Conference report

ESNO 2026 CONFERENCE REPORT: A DESCRIPTIVE ANALYSIS OF THEMATIC, METHODOLOGICAL AND GEOGRAPHICAL PATTERNS IN CONFERENCE ABSTRACTS

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ABSTRACT

Nursing conferences provide a time-sensitive view of the issues, methods, and innovations being developed within a professional community. This conference report describes the scientific content of the final ESNO 2026 Book of Abstracts. A document-based descriptive analysis was conducted on 308 abstracts using thematic clusters, methodological text markers, author keywords, geographical metadata, collaboration indicators, abstract structure, and word count. Ageing and Vulnerability (87; 28.2%) and Mental Health and Workforce Wellbeing (79; 25.6%) were the largest clusters, followed by Digital Health and Innovation (57; 18.5%). Intervention, implementation or quality-improvement markers appeared in 199 abstracts (64.6%), while protocol, consensus or policy markers appeared in 181 (58.8%). Patient safety was the most frequent author keyword (31 abstracts; 10.1%); digital health, burnout, and artificial intelligence each appeared in 13 abstracts (4.2%). Italy was the reported country for 197 of 305 abstracts with country metadata, and 73 (23.9%) of these records indicated international collaboration. The median abstract length was 294.5 words; 136 abstracts exceeded 300 words, and 228 were fully structured. The corpus focused on workforce sustainability, safe care, implementation, and digital transformation. This report provides a descriptive snapshot of the conference corpus and should not be interpreted as a formal assessment of study quality, clinical effectiveness or a consensus research agenda. The report offers a timely snapshot of submitted conference activity and should not be interpreted as a formal assessment of study quality or a consensus research agenda.

Keywords: *Nursing, Health Workforce, Patient Safety, Digital Health, Burnout, Professional, Research.*

INTRODUCTION

Nurses are central to the functioning, resilience and equity of health systems. They represent the largest occupational group in the global health workforce and contribute across the continuum of care, from primary health care and prevention to acute, long-term and palliative care. The World Health Organization

(WHO) has therefore positioned nursing and midwifery as essential to universal health coverage, population health and the achievement of the Sustainable Development Goals (1). Its Global strategic directions for nursing and midwifery identify four interconnected policy areas-education, jobs, leadership and service delivery-through which countries can enable nurses to contribute fully to health-system performance (2). In the WHO European Region, these priorities have been translated into a roadmap that emphasizes education, professional development, leadership and the delivery of safe, effective, and people-centred care (3).

This policy context is particularly important because European health systems are experiencing persistent and interconnected workforce pressures. These include recruitment and retention difficulties, ageing workforces, geographical maldistribution, changing population needs, skill-mix challenges and threats to the mental health and wellbeing of health and care workers (4,5). The WHO European framework for action on the health and care workforce 2023-2030 responds to these challenges through five pillars: retaining and recruiting workers, building supply, optimizing performance, planning and investing (5). Recent European policy analysis has further emphasized that retention, rather than recruitment alone, is a central determinant of workforce sustainability; working conditions, workload, career opportunities, migration and professional recognition interact to shape whether nurses remain in the profession (6). In parallel, strengthening advanced and specialist nursing roles has been identified as a way to improve access, address understaffing and support the delivery of high-quality care in changing health systems (7).

The relevance of these issues is not only organizational or political. Evidence from nine European countries has linked nurse staffing and nurses' educational preparation with hospital mortality, highlighting the importance of workforce capacity and professional competence for patient outcomes (8). Similarly, a recent systematic review and meta-analysis found that nurse burnout was associated with lower patient safety climate, lower patient satisfaction, and poorer assessments of quality of care (9). These findings support a broad understanding of specialist nursing: professional expertise, workforce wellbeing, clinical leadership and system-level conditions are interdependent components of safe and sustainable care.

At the same time, the nursing agenda is expanding in response to rapid changes in healthcare delivery. Digital health technologies are increasingly integrated into health services, yet their uptake by the health and care workforce remains constrained by infrastructure, training, time, workload, ethical and regulatory barriers (10). Artificial intelligence creates additional opportunities for education, clinical decision support, documentation and service redesign, but its use in health care requires safeguards for equity, safety, transparency, accountability and human rights (11). Climate change and environmental degradation are also transforming the conditions in which health services are delivered, making climate resilience and environmental sustainability relevant to healthcare facilities, workforces and models of care (12). Antimicrobial resistance represents another cross-cutting priority requiring research, education, prevention, surveillance and implementation across the continuum of care (13). Together, these developments create a complex research environment in which specialist nurses are expected to contribute not only to clinical care, but also to workforce planning, innovation, preparedness, sustainability and health-system transformation.

