



RCSI

FACULTY of
**NURSING and
MIDWIFERY**



21 & 22 FEBRUARY 2024

RCSI, Dublin Ireland

**43rd ANNUAL INTERNATIONAL
NURSING & MIDWIFERY RESEARCH
AND EDUCATION CONFERENCE**

CHANGING LANDSCAPES OF HEALTH

6.5 RCSI FNM CEUs

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Masterclass Programme

This is a free event but registration is essential. Visit <https://www.rcsi.com/dublin/about/faculty-of-nursing-and-midwifery> to register.

Agenda	Wednesday 21 st February	
Time	Event	Venue
15.30	Registration	Front Hall
16.00 – 17.30	Opening ceremony and masterclass	Albert Lecture Theatre
17.30	Drinks and canapé reception	Boardroom
18.00	Carriages	Front Hall

Honorary Conferring Programme

This is a ticketed event. Visit <https://www.rcsi.com/dublin/about/faculty-of-nursing-and-midwifery> to book a place.

Agenda	Wednesday 21 st February	
Time	Event	Venue
18.00	Registration	Front Hall
18.30	Honorary conferring ceremony	College Hall
20.00	Annual conference dinner	College Hall
22.00	Closing of annual conference Dinner	College Hall
22.30	Carriages	Front Hall

Conference Programme

Agenda	Thursday 22 nd February	
Time	Event	Venue
07.45 - 08.30	Registration, tea/coffee, poster and exhibition viewing	Examination Hall
Morning session (O'Flanagan Lecture Theatre) Chairperson: Ms Mary Godfrey, Vice Dean, Faculty of Nursing and Midwifery, RCSI		
08.45 - 08.50	Welcome address: Dr Mary Boyd Dean, Faculty of Nursing and Midwifery, RCSI	
08.50 - 09.00	Opening Address: Ms Rachel Kenna, Chief Nursing Officer, Department of Health, Ireland	
09.00 - 09.40	Keynote address: Dr Helen Bevan OBE, Chief Transformation Officer, NHS Horizons, Coventry, UK <i>Making change happen: learning from 'positive deviants'.</i>	
09.40 - 10.20	Keynote address: Prof. Michael West CBE Senior Visiting Fellow at The Kings Fund, London, UK <i>The Courage of Compassion: Wellbeing for HSE and Ireland</i>	
10.20 - 10.30	Panel Discussion: Changing Landscapes of Health I Prof. Mark White, Executive Dean, Faculty of Nursing and Midwifery Prof. Michael West CBE Senior Visiting Fellow at The Kings Fund, London, UK Dr Helen Bevan OBE, Chief Transformation Officer, NHS Horizons, Coventry, UK Ms Rachel Kenna, Chief Nursing Officer, Department of Health, Ireland	
10.30 - 11.10	Tea/coffee, poster and exhibition viewing	Examination Hall
	Optional: Movement and relaxation room Ciara McKinley (available during keynote addresses and at break times)	Boardroom
11.15 - 13.15	Concurrent sessions	See below
13.20 - 14.15	Lunch, poster and exhibition viewing	Exam Hall
	Optional: Movement and relaxation room Ciara McKinley (available during keynote addresses and at break times)	Boardroom
Afternoon session (O'Flanagan Lecture Theatre) Chairperson: Prof. Mark White, Executive Dean, Faculty of Nursing and Midwifery, RCSI		
14.15	Welcome Prof. Mark White, Executive Dean, Faculty of Nursing and Midwifery	
14.20 - 14.40	Keynote address: Annette Kennedy, Founder Health & Social Care Education Human Trafficking (HSCEHT) group <i>Do I see? Do I know? Nurses & Midwives connecting to identify and provide support for victims of human trafficking</i>	
14.40 - 15.00	Keynote address: Prof. Carolyn Wallace, Professor in Community Health and Care Services at the University of South Wales <i>Nursing and social prescribing – how do they fit together?</i>	
15.00 - 15.20	Keynote address: Brenda Courtney, Chief Operations Officer Infocare Healthcare Systems <i>Digital Transformation Deconstructed</i>	
15.20 - 15.40	Keynote address: Annree Wogan, Leadership Consultant and Executive and Team Performance Coach <i>Executive Coaching to Win: Owning Your Leadership & Influence</i>	
15.40 - 15.50	Panel Discussion: Changing Landscapes of Health II Annette Kennedy, Founder Health & Social Care Education Human Trafficking (HSCEHT) group Prof. Carolyn Wallace, Professor in Community Health and Care Services at the University of South Wales Brenda Courtney, Chief Operations Officer Infocare Healthcare Systems Annree Wogan, Leadership Consultant and Executive and Team Performance Coach	
15.55 - 16.10	Clinical bursary awards Ms Mary Godfrey, Vice Dean, Faculty of Nursing and Midwifery, RCSI	
16.10 - 16.25	Oral presentation awards Prof. Mary Lynch, Executive Vice Dean for Research, Faculty of Nursing and Midwifery RCSI	
16.25 - 16.40	Poster awards Prof. Mary Rose Sweeney, Executive Vice Dean for Education, Faculty of Nursing and Midwifery RCSI	
16.40 - 16.55	Closing address: Prof. Mark White Executive Dean, Faculty of Nursing and Midwifery, RCSI	

