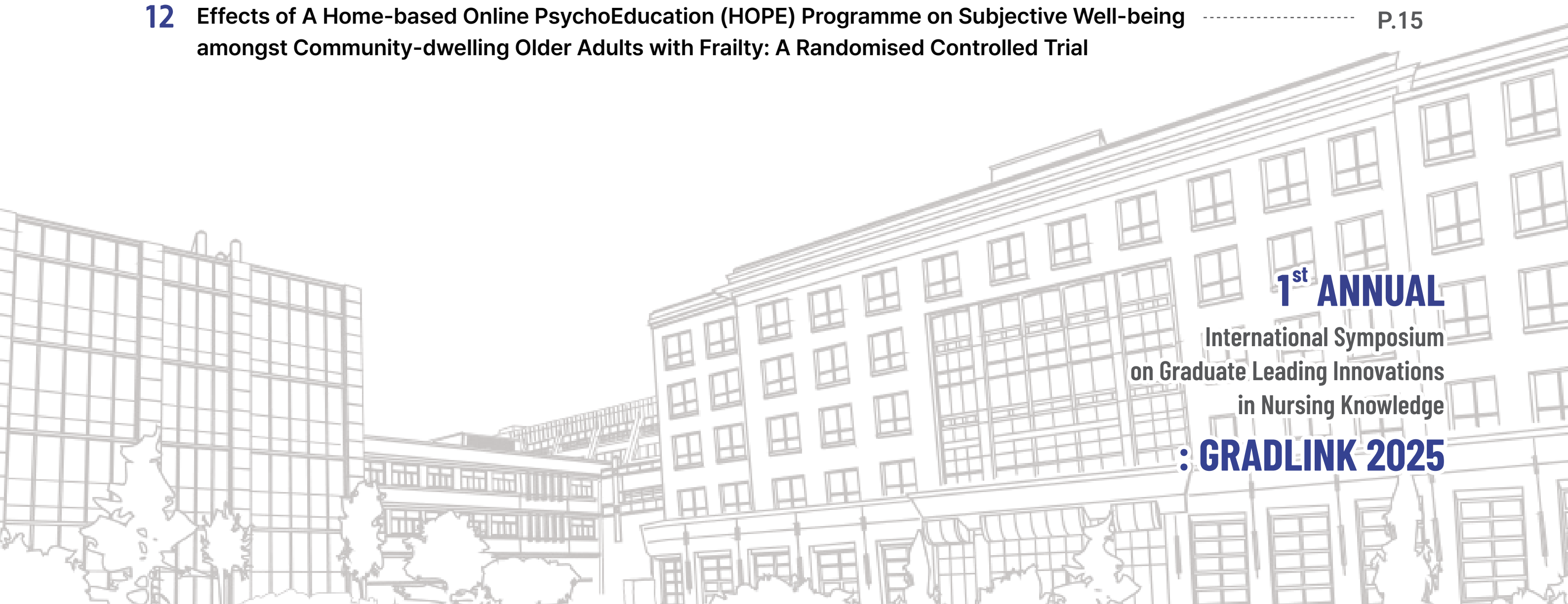


Abstract List

[Policy Level] Digital Healthcare Policies and Nursing, National and Global Perspective

[Community Level] Community-based Nursing across the Lifespan

[Individual Level] Person-centered Care for Patients with Complex Needs



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01

The Impact of Having Multiple Chronic Diseases on the Use of Digital Media for Health Information Seeking: The Moderating Role of Health Literacy

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Objectives: This study aimed to examine the moderating effect of health literacy on the relationship between the number of chronic diseases and the use of digital media for seeking health information.

Methods: This cross-sectional analysis was conducted using the 2021 dataset from the 2nd Korean Health Panel Survey (Ver 2.2). Complex sample analysis was applied to produce descriptive statistics. Multiple logistic regression with sampling weights was used to assess associations between key variables, reporting odds ratios (ORs) with 95% Confidence Intervals (CIs) at a significance level of 0.05.

Results: Multimorbidity, defined as having more than two chronic diseases, was negatively associated with the use of digital media to obtain health information (OR=0.187; 95% CI: 0.075-0.467). However, higher health literacy significantly moderated this relationship, increasing the likelihood of digital media use (OR=1.072; 95% CI: 1.001-1.148). Participants with poorer self-rated health showed lower levels of health literacy (Mean±SE: 12.14±0.20; p<.001) but were more likely to use digital media for health information (OR=1.394; 95% CI: 1.051-1.848).

