



Mapping the Landscape of Recent Nursing Research: Insights and Future Directions from the Asian Region

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Abstract: This editorial paper maps the landscape of recent nursing research and innovations based on 391 abstracts presented at the Second International Nursing Research Conference in December 2025, Bangkok, Thailand. Using a mapping review approach, we identified key characteristics, emerging trends, and methodological gaps, primarily within the Asian nursing context, which accounted for 98.7% of submissions and was predominantly represented by Taiwan and Thailand. Findings revealed a profound transition toward operational safety and local clinical efficiency, with quality improvement initiatives (27.9%) and descriptive or correlational studies (25.6%) dominating the research designs. In contrast, rigorous multi-center randomized controlled trials and longitudinal studies remained scarce. The abstracts emphasized clinically vulnerable populations, particularly older adults and those with chronic non-communicable diseases, alongside a strong focus on the nursing workforce (24.0%). Five major themes emerged from our analysis: clinical nursing practice across the lifespan (52.7%), workforce sustainability within nursing administration (18.4%), implementation and improvement science research (16.9%), innovative pedagogy in nursing education (6.4%), and the integration of digital health and technology (5.6%). While highlighting rapid advancements in digital transformation, the mapping exposes critical gaps in implementation research, cost-effectiveness analyses, and long-term evaluations. Furthermore, the dominance of abstracts from well-supported nations underscores an inherent structural bias, emphasizing the need for robust financial mechanisms to ensure equity in global health research. Future directions prioritize translating evidence into practice, enhancing multi-center collaborations, and balancing high-tech innovations with humanistic empathy.

Keywords: Asia, Mapping review, Nursing conference, Nursing research, Trends

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Introduction

In December 2025, the Thailand Nursing and Midwifery Council hosted the Second International Nursing Research Conference on 'Future Nursing Research and Innovation for Sustainable Global Health' to commemorate the 125th Anniversary of the Birth

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of HRH Princess Srinagarindra, the Princess Mother of Thailand and a trained nurse and midwife. The Conference was jointly organized by the World Association of Nursing Science and the Nurses Association of Thailand. It was held in Bangkok. The Conference served as an important platform for knowledge exchange, bringing together nurse researchers, educators, nursing students, clinicians, and policy leaders from across Asia and Western countries.

Scientific conferences play an important role in advancing the nursing profession as they are platforms for disseminating and exchanging knowledge and ideas and enhancing networking among practitioners, researchers, scholars, and leaders.¹ Engaging in these scholarly events, conference delegates gain knowledge that can be rapidly translated into evidence-based practice.² Furthermore, while formal publication can take years, previous scholars have recognized the value of mapping conference presentations to capture real-time trends and methodological shifts in health science. For example, a recent scoping review by Nöst et al.³ mapped abstracts from a major health services research conference to identify predominant research designs, clinical settings, and methodological gaps. Their work demonstrated that evaluating conference abstracts provided insight into the current scope of a field and shaped future research agendas, making it a critical landscape to analyze.

This editorial paper presents a mapping review of the abstracts from this Conference, representing nursing research and innovations conducted by nurse researchers who attended and presented. While a systematic review aims to comprehensively summarize the existing literature addressing specific research questions, Scherer and Saldanha⁴ have recommended including conference abstracts in such reviews. They suggested a sensitivity analysis to assess the unique contribution of conference abstracts to meta-analyses, especially when the existing evidence from full-length publications is sparse.⁴

Using conference abstracts for such reviews should be done with caution, as discrepancies in study results and conclusions are common between conference and journal-published abstracts.⁵ To avoid this, we utilized a mapping approach. As Cooper notes,⁶ while a systematic review focuses on the substance of an article's results, the mapping approach does not discuss findings. Rather, it captures key characteristics including concepts being investigated, research activities, and study locations. Applying this approach, we mapped our conference abstracts by systematically categorizing their core components, specifically the researchers' backgrounds, target populations, study designs, and primary thematic areas, to reveal key characteristics of recent nursing research, primarily from the Asian region, and identified emerging themes to provide insights to inform future research directions.

Mapping the Landscape

There were 391 abstracts accepted for oral ($n = 94$) and poster ($n = 297$) presentations, from a total of 556 submitted abstracts. Each abstract was 400–500 words and underwent peer review by two independent reviewers from esteemed national and international institutions. The abstracts were from nine countries, with the majority from Asian countries ($n = 386$, 98.7%), including Taiwan, Thailand, Japan, China, Sri Lanka, and Singapore, with a small proportion from the United Kingdom, the USA, and Portugal ($n = 5$, 1.3%). Among Asian countries, the most abstracts were from Taiwan and Thailand (333 abstracts, 85.2%).