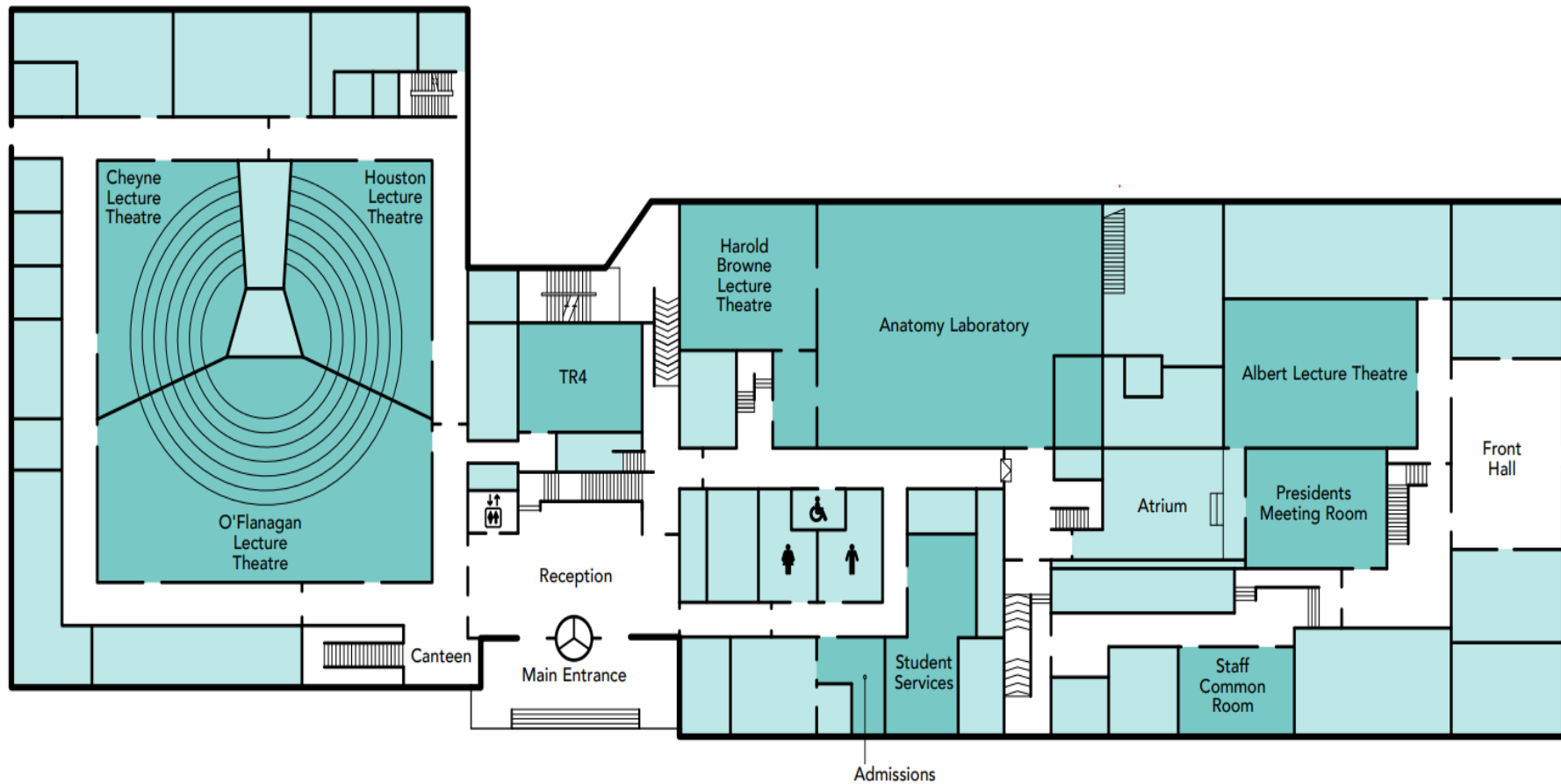
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Concurrent strands / workshops / seminars – Ground Floor					
	O'Flanagan LT	Houston LT	Cheyne LT	Tutorial room 4	Albert LT
Chair	Niamh Walsh	Prof. Marie Carney	Ms Denise McKernan	Ms Joanne Peters	Ms Deirdre Lang
Strand	Transforming nursing & midwifery practice, research & education 1	Transforming nursing & midwifery practice, research & education 2	Transforming nursing & midwifery practice, research, & education 3	Transforming nursing & midwifery practice, research & education 4	Health and wellbeing 1
11.15 - 11.35	1.1 Transition of Clinical Teaching from Traditional to Simulation Era <i>Dr Jefferson Garcia Guerrero, King Khalid University, Saudi Arabia</i>	2.1 A Study to Measure Nursing Students' Knowledge of Death Rituals <i>Dr Nipuna Thamanam, Faculty of Nursing and Midwifery, RCSI, Dublin, Ireland</i>	3.1 The Active Involvement of Oncological Patients in Clinical Research <i>Dr Angela Tolotti, Oncology Institute of Southern Switzerland, Switzerland</i>	4.1 Retention of Nursing Home Directors in Ireland-A Qualitative Study <i>Ms Clodagh Killeen, Leading Healthcare Provider Skillnet, Ireland</i>	5.1 What Matters Most Contributes to Nurse Leader Engagement and Wellness <i>Dr Deirdre O'Flaherty, Hunter-Bellevue School Of Nursing, New York, USA</i>
11.40 - 12.00	1.2 The PARC Project (Positive Advanced Recovery Connections) <i>Ms Ann Cunningham, Health Service Executive, Ireland</i>	2.2 New Graduate Nurses' Readiness for Practice: A Longitudinal, Mixed-Methods Research <i>Dr Eman Tawash, RCSI University of Medicine and Health Sciences, Muharraq, Bahrain</i>	3.2 Exploring Career Pathways for Ireland's Support Workers in Home Care <i>Dr Elizabeth Morrow, Faculty of Nursing and Midwifery, RCSI University of Medicine and Health Sciences, Dublin, Ireland</i>	4.2 Enhancing Human Rights for Older People in Residential Care <i>Mrs Florence Horsman Hogan, Leopardstown Park Hospital, Dublin, Ireland</i>	5.2 Social Support Categorisation in Work-Related Musculoskeletal Disorder Studies Among Nurses <i>Ms Enobong Asuquo, University Of Limerick/ Saint John's Hospital, Limerick, Ireland</i>
12.05 - 12.25	1.3 Longitudinal Impact of an Irish Interdisciplinary Perinatal Mental Health Programme <i>Dr Anita Byrne, Dundalk institute of Technology, Dundalk, Ireland</i>	2.3 The Effectiveness of CPD for Long-Term Care Workforce: A Systematic Review <i>Dr Nicola Pagnucci, Faculty of Nursing and Midwifery, RCSI University of Medicine and Health Sciences, Dublin, Ireland</i>	3.3 Scoping Review of the Economic Evidence on Career Pathway Development <i>Prof. Mary Lynch, Faculty of Nursing and Midwifery, RCSI University of Medicine and Health Sciences, Dublin, Ireland</i>	4.3 Advanced Practice and Leadership: Changing Landscapes of Community Dementia Care, <i>Ms Edel Carey, Health Service Executive, Dublin, Ireland</i>	5.3 Personal, Social and Professional Acculturation of Overseas Nurses in Malta <i>Dr Neville Schembri, Malta College Of Arts Science And Technology, Malta</i>
12.30 - 12.50	1.4 Quality Safety Initiative: Deteriorating Patient Simulation Programme <i>Ms Harvey McDonnell, Beaumont Hospital, Dublin, Ireland</i>	2.4 Attitudes and experiences of Long-term Care workers with CPD modalities <i>Mrs Carmel Kelly, Leading Healthcare Provider Skillnet, Ireland</i>	3.4 Bridging Evidence to Practice: The Model for Improved Healthcare Outcomes <i>Dr Tatiana Bolgeo, Department of Research and Innovation, SS Antonio e Biagio e Cesare Arrigo University Hospital, Italy</i>	4.4 RCSI Hospital Group Integrated Care Framework with Residential Care Facilities <i>Ms Petrina Donnelly, RCSI Hospital Group, Dublin, Ireland</i>	5.4 Community Rehabilitation Inpatient Specialist Program (CRISP): Supporting Older Adults <i>Ms Mary Doyle, Peamount Healthcare, Dublin, Ireland</i>
12.55 - 13.15	1.5 "Fitting in"- Nurse Executives Realigning Their Identity During Role Transitioning <i>Dr Cora Lunn, University of Limerick, Ireland</i>	2.5 Evaluation of a National Foundation Module for Critical Care Nurses <i>Dr Sean Kelleher University College Cork, Cork, Ireland</i>	3.5 Midwifery Care: An Evolutionary Concept Analysis <i>Ms Martina Barbieri, Department of Health Sciences, University Of Genoa, Genoa, Italy</i>	4.5 The Modified Oral Health Status Survey Tool <i>Ms Katrina Byrne, School of Dental Science, Trinity College Dublin, Ireland</i>	5.5 Effectiveness of Two Compression-Only Life Support (COLS) Teaching Approaches. <i>Dr Smitha Das, All India Institute of Medical Science, New Delhi, India</i>