Conclusions: The findings highlight the importance of tailored health literacy education and enhanced digital accessibility for patients with multiple chronic conditions. Health literacy functions as a critical enabling factor that mitigates barriers to digital media use, empowering patients with multimorbidity to use effectively engage in health information seeking behavior. Such comprehensive efforts may promote better self-management of health and contribute to advancing health equity.

Keywords: Multiple Chronic Conditions, Health Literacy, Health Information Seeking, Digital Media Use

02

Urinary Na/K Ratio for Blood Pressure Control -Current Situation and Future Prospects-

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[1]Shiga University of Medical Science, [2]HEIWADO Co., Ltd., [3]OMRON Healthcare Co., Ltd.

In Japan, cardiovascular diseases (CVD) remain a major public health concern. As blood pressure is a major risk factor of CVD, blood pressure control, particularly among younger populations, is essential. However, high salt intake is prevalent in many Asian countries including Japan, making salt reduction a common public health issue. Additionally, the urinary sodium-potassium (Na/K) ratio has emerged recently as an indicator for evaluating hypertension risk. Previous studies have demonstrated a positive association between Na/K ratio value and increased blood pressure or CVD risk. Since the Na/K ratio reflects sodium and potassium intake balance, it serves as a practical dietary education indicator to encourage both salt reduction and increased intake of vegetables, fruits, and dairy products.

As a procedure measuring Na/K ratio via dietary records or 24 hours urine collection is complex, Na/K ratio via spot urine using estimation formulas have been widely adopted in various settings. Several manufacturers have developed devices measuring urinary Na/K ratio conveniently and non-invasively. These devices have been implemented as a tool for healthcare providers in health-checkup by several local governments and national pilot projects. Observational studies also support their effectiveness in reducing sodium intake, increasing potassium intake, and lowering blood pressure. On the other hand, by the Japan Society of Hypertension group, only eight randomized controlled trials (RCTs) have evaluated the use of these devices in health education, indicating a need for further evidence to validate their efficacy.

To address this gap, we have conducted a baseline study involving approximately 5,000 employees in a single company to examine the relationship between urinary Na/K ratio, literacy level related to Na/K ratio and dietary habits, aiming to provide novel insights for the development of dietary guidance programs for hypertension prevention in middle-aged adults. Although the study is ongoing and data analysis is still in progress, preliminary findings suggest that in the high salt intake groups, individuals with a higher urinary Na/K ratio tended to have higher systolic blood pressure, whereas this association was not observed in the low salt intake groups. While further research is needed to determine whether a high urinary Na/K ratio in the low salt intake groups is due to insufficient potassium and/or excessive sodium, we believe accumulation of such findings can serve a foundational assessment for a future intervention trial designed to promote increased potassium intake within the same population.

03

Resilience Model for Nurses: Expert Consensus in Developing a Mixed-Method Approach Using A Modified Delphi Study

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Background: This integrative review investigates the resilience of critical care nurses before, during, and after the COVID-19 pandemic, highlighting changes over time and identifying strategies to address burnout and moral distress.

Methods: A systematic search across Google Scholar, BioMed Central, EBSCO CINAHL, and ELSEVIER Clinical Key Nursing databases included peer-reviewed articles from 2015 to 2024.

Results: The findings reveal significant shifts in resilience: pre-pandemic resilience was shaped by coping mechanisms and ethical work environments; during the pandemic, it was challenged by moral distress, staff shortages, and high patient loads; post-pandemic, adaptive resilience emerged, supported by mindfulness training, peer support, and organizational changes. Despite many studies and strategies, moral distress and burnout persist. Effective leadership, ethical organizational cultures, and targeted resilience-building programs are crucial for recovery.

Conclusion: The review concludes that resilience among critical care nurses is dynamic and adaptive but remains susceptible to organizational and individual challenges. Integrating personal and organizational strategies into nursing practice is essential for fostering resilience and addressing future crises. This study suggests ongoing research is necessary to evaluate the long-term impact of resilience-building interventions on nurse well-being and patient care.