Research agendas and professional forums can help make these developments visible and support decisions about future research, education and policy. A scoping review of nursing research priorities showed the value of mapping the distribution of topics and identifying areas requiring further development, including nursing competencies, intervention research and implementation-oriented evidence (14). Scientific conferences add a time-sensitive layer to this process by bringing together current projects, emerging concerns and practice-based innovations before they are necessarily available as full journal publications. However, conference abstracts are preliminary and selective forms of dissemination. A Cochrane methodology review found that a substantial proportion of results initially presented at scientific meetings are not subsequently published in full (15), while a scoping review demonstrated that abstracts may be inconsistent with later full reports (16). Conference abstract corpora should therefore be interpreted as snapshots of submitted and accepted scientific activity rather than as comprehensive measures of research quality, clinical effectiveness or consensus priorities.

Within this context, the European Specialist Nurses Organisation (ESNO) 2026 abstract book provides an opportunity to describe the current scientific landscape of European specialist nursing in a transparent and timely manner. A recent analysis of an oncology nursing congress highlighted how an abstract corpus could function as an empirical observatory of a professional community's topics, methods, and emerging agenda, while emphasizing that the findings describe the submitted corpus rather than the profession as a whole (17). The present conference report adopts a similar descriptive perspective to that of the final ESNO 2026 Book of Abstracts.

This conference report aimed to provide a timely and empirically grounded overview of the scientific content presented at ESNO 2026 by describing the thematic, methodological, geographical, and reporting characteristics of the 308 included abstracts. This report ultimately seeks to support knowledge exchange, identify emerging areas for specialist nursing research and practice, and inform future ESNO scientific and educational activities. The analysis describes the submitted conference corpus and does not aim to assess the methodological quality or clinical effectiveness of individual studies.

METHODS

Context: ESNO 2026 Conference Report

The 8th Congress of the ESNO was held from 4 to 6 June 2026 at Link University in Rome, Italy. The congress theme, "Mutual Goals, Many Pathways: Unifying Specialist Nursing Education Across Europe," reflected ESNO's broader commitment to strengthening specialist nursing education, professional recognition, clinical leadership and cooperation across European health systems. The programme positioned specialist nursing within the wider transformation of the European health workforce, emphasising the importance of harmonised general nurse qualifications as a foundation for specialist, advanced and leadership roles.

The congress was organised around five complementary programme spaces. The plenary room, named AGORA, was dedicated to shared dialogue, collective vision and the strategic direction of specialist nursing. BUILDING focused on education, professional formation, competencies and the foundations of nursing practice. CLINICAL addressed specialist practice, advanced nursing roles and clinical expertise. DIALOGUE explored policy, leadership, digital health and global perspectives, while EXCHANGE provided space for additional workshops and interactive activities. This structure reflected the multidimensional nature of specialist nursing, connecting education and regulation with clinical practice, organisational leadership and health policy.

The programme opened with a pre-congress ESNO Hackathon on digital health transformation. The initiative examined how nurses can move beyond receiving digital training to becoming active participants in the design, governance and implementation of digital health systems. Artificial intelligence, robotics, data-driven care and emerging technologies were discussed in relation to professional roles, implementation barriers and governance requirements. The hackathon therefore framed digital transformation as both a technological and organisational issue, requiring nursing intelligence, professional participation and clear accountability.

The scientific programme addressed the relationship between specialist nursing and contemporary European health challenges. Several sessions focused on evidence-informed practice, clinical evidence, quality improvement and the contribution of specialist nursing to health outcomes. Other sessions examined European health policy, nursing regulation, professional autonomy, leadership and the role of nursing within broader life science and workforce strategies. The programme also highlighted patient safety, infection prevention, sepsis care, standardised nursing language, vascular access, vaccination, nurse prescribing and quality measurement as central components of safe and effective specialist practice.

Workforce sustainability represented another major theme. Sessions addressed psychological wellbeing, resilience, healthy work environments, moral distress, workload measurement, mentorship, career development, retention and academic education. These topics were connected to the quality and safety of care, suggesting that patient safety and nurse wellbeing should be considered interdependent rather than separate priorities. The programme further incorporated person-centred care, ageing and vulnerability, geriatric assessment, chronic and complex care, nurse-led pathways, home care and health literacy, illustrating the expanding role of specialist nurses across diverse care settings.

The congress also considered emerging and global challenges, including climate change, environmental sustainability, antimicrobial resistance, culturally competent care and international health regulations. Digital competence, artificial intelligence, technology adoption, technostress, virtual reality and technology-enhanced education were discussed as increasingly relevant elements of specialist nursing capability. The final programme sessions addressed future ESNO priorities, including patient safety strategies, best-practice resources, specialist competency development and cooperation among European specialist nursing organisations.