Nurse Researchers' Presentations

Nearly half of the nurse researchers presenting their work were registered nurses ($n = 191$, 48.9%), followed by graduate students at both the doctoral and master's levels ($n = 87$, 22.3%) and nurse instructors ($n = 60$, 15.3%). The rest identified themselves as researchers ($n = 45$, 11.5%) and small numbers of independent scholars and undergraduate students ($n = 4$, 1.0%, each).

The Populations

More than one-fourth of the studies emphasized clinically vulnerable populations. Of these, people with chronic non-communicable diseases were the most prevalent ($n = 112$, 28.7%), and presentations focused on stroke, diabetes, end-stage renal disease, heart failure, cancer, and chronic obstructive pulmonary disease (COPD). Older adults residing both in communities and who were institutionalized ($n = 68$, 17.4%) were another vulnerable population that received high research attention, specifically those who had cognitive impairment, dementia, sarcopenia, frailty, and risk for falls.

Maternal and pediatric populations were also nursing concerns ($n = 54$, 13.8%). The focus was on high-risk pregnant women, primiparous mothers, neonates/ infants, and adolescents. In addition to the clinical population of all ages, family caregivers and community stakeholders were studied ($n = 24$, 6.1%). This group included nonprofessional home caregivers, stroke supporters, rural school staff, and village health volunteers. Studies also addressed the important role of the nursing workforce across hospital settings ($n = 94$, 24.0%), especially ICU staff, operating room nurses, nurse educators, newly graduated nurses, and nurses working in psychiatric and emergency units. The final population investigated was drawn from educational settings: nursing students and nurse educators ($n = 39$, 10.0%).

Study Types and Designs

Approximately one-fourth of the studies were quality improvement initiatives/projects ($n = 109$, 27.9%), and descriptive and predictive correlational studies, including cross-sectional, retrospective, and prospective designs ($n = 100$, 25.6%). Experimental studies ($n = 73$, 18.7%) testing the feasibility or effectiveness of nursing intervention programs contributed a smaller proportion than correlational studies, in which quasi-experimental, pretest-posttest designs are more prevalent than randomized controlled trials ($n = 59$ and 14, respectively). Qualitative studies

($n = 39$, 9.9%) and clinical case studies ($n = 29$, 7.4%) were least prevalent. The last type of study was literature reviews ($n = 41$, 10.5%), ranging from simple narrative reviews ($n = 9$), scoping reviews ($n = 11$), and integrative reviews ($n = 6$) to systematic reviews and meta-analyses ($n = 15$).

Emerging Themes

Theme 1: Clinical nursing practice across the lifespan. This was the most extensive group of studies ($n = 206$, 52.7%). It included a wide range of nursing contributions across health promotion, chronic disease management, self-care and self-management interventions, palliative and end-of-life care, patient-centered care, mental health, and maternal and women's health. The studies addressed global priority areas, such as chronic non-communicable diseases, aging populations, caregiver burden, and psychological well-being, using a diverse range of research designs.

Theme 2: Workforce sustainability. This second theme was situated in the nursing administration domain. While studies used the nursing workforce (24.0%) as their primary population, this specific theme was explicitly dedicated to systemic administrative issues ($n = 72$, 18.4%). Presentations addressed persistent challenges of burnout, retention, workload, and resilience among nurses in post-pandemic healthcare contexts. Many quality improvement initiatives demonstrated that multifaceted interventions, such as robotic support in operating rooms, mentorship programs, adaptive learning systems, and mental health programs, could reduce burnout and promote professional commitment. Cross-sectional and a few longitudinal studies underlined the importance of psychological well-being, organizational communication, spiritual well-being, and leadership in regaining job satisfaction and enhancing nursing performance.

Theme 3: Implementation and improvement science research. This was demonstrated through quality-improvement projects/initiatives ($n = 66$, 16.9%). The content areas under this theme included infection control, early warning systems, delirium

detection, pressure injury prevention, stroke care optimization, medication safety, cardiac arrest response, weaning protocols, and workflow enhancements implemented across various clinical settings. These studies highlighted the effectiveness of Plan-Do-Check-Act (PDCA) cycles, bundled interventions, multidisciplinary collaboration, and digital integration. Most studies emphasized local contexts and demonstrated unclear intervention fidelity, with limited cost data and clinical impact analyses.