Acknowledgements: This review is part of the preliminary PhD work before the author enrols in the program. The author would like to acknowledge Professor Dr. Aini Ahmad for her endless encouragement. Not forgetting, the author would also like to thank Puan Aniszahura Binti Abu Salim, who reminded the author that the idea of the resilience model among critical care nurses is worth continuing.

Disclaimer:
This paper was published before the change of my new supervisor and co-supervisors.

Yee, B. L. (2025). Building Resilience: Strategies for Critical Care Nurses Before, During and After the Pandemic Crisis. International Journal Of Care Scholars, 8(1), 133–150. https://doi.org/10.31436/ijcs.v8i1.427

04

Evaluating the Impact of a Financial Incentive for Team-Based Dementia Care on Patient Outcomes in Acute Care Hospitals in Japan: A Difference-in-Differences Analysis

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Background: To improve dementia care in acute care settings, Japan introduced a financial incentive scheme (Dementia Care Add-on 1, DCA1) requiring the establishment of dementia specialist teams. However, the long-term effectiveness of this policy on patient outcomes remains unclear.

Aims: This study aimed to evaluate the medium- to long-term effects of DCA1 on clinical and care process outcomes among older inpatients with dementia.

Methods: Using a nationwide Diagnosis Procedure Combination (DPC) database, we conducted a difference-in-differences (DID) analysis comparing outcomes between hospitals that implemented DCA1 and matched controls from 2016 to 2020. The primary outcome was length of stay (LOS); secondary outcomes included functional status, discharge destination, mortality, in-hospital fractures, and potentially inappropriate medication (PIM) prescriptions. Sensitivity analyses were conducted: one focusing on patients who received care billed under DCA1, and another excluding hospitals with the more lenient DCA2 certification from the control group.

Results: A total of 235 matched hospital pairs (470 hospitals; 309,791 patients) were included in the analysis. In the main analysis, DCA1 implementation was not associated with significant improvement in outcomes. However, among patients who received care from dementia teams, significant reductions in LOS (–1.38 days, $p<0.001$), improved ADL maintenance (OR 1.67, $p=0.010$), and higher home discharge rates (OR 1.93, $p=0.001$) were observed. Excluding DCA2 hospitals also showed a modest but significant reduction in LOS. These findings suggest that the effectiveness of the policy depends on the actual delivery of team-based care, rather than policy adoption alone.

Conclusions: This study provides the first empirical evidence on the long-term impact of Japan's DCA1 scheme. While policy adoption alone did not improve outcomes, team-based interventions demonstrated meaningful clinical benefits. Future policies should focus on implementation quality and flexible models to support care teams in real-world hospital settings.

05

The Relationship Between Frailty and Healthcare Utilization among Community Dwelling Older Adults in Korea

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Background: Frailty is a key predictor of adverse health outcomes and increased healthcare utilization among older adults. As Korea becomes a super-aged society, understanding frailty's impact on healthcare use is essential for effective intervention and policy planning.

Aims: This study aimed to examine the relationship between frailty and healthcare utilization among community dwelling older adults in Korea.

Methods: We used data from the 2023 National Survey of Older Koreans(N=9,951). Frailty was measured using the K-FRAIL scale, and healthcare utilization was assessed by (1) outpatient visits and (2) hospitalizations. Multivariate logistic regression analyses were used to examine the relationships.

Results: Frailty was significantly associated with increased healthcare utilization. For outpatient visits, the odds were higher among pre-frail (OR=1.80, CI=1.62–2.00) and frail older adults (OR=2.14, 95% CI=1.63–2.82), compared to robust individuals. For hospitalizations, pre-frail (OR=2.19, CI=1.78–2.71) and frail older adults (OR=5.16, CI=3.74–7.14) also showed higher odds. The effect was more pronounced for hospitalizations.

Conclusions: These results highlight the importance of early frailty screening and intervention to reduce preventable healthcare utilization among older adults. Community-based professionals also play a critical role in identifying the target population and delivering appropriate care interventions.