Overall, the congress programme presented specialist nursing as a strategic component of resilient, safe and sustainable European healthcare. It connected professional education with clinical expertise, policy development, digital innovation, workforce wellbeing and patient-centred outcomes. This context provides the interpretive framework for the present conference report, which analyses the ESNO 2026 abstract book to describe the scientific priorities, methodological profiles and conceptual patterns represented in the congress contributions.

APPROACH AND DATA SOURCE

We conducted a document-based descriptive study of the scientific content presented at the ESNO 2026 conference. The analysis used the complete set of abstracts included in the final ESNO 2026 Book of Abstracts. The individual abstract was the unit of analysis.

The study was designed as a conference-corpus analysis. It combined quantitative description of corpus characteristics with exploratory analysis of textual and metadata patterns. The analytical approach was informed by principles of document-based content analysis and transparent qualitative categorization (18), as well as by previous corpus-based analyses of nursing congress abstracts (17).

ABSTRACT CORPUS

The corpus comprised all 308 abstracts included in the final ESNO 2026 Book of Abstracts. The final book included 305 abstracts originating from the standard electronic submission system and three additional conference contributions received by invitation in Word format. All included abstracts were retained, irrespective of topic, study design, presentation type, or level of structural detail.

For each abstract, the corpus record included the abstract number, title, abstract body, thematic cluster, author keywords, word count, abstract structure, country information, and, when available, international collaboration status. All 308

abstracts included an author-keyword field; therefore, author-keyword analyses used the complete corpus. Geographical and collaboration analyses were based on records with available country metadata.

VARIABLES AND CODING FRAMEWORK

The analysis included five groups of variables. First, corpus descriptors comprised abstract number, thematic cluster, and source category. Second, reporting characteristics comprised abstract word count and structural status. An abstract was classified as fully structured when it contained all five required elements: Background, Aim(s), Methods, Results, and Conclusions. Abstracts containing at least one, but not all, of these elements were classified as partially structured; abstracts without these elements were classified as unstructured/other.

Third, author keywords were standardized for capitalization, punctuation, diacritics, and selected spelling variants. Equivalent expressions, such as "well-being" and "wellbeing" or "person centred care" and "person-centred care", were harmonized before counting. Keyword frequency was calculated as the number of abstracts containing each normalized keyword, rather than as the total number of keyword repetitions. Because all 308 abstracts contained an author-keyword field, the keyword analysis used the complete corpus.

Fourth, methodological profiles were represented by seven non-exclusive text markers. The full rule-based term list was as follows: evidence synthesis/review (review, scoping review, systematic review, meta-synthesis, meta-analysis, JBI); qualitative research (qualitative, ethnograph*, phenomenolog*, interview, focus group, thematic analysis); quantitative observational research (cross-sectional, cross sectional, cohort, retrospective, prospective, observational, survey, questionnaire, correlation); intervention, implementation or quality improvement (randomized, randomised, quasi-experimental, intervention, implementation, pilot, quality improvement, nudg*, feasibility, implemented); validation or measurement (validat*, reliab*, psychometric, scale, instrument, questionnaire); protocol, consensus or policy (protocol, delphi, consensus, framework, guideline, legal, policy, competenc*); and mixed methods (mixed-methods, mixed methods, convergent mixed, sequential mixed). Matching was case-insensitive and was performed in the abstract, title, and body. Because the markers were non-exclusive, one abstract could contribute to more than one methodological category. These markers were used to describe the language of the corpus and were not treated as a formal adjudication of study design.

Fifth, geographical variables included the reported country and a binary indicator of international collaboration. The reported country was defined as the country of the corresponding author entered in the submission metadata. International collaboration was coded as present when the submission field indicated that the abstract involved institutions or researchers from more than one country, and as absent when the field indicated no international collaboration. Country labels were harmonized to common English country names before aggregation. Country and collaboration analyses were restricted to the 305 records with available electronic submission metadata; the three additional Word contributions were not included in these denominators.

DESCRIPTIVE AND EXPLORATORY TEXT ANALYSIS

The analysis was conducted using a reproducible Python workflow (Python 3.12.13; python-docx 1.2.0; openpyxl 3.1.5; and Pillow 12.3.0). Descriptive statistics included absolute frequencies, percentages, medians, and interquartile ranges. The distribution of abstracts was summarized overall and by thematic cluster. Word-count distributions were described using medians and interquartile ranges.

Keyword analysis consisted of normalized author-keyword frequencies. Methodological markers were identified using transparent, rule-based text searches across titles and abstract bodies. The resulting frequencies were summarized overall and by thematic cluster. Countries were ranked according to the number of abstracts with country metadata reporting each normalized country, and international collaboration was summarized using the available binary indicator.