Theme 4: Nursing education. Innovation in pedagogical approaches is predominant in this theme. Studies ($n = 25$, 6.4%) investigated various teaching-learning strategies, including simulation-based learning, flipped classrooms, multisensory teaching methods, gamified tools, wearable cameras, and real clinical case-based models. The focus on creativity, aesthetic learning, trauma-informed care, and holistic competency development indicated an expanding understanding of nursing roles that align with global health needs. Challenges such as student mental health, faculty preparedness, and the transition to clinical practice were also evident.

Theme 5: Digital health and technology. The final theme was the growing integration of digital health and technology ($n = 22$, 5.6%). Across settings, digital tools, including AI-driven documentation systems, machine-learning prediction models, mobile health coaching, augmented and virtual reality training, telehealth platforms, and digital game-based learning, were described as having substantial effects on safety, efficiency, and patient engagement. Several abstracts reflected a shift away from fully adopting technology to co-designing digital solutions that prioritize the user.

Discussion

Analysis of the conference landscape reveals that recent nursing research in Asia is undergoing a profound transition toward operational safety and advanced research methodology. A key finding is that

quality improvement initiatives (27.9%) and descriptive and predictive correlational studies dominate current nursing research. This reflects a field focused heavily on regional healthcare issues, post-pandemic resource limitations, and local clinical efficiency. While experiential and observational studies are highly prevalent, a noticeable gap remains in long-term longitudinal designs and experimental studies (18.7%). Most experimental studies relied on short-term pretest-posttest evaluations, leaving a critical gap in evidence on how well these nursing interventions work over time.

The characteristics mapped from our conference abstracts closely mirror broader regional trends, particularly those identified in a previous comprehensive scoping review of Thai nursing research by Wannasuntad et al.⁷ Both this review and our findings underscored a profound clinical emphasis on aging populations and the management of chronic non-communicable diseases, aligning directly with global health priorities and the Sustainable Development Goals of the World Health Organization. Furthermore, our finding on the nursing workforce showed an increasing proportion of presented abstracts (18.4%), compared with the Thai scoping review (2.1%).⁷ This finding reflected a proactive response to the post-pandemic nursing shortage and burnout crises.

Methodologically, our findings also echoed historical gaps in the region; our findings and the Thai scoping review⁷ showed that the landscape was heavily saturated with descriptive, cross-sectional, and quasi-experimental designs, while rigorous, multi-center randomized controlled trials and long-term longitudinal studies remained sparse. Although descriptive and quasi-experimental studies provide important preliminary evidence, their inherent methodological limitations in establishing causality and assessing long-term outcomes weaken the overall evidence base. Future research should therefore prioritize multi-center collaborations, pragmatic randomized controlled trials, and longitudinal studies to generate more robust and

generalizable evidence,⁸ while actively incorporating implementation research to ensure these evidence-based interventions are successfully translated into routine nursing practice.⁹

Notably, in the literature reviews presented ($n = 41$), only 15 were systematic reviews or meta-analyses, while the majority were non-systematic, including 9 simple narrative reviews. Narrative reviews, while useful for providing broad educational overviews, are widely recognized as a poorer form of evidence due to their high susceptibility to selection bias and lack of reproducible search methodologies.¹⁰ This reliance on non-systematic reviews raises several critical questions about current research training and mentorship within the region. Most of these reviews were part of graduate students' assignments, particularly at the master's level, which may imply the necessity of further specialized training and mentorship. Encouraging stronger review designs will be essential for advancing the credibility and robustness of nursing evidence presented at international forums in the future.

In nursing education, our findings demonstrate a profound evolution in pedagogy. There is a strong emphasis on innovative teaching strategies that move beyond traditional classroom teaching. This shift aligns with recent international literature, which emphasizes experiential, active learning and digital innovation, and increasingly uses generative artificial intelligence tools as co-designers to enhance creative and efficient instructional designs,¹¹ while also supporting data-driven curriculum management at the institutional level.¹²

This technological evolution in nursing education parallels the digital and technological transformation into clinical practice settings. Our mapping revealed that digital health and technology have emerged as a dedicated focus of the conference abstracts. The synergy between nursing education and clinical practice settings is critical, as exposing students to digital innovations directly prepares them for future engagement with digital and technological

healthcare environments. Highlighting the urgency of this preparation, a recent study¹³ explored the digital health technology readiness of nurses, nursing students, nurse educators, and nursing leaders. Participants were generally open to innovation and confident in using telehealth, wearable devices, and information technology, significant vulnerabilities remain. Specifically, Dermody et al.'s study¹³ identified disparities in digital readiness across areas such as smart home health technology, health applications, and social media. These findings suggest that adequately preparing nurses during pre-registration and in-service training should be a shared responsibility between educational institutions and healthcare organizations to ensure nurses' digital health and technological competence. More importantly, using digital and high-technology tools requires balance with ethical safeguards, accountability, and patient trust.^{11,12} Investigations evaluating user acceptance of these advanced digital and high-technology interventions are limited.