06

Effect of a Novel Nurse-led Community Programme on Post-stroke Fatigue among Older People

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Background: Fatigue is a complex and persistent symptom commonly experienced by people with stroke. Psychosocial and behavioural factors contribute to fatigue maintenance. While previous research has demonstrated the effectiveness of cognitive behavioural interventions, physical training and community-based management in alleviating post-stroke fatigue, there remains a notable gap in the availability of integrated, nurse-led programmes specifically targeting the psychosocial and behavioural dimensions that contribute to the maintenance of fatigue in older people post-stroke.

Aim: This study evaluated the effect of a novel nurse-led, eight-week community intervention programme that integrates cognitive behavioural therapy (CBT) and physical training to reduce post-stroke fatigue among older people.

Methods: A pilot randomised controlled trial with three arms was conducted. Group A participated in the innovative nurse-led programme integrating CBT and physical training. Group B received health education and physical training, while Group C received usual care. Fatigue levels were measured using the Fatigue Assessment Scale at baseline, mid-intervention, post-intervention, and 3-month follow-up. Data were analysed using a linear mixed model.

Results: Fifteen participants were recruited, with one participant dropout. Time by group interaction effect was observed. Group A (n=5) demonstrated a significant improvement in fatigue scores compared to Group C (n=4) (mean difference, -1.58; $p<0.001$), but not when compared to Group B (n=5) (mean difference, -0.12; $p=0.725$). Over time, Group A showed a significant reduction in fatigue scores between the baseline and 3-month follow-up (mean difference, 1.50; $p=0.002$).

Conclusion: This pilot study has provided preliminary evidence that recognises the pivotal role of nurses in post-stroke care, particularly in their delivery of holistic, community-based interventions. This novel nurse-led community programme integrating CBT and physical training can effectively alleviate fatigue and provide sustained benefits to post-stroke older people. Larger-scale trials are warranted to further validate the effect and scalability of this innovative nurse-led intervention.

07

Exploring Interventions Delivered by Public Health Nurses to Address Childhood Trauma

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[1]**University of California, San Francisco**

Background: Adverse childhood experiences (ACEs) are strongly associated with premature morbidity and mortality, with the potential to be transmitted intergenerationally. The two-generational approach of early childhood home visitation is a promising strategy for implementing interventions aimed at preventing intergenerational ACE transmission. However, little is known about the acceptability of discussing ACEs during a home visit and whether the theoretical underpinnings of home visiting models are aligned with ACEs prevention.

Aims: To understand the experience of home visitors and parents who have participated in a reflective conversation on ACEs and assess the acceptability of this practice. Furthermore, to evaluate whether the theoretical underpinnings of evidence-based home visiting models can inform and prescribe interventions aimed at preventing intergenerational ACEs.

Methods: Semi-structured interview data from two qualitative interpretive studies underpinned by Gadamerian hermeneutics sought to understand the acceptability of discussing ACEs in a home visit from the perspective of home visitors (N=16) and parents(N=17). The findings from these qualitative studies subsequently informed an evaluation of the features and theoretical underpinnings of 13 home visiting models.

Results: Viewed through the analytic lens of the Capability, Opportunity, Motivation-Behavior model, home visitors described cultural responsiveness as a major facilitator to implementing ACEs conversations. Framed by the Life Course Health Development framework, parents identified self-agency in parenting as an essential protective factor in preventing ACEs. Findings from the theory evaluation found that most evidence-based home visiting models use theories focused on correcting parental behavior and/or addressing structural issues outside of the family, rather than a culturally responsive approach that promotes parents' ability to embrace self-agency.

Conclusion: Conditions described by home visitors and parents as acceptable when discussing ACEs during a home visit did not align with the theoretical frameworks of most evidence-based home visiting models. These findings suggest the need for a paradigm shift in how home visiting is framed. We propose a culturally responsive home visiting framework that promotes self-agency in parenting.

08

Five Dimensions of Caregiving Roles in Treatment-Resistant Depression: A Phenomenological Study in Taiwan

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Background: Treatment-resistant depression is not only a public health concern but also a deeply lived experience that affects both individuals and their family caregivers. While existing studies often focus on caregiving burdens, primary caregivers of individuals with treatment-resistant depression may develop distinct experiences shaped by ongoing engagement with the illness and evolving perceptions of their role. However, this perspective remains underexplored.

Aim: This study explored how primary family caregivers in Taiwan experience and make sense of their caregiving role for relatives with treatment-resistant depression.