The outputs included four tables and four figures: corpus characteristics by thematic cluster; methodological markers by cluster; the most frequent author keywords; country and collaboration profiles; the distribution of abstracts across clusters; keyword frequencies; a methodological-marker heatmap; and word-count distributions. Since the corpus represented the complete set of abstracts in the final book, the analysis focused on descriptive estimates and did not apply inferential statistical tests or probability-based generalization beyond the ESNO 2026 abstract corpus.

RESULTS

CORPUS PROFILE AND THEMATIC DISTRIBUTION

The final ESNO 2026 Book of Abstracts contained 308 abstracts, including 305 records from the standard electronic submission system and three additional submissions (by invitation). The largest thematic clusters were Ageing and Vulnerability (87; 28.2%) and Mental Health and Workforce Wellbeing (79; 25.6%), followed by Digital Health and Innovation (57; 18.5%) and Preparedness in Health Systems (43; 14.0%). Climate and Sustainability (16; 5.2%) and Antimicrobial Resistance and Pharmacology (18; 5.8%) were smaller but distinct components of the programme. The distribution is shown in Table 1 and Figure 1.

Table 1. Corpus overview by thematic cluster.

Cluster	n	Share (%)	Median words	>300 n	Fully structured n	International collaboration n (%)
Ageing and Vulnerability	87	28.2	296	38	62	14 (16.1)
Preparedness in Health Systems	43	14.0	292	15	29	11 (25.6)
Climate and Sustainability	16	5.2	280.0	4	11	5 (31.2)
Digital Health and Innovation	57	18.5	292	27	48	10 (17.5)
Antimicrobial Resistance and Pharmacology	18	5.8	318.5	12	16	12 (66.7)
Mental Health and Workforce Wellbeing	79	25.6	297	37	57	17 (21.5)
ESNO Internals / Keynote (By Invitation Only)	5	1.6	246	2	3	4 (80.0)
Additional Word submissions	3	1.0	286	1	2	0 (-)

Note. Values in the collaboration column are n (%) within the cluster among records with available collaboration metadata; '-' indicates no denominator.

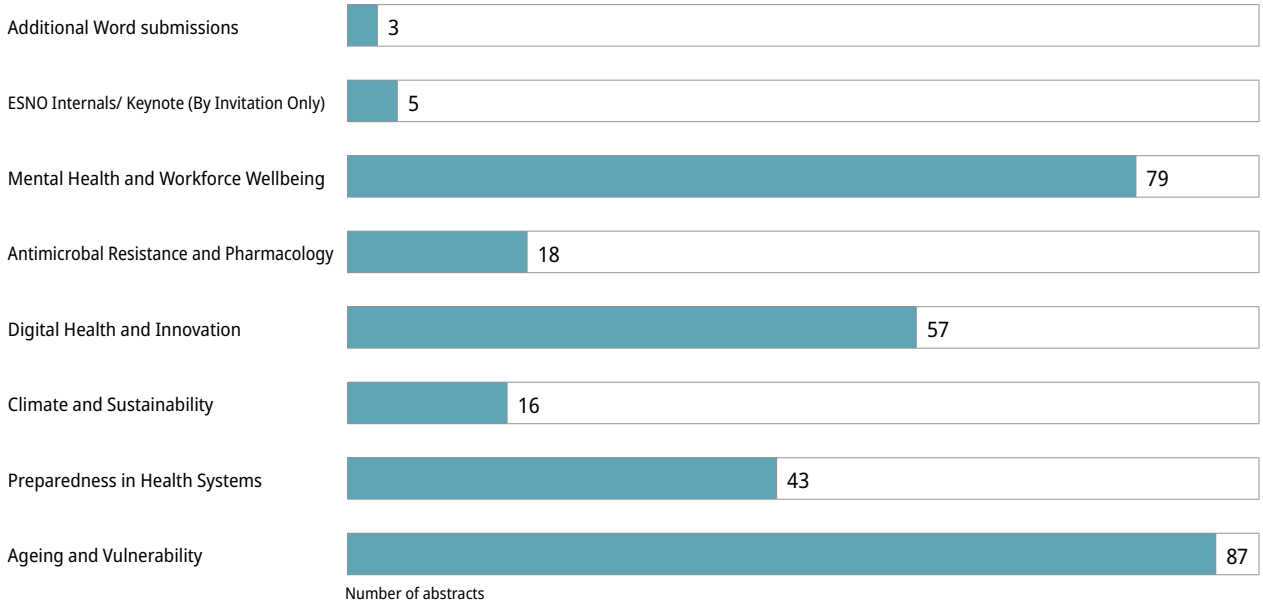

Figure 1. Final ESNO 2026 abstracts by thematic cluster.