The high concentration of abstract contributions from Taiwan and Thailand (85.2%) highlights not only the regional research productivity of these countries but also the profound impact of structured institutional support systems. Nurse researchers may receive financial support through research grants, travel endowments, and institutional backing from bodies such as the Nurses Association of Thailand and the Taiwan Nurses Association. This national support empowers nurse scholars in these countries to showcase their research and innovations in the international arena. Conversely, this mapping review revealed a stark, quiet narrative regarding global health research equity. During the conference preparation, multiple submitters from developing or lower-resource nations had their scholarly work peer-reviewed and accepted but were ultimately unable to attend and present due to financial constraints and a lack of travel sponsorship. This finding strongly aligns with recent international literature. Financial constraints and a lack of organizational

support perpetuate deep inequities in professional development, making scientific conferences far less accessible to nurses in resource-constrained settings.¹ Consequently, the mapped landscape presents an inherent structural bias that reflects the perspectives of well-supported Asian nursing networks while inadvertently marginalizing the frontline insights of nurses operating under tight economic constraints in neighboring developing territories. Furthermore, during the same timeframe, other major international conferences were held in nearby countries, including Japan. With competing scientific events, nurse researchers may face conflicts of interest that inevitably limit the submission pools from one conference to the next.

Future Nursing Research Directions

Based on the mapped characteristics and the frequently cited gaps in these abstracts, the following recommendations for future research are proposed.

1. A shift from observational, cross-sectional studies to longitudinal and large-scale, multi-center, experimental designs should be expanded. Future research should prioritize longitudinal studies and large-scale randomized controlled trials to confirm causality and enhance generalizability of nursing interventions. Specifically, the local quality improvement projects should move toward stronger evaluative designs that, when feasible, include comparison groups and ensure initiative fidelity through close monitoring. Also, including cost data and patient-level impact indicators would provide stronger evidence for the global nursing community.

2. The well-being of the nursing workforce was one of the prominent themes from our mapping. Nurses experienced high stress and burnout and exhibited high turnover rates. Future administrative research should focus on developing and testing the efficacy of systemic, policy-level interventions. These include structured mentorship for new generations,

flexible scheduling, and integrated psychological support.

3. Nursing research concentrating on digital and technological tools that are developed and tested in both nursing education and healthcare delivery settings must be done intentionally to support effective learning and nursing workflow without diminishing critical thinking and humanistic empathy that remain at the heart of patient care. Moreover, the current research abstracts in this field frequently highlight the feasibility of AI, telehealth, and wearable devices. Future research should transition from pilot testing to evaluating cost-effectiveness, long-term sustainability, and the ethical considerations of implementing these innovations in routine nursing education and practice. Furthermore, future investigations should evaluate user acceptance and behavioral intention regarding the adoption of these advanced digital and high-technology interventions.

4. Translating research into practice necessitates a greater emphasis on implementation research. Rather than focusing solely on efficacy, research questions should examine how to implement interventions informed by synthesized high-quality studies or well-established clinical guidelines. This requires adaptive research designs tailored to the specific stage of knowledge development in that area. To successfully fill these translation gaps, investigators routinely leverage mixed methods, action research, and research and development frameworks.

Recommendations for Future Nursing Research Events and Policy

To address both financial barriers and scheduling conflicts, future international nursing assemblies and research initiatives should actively design structural mechanisms to bridge the financial accessibility gap and avoid regional scheduling overlaps through the following measures:

1. Inter-organizational calendar synchronization, particularly within the Asian region, should be established. Structuring scientific events across major nursing research societies prevents scheduling conflicts. This measure ensures that researchers do not have to split their submissions or choose between high-tier regional forums.

2. Organizing bodies should establish dedicated travel scholarships and/or registration waivers for accepted presenters from lower-income nations. Additionally, at the policy level, professional associations must actively lobby governmental health departments to allocate dedicated funding for nurses' conference attendance.

3. Future conferences should adopt fully integrated hybrid presentation models. Offering virtual presentation tracks ensures that valuable clinical data and nursing innovations from economically constrained regions are made visible to the global network.