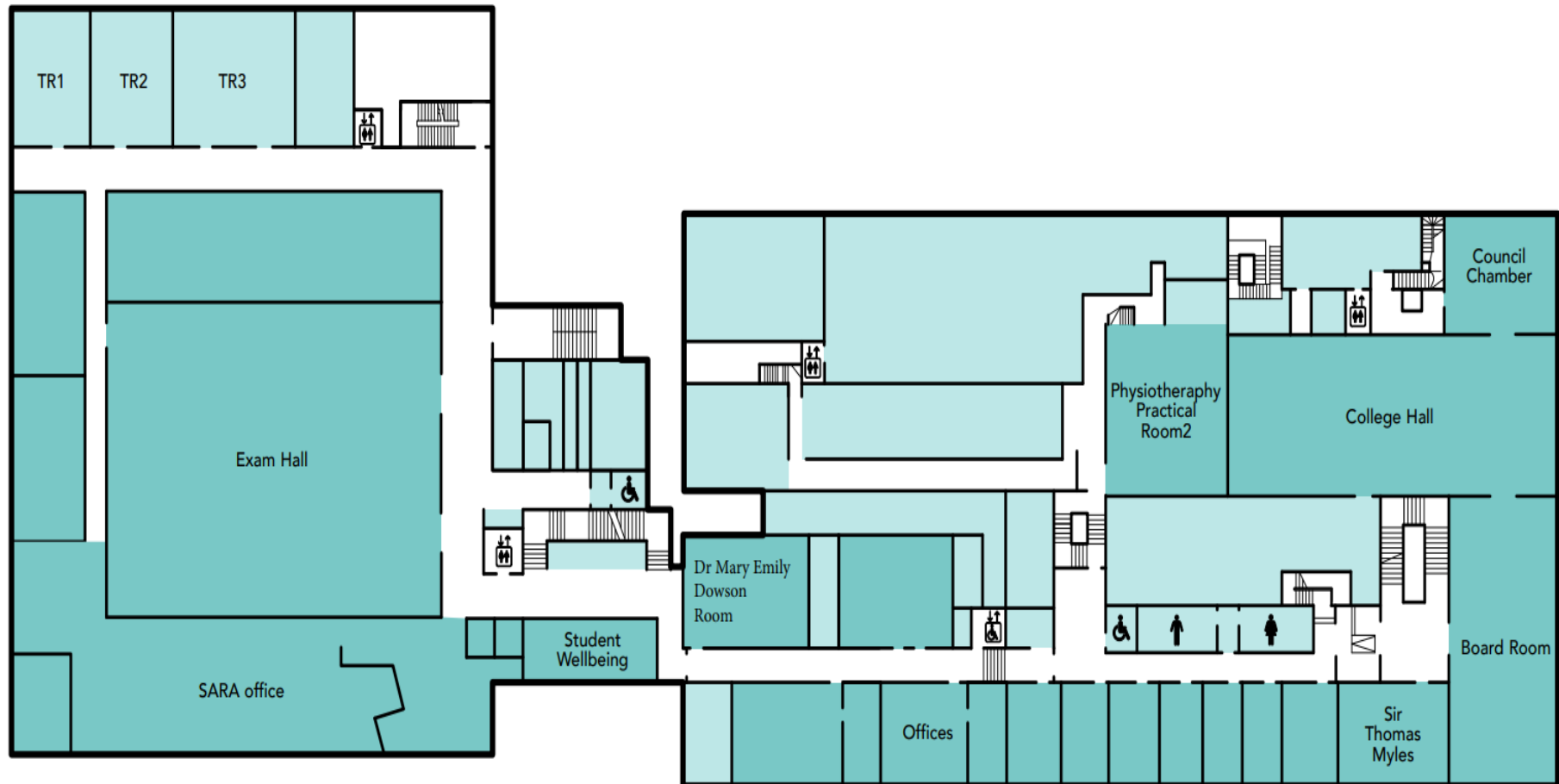
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Concurrent strands / workshops / seminars – First Floor				Second Floor	
	Boardroom	Tutorial room 1	Tutorial room 2+3	Newman Study	Nightingale
Chair	Prof. Mary Rose Sweeney	Ms Lasarina Maguire	Ms Mary Godfrey	Prof. Mark White	Ms Aisling Culhane
Strand	Health and wellbeing 2	Integrating SDGs into practice 1	Integrating SDGs into practice 2	Innovation and digitalisation 1	Innovation and digitalisation 2
11.15 - 11.35	6.1 Dance/Movement for Employee Well-being: Social Return on Investment Study Protocol <i>Dr Teresa Filipponi, University of South Wales</i>	7.1 Evaluation of the Factors Influencing Perceptions of Spiritual Care <i>Prof. Ippolito Notarnicola, Centre Of Excellence For Nursing Scholarship Opi, Rome, Italy</i>	8.1 Healthy and Sustainable Diets in Adolescents: Mixed-Method Grounded Theory protocol. <i>Ms Michela Calzolari, Department of Health Sciences, University Of Genoa, Italy</i>	9.1 Understanding Undergraduate Student Nurse Perceptions and Knowledge of Artificial Intelligence. <i>Ms Ali-Rose Sisk, RCSI University of Medicine and Health Sciences, Muharraq, Bahrain</i>	10.1 Improved Care Delivery Through Nursing Documentation and Care Planning Workshop <i>Ms Deirdre Halford, Health Service Executive, Ireland</i>
11.40 - 12.00	6.2 Healthcare Workers Wellbeing Through Clinical Pilates: A Multicentre Quasi-Experimental Study <i>Ms. Menada Gardalini, Health Professionals Research Unit, SS Antonio e Biagio e Cesare Arrigo University Hospital, Italy</i>	7.2 What Nurses Can Learn from the Mpox Public Health Emergency <i>Dr John Gilmore, University College Dublin, School of Nursing Midwifery and Health Systems, Dublin, Ireland</i>	8.2 Systematic Review Examining Women's Experiences of Homelessness: High Income Countries <i>Ms Maxine Radcliffe, Health Service Executive, Dublin, Ireland</i>	9.2 Digital Innovation Communication Tool within an Irish Residential Care Setting. <i>Ms Orla Merrigan Orpea Residence, Ireland</i>	10.2 Digital Health-Driven ANP CTCA Pathway: Same-Day Non-ACS Patient Discharge <i>Mr Paul Stoneman Beaumont Hospital, Dublin, Ireland</i>
12.05 - 12.25	6.3 Evaluation of a Mindfulness Based Intervention for Hospital Staff <i>Dr Sarah Jayne Liptrott, Regional Hospital Of Bellinzona and Valli, Ente Ospedaliero Cantonale (EOC), Switzerland</i>	7.3 Digital Transformation with ePortfolio for Final Year Nursing Students <i>Dr Louise Kavanagh McBride, ATU Donegal, Ireland</i>	8.3 Mental Health Nurses in Europe <i>Dr Nina Kikku, VID Specialized University, Norway; Dr Clare Lewis, Postdoctoral Research Fellow Faculty of Nursing and Midwifery</i>	9.3 Really Thrilling Location Ssystems (RTLS) Adds Value to Hospital Nurses <i>Dr Deirdre O'Flaherty Hunter-Bellevue School Of Nursing, New York, USA</i>	10.3 App Based Psychoeducation On Daily Living Medicine Adherence Severity of Disease <i>Dr.Yumnam Devi, All India Institute of Medical Science, New Delhi, India</i>
12.30 - 12.50	6.4 Nature Based Social Prescribing for Enhancing Mental Health and Well-Being <i>Prof. Mary Lynch, Faculty of Nursing and Midwifery, RCSI University of Medicine and Health Sciences, Dublin, Ireland</i>	7.4 Effects of a COVID-19 Pandemic on Hand Hygiene Observational Compliance <i>Mrs Tracy Doherty, Health Service Executive, Drogheda, Ireland</i>	8.4 WITHDRAWN	9.4 Can Using an EHR in Acute Hospitals Enable Person-Centred Care? <i>Dr Michelle Hardiman Blackrock Health Galway Clinic, Ireland</i>	10.4 Towards Fostering and Nurturing Digital Savy Nurse Graduates and registrants. <i>Dr. Louise Kavanagh-McBride, Atlantic Technological University, Donegal, Ireland</i>
12.55 - 13.15	6.5 Ensuring Rights of Older People in Long-Term Care <i>Ms Katja Savolainen, School of Nursing and Midwifery, Trinity College Dublin, Ireland</i>	7.5 WITHDRAWN	8.5 WITHDRAWN	9.5 WITHDRAWN	10.5 Equity in Vascular Access: Empowering Nurses with Visualization Technology <i>Assoc. Prof. Elizabeth Weathers University College Dublin, Ireland</i>