METHODOLOGICAL PROFILES REPRESENTED IN THE ABSTRACTS

Methodological text markers were non-exclusive. Across the corpus, intervention, implementation, or quality-improvement markers were present in 199 abstracts (64.6%), protocol, consensus, or policy markers in 181 (58.8%), and validation or measurement markers in 138 (44.8%). Quantitative observational markers appeared in 128 abstracts (41.6%), evidence synthesis or review markers in 119 (38.6%), qualitative markers in 80 (26.0%), and mixed-methods markers in 26 (8.4%). These frequencies describe the visibility of methodological language in the corpus and do not establish the underlying study design or methodological quality. Intervention and implementation markers were common across all major clusters, whereas quantitative observational and validation markers were particularly visible in Digital Health and Innovation and Mental Health and Workforce Wellbeing. Table 2 and Figure 2 summarize these profiles.

Table 2. Non-exclusive methodological text markers by thematic cluster.

Cluster	n	Review n (%)	Qualitative n (%)	Observational n (%)	Intervention/ QI n (%)	Validation n (%)	Protocol/ policy n (%)	Mixed methods n (%)
Ageing and Vulnerability	87	38 (43.7)	25 (28.7)	33 (37.9)	55 (63.2)	35 (40.2)	49 (56.3)	9 (10.3)
Preparedness in Health Systems	43	19 (44.2)	12 (27.9)	10 (23.3)	28 (65.1)	10 (23.3)	31 (72.1)	4 (9.3)
Climate and Sustainability	16	7 (43.8)	4 (25.0)	5 (31.2)	10 (62.5)	3 (18.8)	12 (75.0)	0 (0.0)
Digital Health and Innovation	57	23 (40.4)	13 (22.8)	26 (45.6)	38 (66.7)	32 (56.1)	33 (57.9)	4 (7.0)
Antimicrobial Resistance and Pharmacology	18	10 (55.6)	1 (5.6)	8 (44.4)	13 (72.2)	11 (61.1)	12 (66.7)	0 (0.0)
Mental Health and Workforce Wellbeing	79	20 (25.3)	23 (29.1)	45 (57.0)	48 (60.8)	46 (58.2)	38 (48.1)	8 (10.1)
ESNO Internals / Keynote (By Invitation Only)	5	1 (20.0)	1 (20.0)	1 (20.0)	4 (80.0)	1 (20.0)	4 (80.0)	1 (20.0)
Additional Word submissions	3	1 (33.3)	1 (33.3)	0 (0.0)	3 (100.0)	0 (0.0)	2 (66.7)	0 (0.0)

Note: Markers were assigned from predefined title/body terms and are not formal adjudications of study design; percentages use cluster abstracts as denominators and may sum to more than 100%.



Note: Darker cells indicate higher percentages within the cluster.

Figure 2. Methodological markers across thematic clusters.

KEYWORD AND CONCEPTUAL LANDSCAPE

All 308 abstracts contained an author-keyword field. Patient safety was the most frequent normalized author keyword, appearing in 31 abstracts (10.1%), followed by nurses (19; 6.2%), nursing (17; 5.5%), digital health (13; 4.2%), burnout (13; 4.2%) and artificial intelligence (13; 4.2%). Nursing education and workforce wellbeing each appeared in 11 abstracts (3.6%), while person-centred care and self-care each appeared in 10 (3.2%). The keyword profile describes the co-occurrence of safety and quality terms with professional workforce concerns and technological change. The leading keywords are reported in Table 3 and Figure 3.