Method: A phenomenological approach was adopted. Seventeen participants were recruited through purposive sampling from medical centers in Northern Taiwan. Data were collected through semi-structured interviews and analyzed using Colaizzi's seven-step method. This study was part of a larger research project on family caregiving in treatment-resistant depression.

Result: The findings revealed five dimensions of the caregiving role among the primary caregivers of relatives with treatment-resistant depression: Adaptability, Multiplicity, Cyclicality, Irreplaceability, and Finiteness.

Conclusion: The study illustrates that primary caregivers of relatives with treatment-resistant depression demonstrate resilience in complex caregiving contexts, and yet may face limits in personal resources and capacity. These findings highlight the importance of external support systems in maintaining care for individuals with treatment-resistant depression and reducing the burden on their primary family caregivers.

Acknowledgement: The author sincerely thanks participants for sharing experiences and peer reviewers for feedback. Special appreciation is extended to the thesis supervisor for academic guidance and support. This study was approved by the Research Ethics Committee of National Taiwan University Hospital (IRB No. 201912122RINB) and financially supported by the National Science and Technology Council, Taiwan.

09

Promoting Self-Care in Children with Atopic Dermatitis: Development and Evaluation Using the Intervention Mapping Protocol

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Background & Aims: Atopic dermatitis is a chronic inflammatory skin condition requiring consistent, long-term management. While parental involvement is essential in managing atopic dermatitis, it is equally important for children to acquire age-appropriate self-care skills as they grow. This study aimed to develop and evaluate the effectiveness of a self-care improvement program for school-aged children with atopic dermatitis.

Methods: The program was based on the Information-Motivation-Behavioral Skills model and systematically developed using the Intervention Mapping protocol. A non-equivalent control group pretest-posttest design was used. Participants were elementary school children in grades 4–6 diagnosed with atopic dermatitis, along with their mothers. The experimental group (n = 12) received five weekly sessions for children and one session for mothers; the control group (n = 8) received usual care. Data were collected at pretest, posttest, and four-week follow-up. All outcomes were self-reported by children, except for atopic dermatitis severity, which was assessed by the researcher. Generalized estimating equations were used for data analysis.

Results: Significant time-by-group interaction effects were observed for atopic dermatitis knowledge ($p < .001$), personal motivation ($p = .011$), self-efficacy ($p = .034$), self-care behaviors ($p = .027$), and atopic dermatitis severity ($p = .039$). Improvements in atopic dermatitis knowledge, personal motivation, and self-efficacy were maintained at follow-up, while improvements in self-care behaviors and atopic dermatitis severity were significant only at posttest.

Conclusions: This study demonstrates the efficacy of a child-centered intervention developed using the Intervention Mapping protocol in promoting self-care among children with atopic dermatitis. The program offers a practical educational tool for children and parents and holds potential for adaptation to other chronic illnesses in pediatric populations.

10

Effects of Computerized Cognitive Training on Cognitive Functioning in Older Adults

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[1]**Edson College of Nursing and Health Innovation at Arizona State University, USA.**

Background & Aims: The aging process brings about changes in the structure and function of the brain. However, natural compensatory mechanisms can help older adults adapt to these changes, allowing them to manage daily tasks effectively. Rueter-Lorenz and Park's scaffolding theory of aging and cognition suggests that keeping the brain active can help preserve cognitive function and enhance these compensatory mechanisms, potentially slowing the progression of cognitive decline. The aim of this proposed study is to evaluate the effects of cognitive training using the Nintendo game Tetris. Participants will play for 30 minutes, three times a week, over a period of 12 weeks. The study will focus on community-dwelling older adults who are experiencing mild cognitive impairment.

Methods: This feasibility study will focus on independent older adults aged 65 years and older. We aim to recruit 50 community-dwelling older adults to participate in the study, which will be conducted at three local community centers. After obtaining Institutional Review Board (IRB) approval, participants will be recruited using a combination of crowdfunding and flyers. The 12-week training program intervention will involve a cognitive training program that aims to improve various cognitive functions. Data will be collected after 4 weeks, 8 weeks, 12 weeks, and 6 weeks post-intervention to assess linear progression across these cognitive areas. To analyze the data, we will use either a one-way ANOVA or Friedman’s test to evaluate changes in working memory, information processing speed, and executive functioning over time.