Floor Plan – Ground Floor



Floor Plan – First Floor



Time to take a break?
Join Ciara McKinlay in the
Boardroom for a movement and
relaxation session!



Ciara McKinlay is a qualified Nutrition and Lifestyle Coach and Personal Trainer. She is a powerful advocate for the importance of movement in our everyday lives. Ciara became a Fitness Instructor while working in a busy corporate role to support her own and her family's health and wellbeing. She realised that fitness helped her to keep her body in check, supported her mental health and provided her with the ability to meet the challenges that came her way. She passionately believes in the importance of physical activity in maintaining health and wellbeing. She firmly believes in the importance of self-care which is fundamental to being able to care for others. Ciara works with small groups, mainly women, to support their health journeys through all life stages.

We understand that on days like today it can be helpful to take some time out to refresh the body and mind. Ciara will be available in the Boardroom from 9am - 11am and during lunch to take you through some gentle stretching, movement and relaxation exercises. These sessions are suitable for all abilities and healthy snacks are also provided. Booking is not required, so why don't you drop by. Ciara is also available throughout the day to chat through your own health journey.

Messages of Welcome

President's Welcome



As President of the Royal College of Surgeons in Ireland it is a great privilege and pleasure to welcome you to the 43rd Annual International Nursing & Midwifery Research & Education Conference, organised by the Faculty of Nursing and Midwifery at RCSI. The Faculty has a long and proud track record in postgraduate education for nurses, midwives, and health and social care professionals and the large registration for this meeting is testament to its high esteem, both nationally and internationally.

The title of the Conference – “Changing Landscapes of Health” – has immense relevance in the dynamic world of modern healthcare. Sustainability, digitalisation, innovation, health and well-being are of extreme importance as we seek to innovate for a healthier future. Indeed, as a university of medicine and health sciences, our core mission to ‘Educate, Nurture and Discover for

the Benefit of Human Health’ is at the heart of everything we do.

This is reflected in the awarding of Honorary Fellowships to this year’s worthy recipients who have contributed significantly to healthcare, sustainability, and society globally. The Honorary Fellowship of the Faculty of Nursing and Midwifery is the highest honour that the Faculty can bestow and I wish to congratulate Prof. Sir Michael Marmot CH, Dr Diana-Loreta Păun, Dr Amelia Latu Afuhaamango Tuipulotu, and Dr Hans Henri P. Kluge for this recognition of their important work.