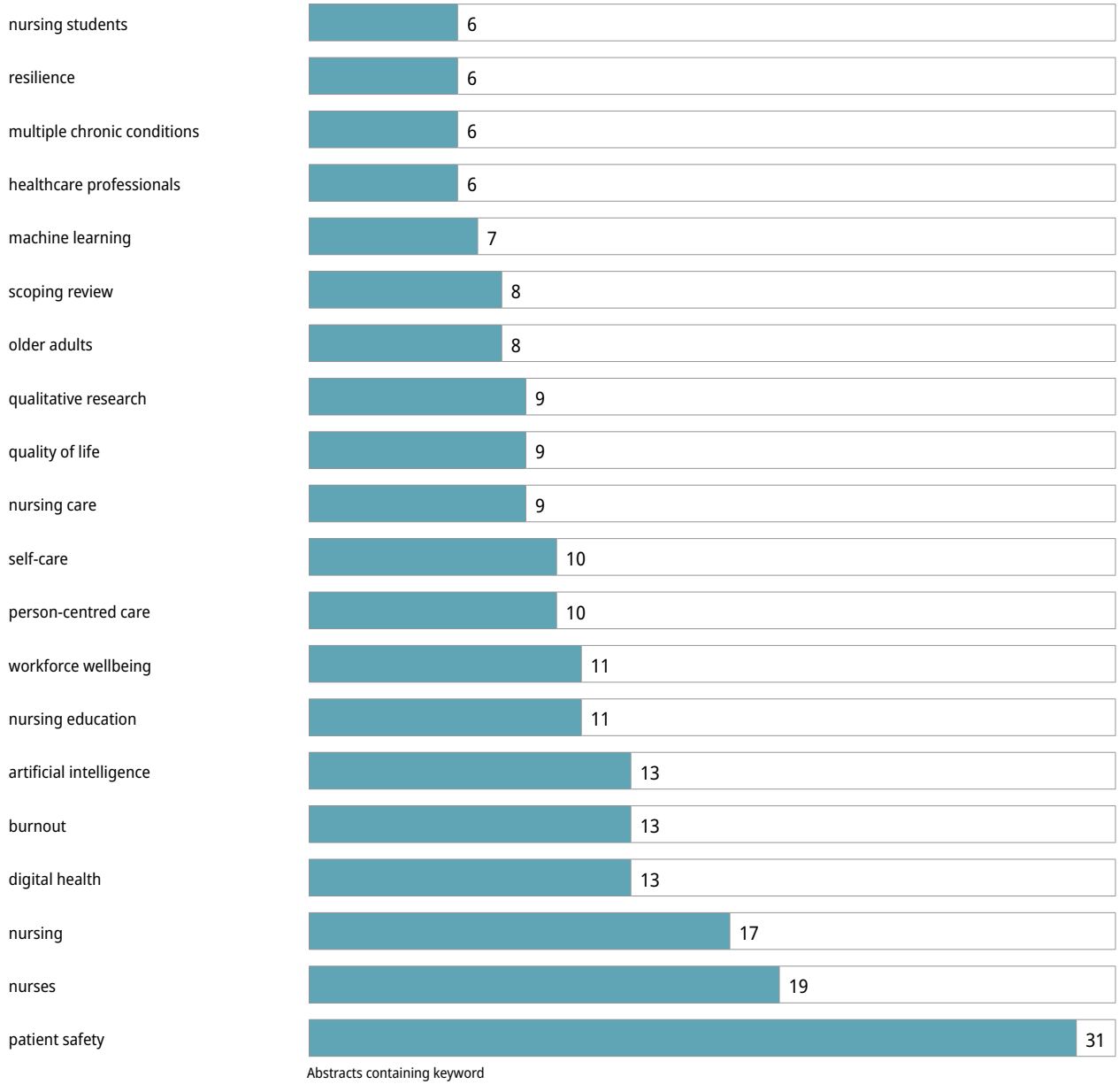

Figure 3. Most frequent normalized author keywords.

Table 3. Most frequent normalized author keywords

Rank	Author keyword	Abstracts n	Share of corpus (%)
1	patient safety	31	10.1
2	nurses	19	6.2
3	nursing	17	5.5
4	digital health	13	4.2
5	burnout	13	4.2
6	artificial intelligence	13	4.2
7	nursing education	11	3.6
8	workforce wellbeing	11	3.6
9	person-centred care	10	3.2
10	self-care	10	3.2
11	nursing care	9	2.9
12	quality of life	9	2.9
13	qualitative research	9	2.9
14	older adults	8	2.6
15	scoping review	8	2.6

Note: Keyword spelling and formatting variants were harmonized before counting; frequencies indicate abstracts containing the keyword.

GEOGRAPHIC DISTRIBUTION AND INTERNATIONAL COLLABORATION

Country metadata were available for 305 abstracts. The reported country, defined as the country of the corresponding author in the submission metadata, was Italy in 197 abstracts (64.6%), followed by Albania (26; 8.5%), Israel (14; 4.6%), Türkiye (9; 3.0%), the United States (7; 2.3%), Croatia (6; 2.0%), Kosovo (5; 1.6%) and Slovenia (5; 1.6%). Overall, 73 of the 305 records with country metadata (23.9%) indicated international collaboration according to the submission field. The country profile is summarized in Table 4; the complete country table is available in the accompanying analysis package.

Table 4. Leading countries and international collaboration

Country	Abstracts with country metadata n	Share (%)	International collaboration n (%)
Italy	197	64.6	50 (25.4)
Albania	26	8.5	5 (19.2)
Israel	14	4.6	3 (21.4)
Türkiye	9	3.0	1 (11.1)
USA	7	2.3	4 (57.1)
Croatia	6	2.0	1 (16.7)
Kosovo	5	1.6	2 (40.0)
Slovenia	5	1.6	0 (0.0)
Hong Kong	3	1.0	0 (0.0)
Netherlands	3	1.0	0 (0.0)
Romania	3	1.0	0 (0.0)
Spain	3	1.0	0 (0.0)

Note: The table shows the 12 most frequently reported countries; percentages are based on abstracts with country metadata as the denominator.