Discussion: Research is essential to demonstrate the benefits of computerized cognitive training as a preventative measure to maintain brain health in community-dwelling, older adults for continued independence This feasibility study aims to identify if gaming implemented in community settings can serve as an educational platform and as an early intervention to slow the advancement of cognitive decline. The setting for this study is significant as community centers increase socialization and community cohesiveness important for community-dwelling older adults aging in place and their caregivers.

11

Perception about Patient Portal Systems for Patients with Chronic Conditions – A Systematic Review

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***These two authors contributed equally to this work.**

Background: Patient portals have been increasingly implemented to assist patients in the navigation and management of their health. Given the evolving patient portals and the lack of focus on hospitalised patients with chronic conditions, it is important to provide up-to-date insights into how these patients experience and perceive patient portal use in hospital settings.

Objectives: To compare the functionalities of patient portals and explore the perceptions and experiences of patients with chronic conditions in hospital settings.

Methods: PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) guidelines were followed. MEDLINE, Embase, CINAHL, and PsycINFO databases were searched for studies published between January 2019 and September 2024. Eligible studies were primary studies reporting the experiences of patients with chronic conditions in using the patient portal. The TOPCOP Taxonomy (Taxonomy of Patient Portals based on Characteristics of Patient Engagement) was used to compare the functionalities of patient portals.

Results: Of the 8,879 studies identified through database searching, 22 papers met the inclusion criteria. The functionalities of the patient portal, such as access to medical records, appointment scheduling, prescription renewal, and patient education, were directly linked to the identified facilitators and barriers. These portal features enhanced communication between patients and health care professionals (HCPs) and strengthened patient-HCP relationships. Patient portals also enhanced patient empowerment by promoting active involvement in care. By enabling access to personal health information, test results, and educational resources, portals helped patients better understand their conditions and improve their health-related knowledge. This increased understanding and allowed patients to engage more meaningfully in clinical discussions, contributing to more informed decision-making. Lack of awareness, usability challenges, and limited support affected patient portal utilisation and/or adoption.

Conclusion: Patients' experiences are closely linked to the features of portal systems. To optimise usability and engagement for a diverse population, it is recommended to involve users in the design and implementation of portal systems.

12

Effects of A Home-based Online PsychoEducation (HOPE) Programme on Subjective Well-being amongst Community-dwelling Older Adults with Frailty: A Randomised Controlled Trial

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Background: Evidence has shown that older adults with frailty experience lower subjective well-being than their non-frail counterparts. Psychoeducation has proven effective in enhancing psychological outcomes in various populations, but evidence for its application in older adults with frailty is limited. Therefore, this study aimed to evaluate the effects of a Home-based Online PsychoEducation (HOPE) programme among community-dwelling older adults with frailty.

Methods: A two-arm randomised controlled trial was conducted in collaboration with three non-governmental organisations and two Accident and Emergency departments of two publicly subsidised hospitals in Hong Kong between June 2024 and December 2024. All participants received 60-minute weekly group-based online sessions via video-conferencing platform for 12 weeks. The sessions for the intervention group were guided by Self-Determination Theory to empower the participants to cope with frailty proactively, while the sessions for the control group only focused on general health management. Physical and psychosocial outcomes, including subjective well-being, social support, depressive symptoms, activities of daily living, quality of life and physical fitness, were measured at baseline (T0), 12 weeks (T1), and 24 weeks (T2) post-allocation. Generalised estimating equation models were used for data analysis.

Results: The study recruited 126 participants with a mean age of 76.2 (SD = 6.4) years. Most of them (74.6%) were female. The findings showed that compared to the control group, the intervention group demonstrated significant improvements in subjective well-being, social support at T1 and T2. There was no significant between-group difference in depressive symptoms, activities of daily living, quality of life and physical fitness.

Conclusion: This study is the first to implement a home-based psychoeducation programme to community-dwelling older adults with frailty, showing significant improvements in subjective well-being and social support. By addressing the previously unexplored dimension of subjective well-being in frailty management, our findings suggest that incorporating psychoeducation into existing clinical practice to provide comprehensive support for older adults with frailty to achieve aging in place.

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