There is a diverse, multinational line-up of speakers across the four sub-themes of the conference who, I am sure, will inform and share their thoughts, experience, knowledge and wisdom. May I wish you all an enjoyable time in your professional and social interaction over the two days of your conference.

Prof. Laura Viani
President, RCSI University of Medicine and Health Sciences

Dean's Welcome



On behalf of the Board of the Faculty of Nursing and Midwifery, it is my great pleasure to welcome you all to the 43rd Annual International Nursing and Midwifery Research and Education Conference, organised by the Faculty of Nursing and Midwifery at the Royal College of Surgeons in Ireland.

As the first provider of higher education to nurses and midwives in Ireland, the Faculty of Nursing and Midwifery has established over its' 50 year history a distinguished reputation for excellence in education, research, and supporting clinical practice. We have always remained responsive to the clinical and leadership needs of the health service, the professionals within it, and the patients we serve. Since our inauguration, we have recognised the fundamental importance of research and education in nursing and midwifery and have drawn on the contention of our Founding Dean, Ms Mary Frances Crowley

that "An autonomous nursing profession [will] come to develop an intellectual space of its own." This conference here today is evidence in itself that we have truly come to develop an intellectual space of our own.

As the longest running conference of its kind in Europe, the Faculty's Annual International Nursing and Midwifery Research and Education Conference has played a significant role in bringing together both international experts and novice researchers and practitioners. We continue to do so in an effort to promote and encourage high calibre research, pedagogy and practice amongst the nursing and midwifery professions so that we may continue to educate, nurture, and discover for human health. To further our collective contribution towards achieving these goals, I am delighted to announce the launch of the Faculty of Nursing and Midwifery PhD Scholarship Award which will support nurses and midwives to undertake impactful research.

Indeed, the theme for this year's conference is "Changing Landscapes of Health" which in itself speaks to the transient nature of knowledge and the perishable nature of skill. I trust that the many speakers and poster presenters here today will share their knowledge and skill in the spirit of collegiality and common good.

As you are aware, the organisation of a professional conference takes considerable effort. Sincere gratitude is conveyed to Conference Partners International, Floral Events, Maxwell's Photography, the Alpha Quartet, the Faculty Board and Executive - in particular Mr Paul Mahon, Ms Victoria Green, Ms Eimear Frew, Ms Denise McKernan and Mr Markuss Rusmanis - the Scientific Committee, our Chairpersons and Judges, and our colleagues from across RCSI including the Office of the President, Bookings, Catering, Porters, Security, Conferencing and Events, Communications, Estates, RCSI Merchandising and Design. Finally, I wish to extend a warm welcome to you - the speakers and delegates, especially those who have travelled from abroad. I hope that you will enjoy the conference while sharing your knowledge and insights, and at the same time make new friends and renew and strengthening old relationships... as well as experiencing the many sights, sounds and delights of Dublin.

Dr Mary Boyd
Dean of the Faculty of Nursing and Midwifery

Executive Deans Welcome



On behalf of the Faculty, the Executive team, and the Scientific Committee, it is my honour and privilege as Executive Dean to welcome you to our 43rd Annual International Nursing & Midwifery Research and Education Conference for what will be a very special meeting. The Conference has a long-standing reputation for the contemporary relevance of its themes and content, the quality of its keynote and concurrent speakers, and as both a scholarly and social event within the nursing and midwifery calendar. The Annual Conference provides all of us with an opportunity to step away from our busy professional lives to exchange ideas, share best practice, reflect, and learn.

This year's conference theme "Changing Landscapes of Health" is particularly relevant given current healthcare reform agendas here in Ireland and internationally, and the very welcome shift to integrated care. How and where care is delivered will be very different in the future compared to where we are currently, and this will most certainly require a focus on innovation, digitalisation, sustainability and the maintenance of health and well-being. I look forward to hearing from our keynote speakers who will talk to these important areas including: Ms Rachel Kenna (Chief Nursing Officer, Department of Health, Ireland), Dr Helen Bevan (Chief Transformation Officer, NHS Horizons, Coventry, United Kingdom), Prof. Michael West CBE (Senior Visiting Fellow at The Kings Fund, London, United Kingdom), Prof. Carolyn Wallace (Professor in Community Health and Care Services at the University of South Wales), Brenda Courtney (Chief Operations Officer, Infocare Healthcare), Annree Wogan (Leadership Consultant and Executive and team Performance Coach), and Annette Kennedy (Founder of the Health and Social Care Education Human Trafficking Group).

This year, the conference opening ceremony is preceded by a free interdisciplinary masterclass event delivered by our Honorary Fellows. The Master Class will give you a unique opportunity to listen to the views and perspectives of this year's Honorary Fellows, all world renowned thought leaders in the areas of health, healthcare provision, policy and societal wellbeing.

I would like to echo the Deans thanks to the Faculty Board, Conference Organising and Scientific Committee Members, the Faculty team, and our external partners including CPI, Floral Events, the Alpha Quartet, Maxwells Photography and harpists Teresa and Mary O'Donnell. I also wish to express my gratitude to Ms Cara Mc Veigh (RCSI Conferencing and Events Manager), Mr Cornelius Jacobus Petrus Jansen Van Vuuren (Catering Manager), Mr Karl O'Hara (Head Chef) and the Catering Team, Mr Frank Donegan (Head Porter) and the Porterage Team, Mr John Quinlan (Media Services) and his team, RCSI Design, RCSI Estates, Security, Nadine Pilcher (Booking and Events Coordinator) and all in Bookings, Ms Louise Loughran (Chief Communications Officer) and her team – all of whom support the Faculty in numerous ways with the planning and delivery of the Annual Conference. I am sure that you will enjoy the conference and I look forward to meeting you in the RCSI University of Medicine and Health Sciences during proceedings.

Prof. Mark White
Executive Dean



RCSI

FACULTY of
**NURSING and
MIDWIFERY**

21 FEBRUARY 2024

RCSI, Dublin Ireland

**43rd ANNUAL INTERNATIONAL
NURSING & MIDWIFERY RESEARCH
AND EDUCATION CONFERENCE**

PRE CONFERENCE MASTERCLASS

The Faculty of Nursing and Midwifery is delighted to invite you to attend a **FREE** pre-conference masterclass at 3.30pm on 21 February.

The masterclass will be facilitated by our Honorary Fellows Prof. Sir Michael Marmot CH, Dr Diana-Loreta Păun, Dr Amelia Latu Afuhaamango Tuipulotu, and Dr Hans Henri P. Kluge.