ABSTRACT STRUCTURE AND WORD-COUNT PROFILE

The median abstract length was 294.5 words. Overall, 136 abstracts (44.2%) exceeded the 300-word suggested threshold, 228 (74.0%) contained all five structural elements, 59 (19.2%) were partially structured, and 21 (6.8%) were unstructured or used another format. Figure 4 shows the distribution of word counts by thematic cluster and the 300-word reference line.

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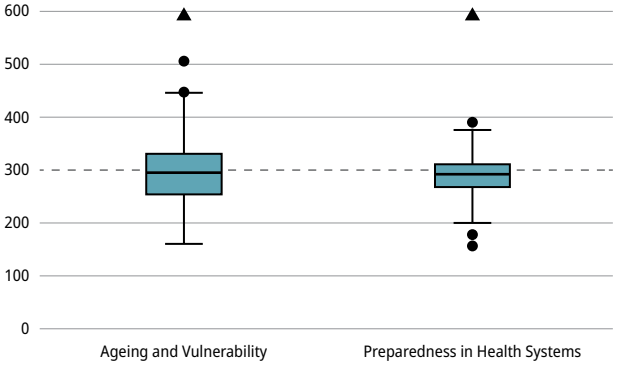

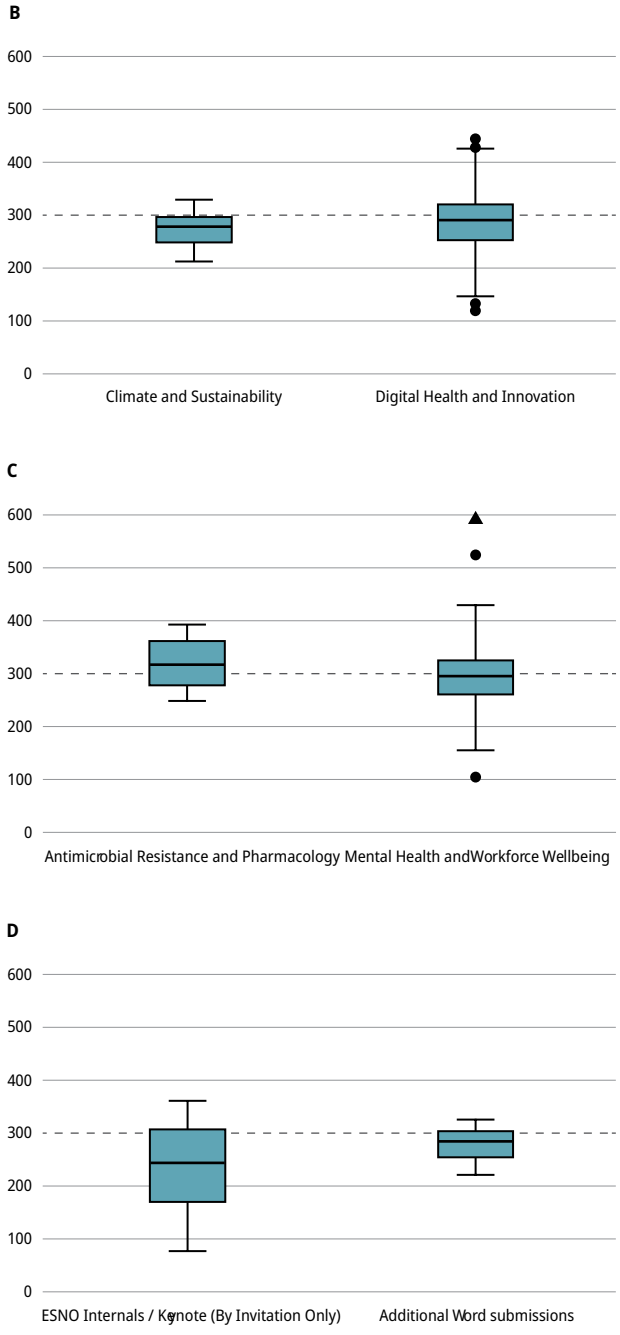

Note: The dashed reference line corresponds to the 300-word abstract suggested limit.

Figure 4. Abstract word-count distribution by thematic cluster.

DISCUSSION

MAIN FINDINGS

This analysis provides a structured snapshot of the scientific activity represented at ESNO 2026. The largest thematic clusters were Ageing and Vulnerability, Mental Health and Workforce Wellbeing, and Digital Health and Innovation. Across clusters, implementation, quality-improvement, protocol and policy markers were frequently detected, while no single traditional study design dominated the corpus. Patient safety was the leading author keyword, with burnout, workforce wellbeing, digital health and artificial intelligence also visible as recurring concepts. Taken together, these descriptive patterns show that the ESNO 2026 corpus brought clinical safety, workforce sustainability and digital transformation into the same conference landscape; they do not establish causal relationships or the effectiveness of the underlying initiatives.