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Author Contributions

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Declaration of AI used for Scientific Writing

We used Grammarly, ChatGPT, and Gemini to verify grammar and improve the clarity of our English. Subsequently, we reviewed and edited the content as needed, and we take full responsibility for the content and integrity of the final publication.

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การสำรวจภาพรวมงานวิจัยทางการแพทย์พยาบาลในปัจจุบัน : มุมมองและทิศทางในอนาคตจากภูมิภาคเอเชีย

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บทคัดย่อ: บทความการทบทวนวรรณกรรมเชิงสำรวจภาพรวม (mapping review) ของงานวิจัยและนวัตกรรมทางการแพทย์พยาบาลล่าสุด จากบทคัดย่อจำนวน 391 เรื่องที่นำเสนอในการประชุมวิชาการวิจัยทางการแพทย์พยาบาลระดับนานาชาติ ครั้งที่ 2 ณ กรุงเทพมหานคร ประเทศไทย ด้วยวิธีการทบทวนวรรณกรรมเชิงสำรวจ ผู้เขียนได้ระบุลักษณะสำคัญ แนวโน้มใหม่ และช่องว่างทางระเบียบวิธีวิจัย ซึ่งส่วนใหญ่อยู่ในบริบทการพยาบาลของภูมิภาคเอเชีย คือ ร้อยละ 98.7 ของผลงานทั้งหมด โดยมีสัดส่วนจากไต้หวันและไทยมากที่สุด ผลการศึกษาพบการเปลี่ยนแปลงที่สำคัญไปสู่ความปลอดภัยในการปฏิบัติงานและประสิทธิภาพทางคลินิกในพื้นที่ที่ศึกษา โดยรูปแบบการวิจัยที่พบมากที่สุดคือ โครงการพัฒนาคุณภาพ (ร้อยละ 27.9) และการศึกษาเชิงพรรณนา/เชิงความสัมพันธ์ (ร้อยละ 25.6) ในทางตรงกันข้าม การวิจัยเชิงทดลองแบบสุ่มและมีกลุ่มควบคุมแบบพหุสถาบัน และการศึกษาติดตามระยะยาวยังคงมีอยู่น้อยมาก บทคัดย่อส่วนใหญ่ให้ความสำคัญกับกลุ่มเปราะบางทางคลินิก โดยเฉพาะผู้สูงอายุและผู้ป่วยโรคไม่ติดต่อเรื้อรัง ควบคู่ไปกับการมุ่งเน้นที่กลุ่มบุคลากรทางการแพทย์พยาบาล (ร้อยละ 24.0) ประเด็นหลักการวิจัย 5 ประการที่พบ ได้แก่ การปฏิบัติการพยาบาลทางคลินิกทุกช่วงวัย (ร้อยละ 52.7) ความยั่งยืนของกำลังคนในมิติของการบริหารทางการแพทย์พยาบาล (ร้อยละ 18.4) การวิจัยดำเนินการ/การนำไปใช้และการพัฒนา (ร้อยละ 16.9) นวัตกรรมจัดการเรียนการสอนทางการแพทย์พยาบาล (ร้อยละ 6.4) และการบูรณาการเทคโนโลยีสุขภาพดิจิทัล (ร้อยละ 5.6) แม้จะเห็นถึงความก้าวหน้าอย่างรวดเร็วในการปรับตัวสู่ยุคดิจิทัล แต่การทบทวนนี้ยังเผยให้เห็นช่องว่างสำคัญในด้านการวิจัยดำเนินการ/การนำไปใช้ การวิเคราะห์ความคุ้มค่า และการประเมินผลในระยะยาว นอกจากนี้ การที่บทคัดย่อส่วนใหญ่มาจากประเทศที่ได้รับการสนับสนุนอย่างดี อาจทำให้มีความลำเอียงเชิงโครงสร้าง จึงมีความจำเป็นในการสร้างกลไกสนับสนุนทุนด้านการเงิน/แหล่งทุนที่เข้มแข็งเพื่อสร้างความเท่าเทียมในการวิจัยด้านสุขภาพระดับโลก ทิศทางในอนาคตควรให้ความสำคัญกับการนำหลักฐานเชิงประจักษ์ไปสู่การปฏิบัติ การส่งเสริมความร่วมมือแบบพหุสถาบัน และการรักษาสมดุลระหว่างนวัตกรรมเทคโนโลยีขั้นสูงกับการดูแลเพื่อนมนุษย์ด้วยความเข้าใจและเห็นอกเห็นใจ

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