The masterclass will be followed by light refreshments and networking opportunities.

Register your interest by scanning the QR code opposite and completing the registration form.

Follow us on  for updates @RCSI_FacNurMid  #FNMConf2024



Sponsors and partners



About the Faculty of Nursing and Midwifery

Established in 1974, the RCSI Faculty of Nursing and Midwifery plays a pivotal role in leading and supporting the development of the nursing and midwifery professions nationally and internationally through the delivery of transformative learning experiences, impactful research in the areas of professional development and supporting the contribution of nurses and midwives to healthcare and societal well-being. Recently, the Faculty has focused on the expansion of its strategic impact on the national and the international arena through exciting collaborations and alliances with leaders, researchers and influencers from global organisations.

The Board of the Faculty of Nursing and Midwifery comprises a Dean and twelve members. It is bound by the Standing Orders of the Faculty of Nursing and Midwifery and the constitutions of the Royal College of Surgeons in Ireland and the Council of the College.

The Deans Medal



The Dean's Medal was designed by the Founding Dean, Mary Frances Crowley. It comprises of the College Badge, mounted on a black background and encircled by eight stars representing the essential qualities of leadership: Knowledge, Responsibility, Conciliation, Availability, Wisdom, Coordination, Co-operation and Prudence.

Lifelong learning in the Faculty of Nursing and Midwifery



Since 1974, the Faculty of Nursing & Midwifery has provided education programmes to meet the needs of nurses, midwives and other health and social care professionals working in clinical, management and research roles. We believe that professional practice is underpinned by lifelong learning and ongoing continuing professional development. The importance of lifelong learning and on-going Continuing Professional Development in the provision of safe, evidence-based care is clearly outlined in both the Code of Professional Conduct and Ethics (NMBI 2021) and the Scope of Practice Framework (NMBI, 2015).

Furthermore, we strongly believe that knowledgeable nurses, midwives and indeed all health and social care professionals, positively influence the experiences of, and the clinical outcomes, of patients and clients.

That is why the Faculty is focused on meeting the lifelong learning needs of nurses, midwives and health and social care professionals. We offer a diverse range of highly innovative programmes providing up-to-date, evidence-based knowledge to support the synthesis, integration and application of knowledge to the real world of practice.

We specialise in designing and developing bespoke lifelong learning programmes to meet the specific needs and requirements of individuals, teams and organisations. We do this in a collaborative manner and undertake research/project management as required to ensure we meet these needs. All of our CPD programmes are delivered by global leaders and are:

- Underpinned by professional beliefs and values emphasising safety, quality and excellence in service delivery
- Designed with and delivered by global leaders in partnership with practising clinical/subject matter experts
- Accredited by the RCSI Faculty of Nursing and Midwifery
- Facilitated in a participative and interactive manner, drawing on the experiential knowledge of programme participants
- Focused on the application of knowledge to the real world of practice
- Evaluated on completion of each programme

As new Executive Vice-Dean for Education, I am passionate about lifelong learning and personal development which are so fundamental to the growth of the person as a professional. I look forward to welcoming you to our programmes in the near future. To learn more about how we can design and deliver a bespoke lifelong learning programme to meet your needs, visit our website (<https://www.rcsi.com/dublin/about/faculty-of-nursing-and-midwifery>) or contact me at maryrosesweeney@rcsi.com

Prof. Mary Rose Sweeney
Executive Vice Dean for Education

Fellowship and Membership of the Faculty of Nursing and Midwifery



The Fellowship by Examination of the Faculty of Nursing and Midwifery RCSI is a prestigious award that has been in existence since 1982. The Fellowship is open to any nurse or midwife, from any jurisdiction and from any scope of practice -clinical, research, education, leadership/management- and from any clinical speciality, from primary to tertiary care and across the lifespan.

Professions such as medicine, engineering and architecture provide for a Fellowship as it is viewed as an award that links to the significant contribution made by professionals to their profession, society and in the case of nursing/midwifery to patients, service users, colleagues and students. Further information about the Fellowship by Examination Award including the criteria, key dates and a link to live interactive information

sessions can be found here: <https://www.rcsi.com/dublin/about/faculty-of-nursing-and-midwifery/fellowship>. This years' award ceremony was held on 4th December and can be viewed here: https://www.youtube.com/watch?v=WsT1Qlj_RLE



Membership is an award offered by few colleges worldwide and exclusively in Ireland by the Faculty of Nursing and Midwifery RCSI. Membership awards are well established in RCSI Surgical Affairs and the Faculties of Dentistry, Radiologists, and Sports and Exercise Medicine. The Membership award was conceptualised and championed by Past Deans, Dr Theresa Frawley and Prof. Marie Carney.

Under the leadership of the Fellowship and Membership Sub-Committee, the Faculty undertook extensive research, consultation and analysis. Informed by this research, Prof. Marie Carney led the development of a proposal, incorporating Membership award assessment criteria and processes. This work culminated in the approval of the Membership award by the Board of the Faculty of Nursing and Midwifery and the RCSI

Surgery and Post Graduate Faculties Board. The Membership Award was launched in 2021 as an innovative and supportive mechanism by which nurses and midwives nationally and internationally are afforded the opportunity to actively engage with the Faculty and its community of practice at all stages of their careers. Membership enables nurses and midwives to demonstrate their professional commitment to excellence, compassion, teamwork and preceptorship in their nursing and midwifery practice.

Membership is open to any nurse or midwife, from any jurisdiction and from any scope of practice. Applicants must possess a degree in nursing, midwifery or equivalent or a post graduate diploma. An Accreditation of Prior Experiential Learning (APEL) route is also available to experienced nurses and midwives. Further information about the Membership Award can be found here: <https://www.rcsi.com/dublin/about/faculty-of-nursing-and-midwifery/membership>



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LEADERSHIP BY EXECUTIVE COACHING FOR NURSES AND MIDWIVES

RCSI UNIVERSITY OF MEDICINE AND HEALTH SCIENCES

RCSI Faculty of Nursing and Midwifery

LEADERSHIP BY EXECUTIVE COACHING FOR NURSES AND MIDWIVES



PROGRAMME AIM:

The aim of this programme is to enhance the leadership skill of senior nurses and midwives by maximising their potential and fostering healthy and productive cultures in their professional and personal lives. Through a series of targeted tools and interventions, the programme aims to provide a structured framework for self-assessment which identifies individual leadership tendencies, fosters proficient communication, and guides leaders towards growth – ultimately empowering them to become exceptional leaders capable of driving and delivering positive change within the modern healthcare milieu.