ESNO 2026 WITHIN THE EUROPEAN NURSING WORKFORCE CONTEXT

The distribution of topics is consistent with the current European workforce context, in which recruitment, retention, ageing, wellbeing, skill mix and professional development are interdependent challenges (4-7). The prominence of workforce and wellbeing themes is therefore not incidental to the clinical agenda: it reflects the need to protect nurses' capacity to deliver safe and effective care. Caruso and Stievano have recently argued that high aggregate nurse numbers can coexist with structural retention failures, and that European policy should move from production-centred approaches towards retention governance, safe staffing, specialist career pathways, and interoperable workforce intelligence (22). The ESNO corpus cannot test that policy argument, but its emphasis on workforce wellbeing, patient safety and specialist knowledge provides a timely empirical context in which to consider it.

EMERGING PRIORITIES: PATIENT SAFETY, DIGITAL HEALTH, AI AND WORKFORCE WELLBEING

Patient safety was the most visible conceptual anchor in the corpus. This descriptive pattern is compatible with evidence linking staffing, education and work conditions to patient outcomes and safety culture (8,9). The simultaneous appearance of digital health and artificial intelligence indicates that these topics were visible alongside workforce and safety concerns in the conference corpus; it does not demonstrate that they were investigated together or that technology improved safety. WHO Europe identifies training, workload, infrastructure, ethics and legal factors as barriers to digital uptake (10), while WHO guidance emphasizes that

AI in health must remain safe, equitable, transparent and accountable (11). The presence of climate, sustainability, and antimicrobial resistance topics is consistent with a broader health-system resilience agenda (12,13). Importantly, keyword frequency signals visibility within the conference corpus; it does not establish the prevalence, effectiveness or quality of the underlying interventions.

IMPLICATIONS FOR SPECIALIST NURSING AND FUTURE ESNO MEETINGS

The findings support the use of the ESNO abstract book as a recurring observatory of professional research and practice. Future meetings could strengthen this function by maintaining consistent metadata fields for study design, specialist role, setting, country, collaboration and implementation stage. A longitudinal comparison across ESNO meetings could then identify whether themes such as retention, advanced practice, digital competence, climate resilience and patient safety are increasing, stable or underrepresented. The current report also suggests value in creating deliberate spaces for cross-country implementation learning, since a substantial proportion of abstracts addressed implementation, policy or quality improvement, while international collaboration remained unevenly distributed.

STRENGTHS AND LIMITATIONS

The main strength of this report is the use of the complete final abstract book rather than a selected sample, combined with transparent descriptive rules and embedded visual outputs. The study also distinguishes between thematic representation, methodological language, and research quality. Several limitations should be considered. Conference abstracts are selective, space-limited and preliminary; they may not correspond to full publications and cannot be assumed to represent the whole specialist nursing community (15,16). Methodological profiles were identified using rule-based text markers and were non-exclusive, so they should not be interpreted as formal study-design adjudication. Country and collaboration analyses depended on available metadata and may underrepresent contributions with incomplete reporting. Finally, the analysis is cross-sectional and describes a single conference edition; it cannot establish trends, causal relationships, or clinical impact.

CONCLUSION

ESNO 2026 presented a broad but concentrated scientific landscape centred on ageing, workforce wellbeing, patient safety, implementation and digital transformation. A descriptive analysis of the ESNO 2026 abstracts makes these priorities visible. Repeating this approach across future ESNO meetings could support knowledge exchange, research agenda development and more coordinated specialist nursing policy across Europe.

DECLARATIONS

ETHICS APPROVAL

The analysis used conference abstracts and associated aggregate metadata and did not involve patients, human participants or identifiable clinical records. Formal ethics approval was therefore not required for this document-based analysis.

AUTHOR CONTRIBUTIONS

All authors contributed to the conception, data curation, analysis, interpretation, drafting and critical revision of the manuscript, and approved the final version.

FUNDING

No specific funding was received for this work.

CONFLICT OF INTEREST

The authors declare no competing interests.

GENERATIVE AI STATEMENT

The authors used a generative AI tool to assist with language editing, formatting, and journal-specific manuscript preparation. All AI-assisted output was critically reviewed, revised, and verified by the authors, who take full responsibility for the final content. No AI tools were used for data collection, analysis, or interpretation.

DATA AVAILABILITY

The final abstract book is the source of the reported corpus. Aggregate tables, figures, and the reproducible analysis script are provided with this manuscript package. Structured author metadata are not redistributed as part of the manuscript.

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