LEARNING OUTCOMES:

On successful completion of this programme, the senior nurse / midwife leader will be able to:

- Undertake holistic strategic self-analysis of the factors that contribute to own inner peace
- Gain insights into the leadership tendencies that impact interpersonal relationships in themselves and others that can improve team performances
- Develop skills in communication, including active listening, fostering improved team engagement and productivity by understanding and enhancing communication tendencies and challenges.

- Comprehend and cultivate factors for effective leadership behaviours that impact on the organisation culture and subcultures of workplaces and teams.
- Critically apply personal and professional leadership skills and strategies to positively influence and effect change in the organisation
- Intentionally leverage tools for growth and development in a changing and challenging environment.

PROGRAMME STRUCTURE

The programme is delivered over a 6-month period via a blend of engaging, enjoyable and interactive live online coaching sessions with the Leadership Consultant Annree Wogan using directed learning activities. The ethos and intention of the programme is to be motivating and energising for the participants. Recognising the busy personal and professional lives of senior nurses and midwives, the weekly directed learning activities are short, focused segments that can be completed anytime over the 7-day period. Drawing on the knowledge and expertise of the participants a key component of the programme as too is the sharing of experiences in a confidential space and the opportunity to build informal support networks.

Research in the Faculty of Nursing and Midwifery



The RCSI University of Medicine and Health Sciences prides itself on its' deep professional responsibility to enhance human health. As a not-for-profit and independent institution, we are dedicated to empowering our staff, cultivating our vibrant culture, and investing in world-class infrastructure and systems to fulfil our mission of:

1. Health and societal impact
2. Education and student success
3. Research and innovation, and
4. Developing the foundations for sustainable impact.

Here in the Faculty of Nursing and Midwifery, we work together with the university at large to support a healthier society, and the health systems and healthcare staff that supports that society both locally and globally. As we implement our new strategic plan over the next five years, the Faculty will work continue

to work closely with the university towards the attainment of the United Nations Sustainable Development Goals. This set of 17 interconnected goals are a universal call to action to end poverty, protect the planet, support good health, protect wellbeing and quality education, and ensure that by 2030 all people enjoy peace and prosperity.

Integral to this goal is a commitment to attracting, retaining and developing globally talented academic staff in areas aligned with these strategic priorities. Certainly, as the theme of this year's conference alludes to, we are acutely aware of the changing landscape of health and the role that innovation, digitalisation, a focus on health and wellbeing, and the transformation of nursing and midwifery education, research and practice have as we as a country transition from a hospital-centric, reactionary and sickness model of health care to a community-centric, preventative and wellness model of health care.

As the longest established provider of higher education to nurses and midwives in Ireland, we look forward to utilising our unique position to further engage with strategic partners and clinical practitioners to develop diverse, inclusive, and reciprocal programmes of research to inform the healthcare of the future. And we look forward to doing so in a just, inclusive and values-based manner.

As new Executive Vice-Dean for Research, I am passionate about the development of innovative research and seeking solutions for real world challenges focused on improving public health and wellbeing while fostering an inclusive and vibrant research environment. To learn more about the FNM research and innovation, visit our website (<https://www.rcsi.com/dublin/about/faculty-of-nursing-and-midwifery>) or contact me at maryalynch@rcsi.com

Prof. Mary Lynch
Executive Vice Dean for Research

8 Fully Funded Ph.D. Scholarships

(includes annual fees of €8,000, annual stipend of €19,000 and travel bursary of €5,000 (across the 4-year period)).

Hosted by the Faculty of Nursing & Midwifery (FNM) in collaboration with the School of Postgraduate Studies and a range of disciplines across the Royal College of Surgeon's in Ireland (RCSI).

Established in 1784, the Royal College of Surgeons in Ireland (RCSI, www.rcsi.com) is an innovative, not-for-profit, world-leading health sciences education and research university focused on driving improvements in human health worldwide. Globally, we are positioned at #201- 250 in the Overall Rankings and 45th in the International Outlook category in the 2022 Times Higher Education (THE) World University Rankings, which reflects our global focus and collaboration. Ranked number one in the world for SDG3 'Good Health and Well-being' in THE University Impact Rankings 2023. Ranked in the Top 200 of the Times Higher Education (THE) Clinical & Health 2024, the Top 200 QS Subject Ranking in Medicine 2023, and the Top 250 QS Subject Ranking in Pharmacy & Pharmacology 2023. Ranked 251-300th in the Times Higher World University Ranking 2024.. RCSI has an advanced research infrastructure providing its researchers with extensive institutional support. RCSI is committed to carrying out research to the highest standards of professionalism and scientific rigour. RCSI has been formally granted HR Excellence in Research designation by the European Commission (EC). This is an acknowledgement of the RCSI's ongoing alignment of its HR policies and practices with the principles of the European Charter for Researchers and Code of Conduct for the Recruitment of Researchers (Charter & Code). HR Excellence in Research designation is a clear statement of the institute's commitment to providing an attractive, supportive and stimulating working environment in which to carry out research. RCSI has also been awarded Athena SWAN Bronze accreditation in recognition of its positive gender practices.



Conference Organisers 2024

Conference Organising Committee

- Prof. Mark White, Executive Dean
- Prof. Mary Lynch, Executive Vice Dean for Research
- Prof. Mary Rose Sweeney, Executive Vice Dean for Education
- Ms Mary Godfrey, Vice Dean
- Dr Kevin McKenna, Board Member
- Paul Mahon, Operations and Education Manager
- Denise McKernan, Programme Lead Centre for Nursing and Midwifery Advancement
- Victoria Green, Operations Manager
- Eimear Frew, Faculty Administrator
- Markuss Rusmanis, Intern

Conference Scientific Committee

- Prof. Mark White, Executive Dean
- Prof. Mary Lynch, Executive Vice Dean for Research
- Prof. Mary Rose Sweeney, Executive Vice Dean for Education
- Prof. Marie Carney, ANP Forum Coordinator and Visiting Professor to Nursing Homes Ireland
- Deirdre Lang, Honorary Secretary
- Paul Mahon, Operations and Education Manager
- Dr Giuseppe Aleo, Research Fellow
- Niamh Walsh, Post-Doctoral Research Fellow
- Dr Nipuna Thamanam, Post-Doctoral Researcher
- Dr Edward Naessens, Programme Coordinator, mCPD Project
- Denise McKernan, Programme Lead Centre for Nursing and Midwifery Advancement
- Joanne Peters, Bridging Programme Coordinator
- Prof. Edna Woolhead, Former Dean Faculty of Nursing and Midwifery
- Aileen Walsh, Paediatric Forensic Medical Unit Coordinator, Assistant Director of Nursing, Children's Health Ireland (CHI) at Tallaght
- Noreen Keane, Strategic Project Manager and Capacity Planner, Mater Misericordiae University Hospital, Dublin

Conference Secretariat

- Victoria Green, Operations Manager
- Eimear Frew, Faculty Administrator
- Markuss Rusmanis, Intern

Invited speakers

Rachel Kenna



Rachel Kenna is the Chief Nursing Officer (CNO) for Ireland and was appointed to the post in June 2020. Rachel was formerly a Deputy Chief Nursing Officer leading on nursing and midwifery policy for patient systems, safety, and governance. She is a Registered Children's and General Nurse (RCN/RGN) and has extensive clinical and managerial experience, spanning 30 years in Ireland and the UK across a wide variety of clinical areas. Prior to her roles in the Department of Health, Rachel was Director of Nursing in Ireland's largest Children's teaching Hospital with national responsibility for the provision of quaternary and tertiary healthcare services.

The Chief Nursing Officer role is an important strategic leadership and influencing role providing professional policy direction and evidence-based expert advice for Government on nursing, midwifery, and general health policy development. Rachel has a real interest in health policy and brings a knowledgeable clinical practice, patient, system and governance perspective to its development and implementation. The development of flexible nursing and midwifery policy to ensure the professions are in the best position to meet population need is a particular focus for Rachel and includes a real passion about nurturing the next generation of healthcare leaders.

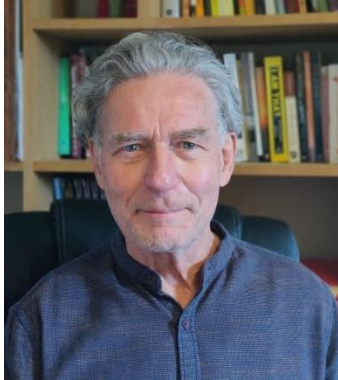
As an Assistant Secretary in the Department of Health, the CNO in addition to Nursing and Midwifery policy has a wide health policy portfolio. These include professional regulation oversight (medical council, CORU and NMBI), strategic workforce planning across the health service, population health screening and the National Patient Safety Office. Rachel's interest in global health policy includes active membership of the WHO European region Government Chief Nursing and Midwifery Officers Hub contributing to strengthening the nursing and midwifery workforce to improve health outcomes. She is educated in a wide range of areas to support her in her role and holds a MSc in Child Protection and Welfare and a BSc in Nursing Management. Rachel's other educational qualifications includes a Higher Diploma in Professional Practice, Critical Care Nursing, Leadership and Quality in Healthcare, a Diploma in Human Rights and Equality and a Professional Diploma in Governance. Rachel is also a Florence Nightingale Leadership graduate.

Prof. Carolyn Wallace



Prof. Carolyn Wallace has extensive nursing experience in the National Health Service as both practitioner and manager, working in hospital and community settings, particularly in integrated care and reablement. She is currently a Professor in Community Health and Care Services at the University of South Wales and Lead for the University's Research and Innovation Group for Health, Care and Wellbeing. She has been developing expertise in qualitative methodologies and applied mixed methods research since 2004, particularly Group Concept Mapping and Realist Review and Evaluation. Carolyn is also an Associate Director of the [PRIME Centre Wales](#), launched in 2015, and founding Director of the [Wales School for Social Prescribing Research](#), launched in 2020.

Prof. Michael West CBE



Michael West CBE is Senior Visiting Fellow at The King's Fund, London and Professor of Organisational Psychology at Lancaster University, Visiting Professor at University College, Dublin, and Emeritus Professor at Aston University, where he was formerly Executive Dean of Aston Business School. He graduated from the University of Wales in 1973 and was awarded a PhD in 1977 for research on the psychology of meditation. He has authored, edited and co-edited 20 books and has published over 200 articles in scientific and practitioner publications on teamwork, innovation, leadership, and culture, particularly in healthcare. He is a Fellow of the British Psychological Society, the American Psychological

Association (APA), the APA Society for Industrial/Organisational Psychology, the Academy of Social Sciences, the International Association of Applied Psychologists and the British Academy of Management. He is an Honorary Fellow of both the Royal College of Physicians and Surgeons of Glasgow and of the Faculty of Nursing and Midwifery.

He led the English Department of Health Policy Research Programme into cultures of quality and safety. He also led the NHS National Staff Survey development and initial implementation. He assisted in developing the national framework on improvement and leadership development in England (*Developing People, Improving Care* - 2016) and in Northern Ireland in developing the Collective Leadership Strategy for Health and Social Care (2017). He is supporting Health Education and Improvement Wales to develop the national health and care compassionate leadership strategy in Wales. He co-chaired with Dame Denise Coia, the two-year inquiry on behalf of the UK General Medical Council into the mental health and well-being of doctors *Caring for Doctors, Caring for Patients* (2019). He led the review for The King's Fund (commissioned by the RCN Foundation) into the mental health and well-being of nurses and midwives across the UK, *The Courage of Compassion: Supporting Nurses and Midwives to Deliver High Quality Care* (2020). His latest book (2021) is *Compassionate leadership: Sustaining wisdom, humanity and presence in health and social care* (London: Swirling Leaf Press). He was appointed a CBE in the Queen's Birthday Honours List 2020 for services to compassion and innovation in healthcare.

Dr Helen Bevan, OBE



Helen is a leader of large scale change, an innovator and an activist in health and care. She is currently Professor of Practice in Health and Care Improvement at Warwick Business School at the University of Warwick and a Strategic Advisor to the NHS Horizons team. She has spent more than three decades working in England's National Health Service, focusing on large scale transformational change. She has led and facilitated many nationwide improvement initiatives, including those in cancer services, urgent and emergency care, and dementia care and treatment. Helen acts as an advisor and teacher to leaders of health and care in many other countries.

Helen has an ability to connect directly with thousands of people working at the point of care as well as with people who use services. She is one of the top social influencers in health and care globally, reaching more than a million people each month through her social media connections, virtual presentations, commentaries, and blogs.

Annette Kennedy



Annette Kennedy (RN, RM, Dip Mgt, BNS, RNT, Dip HRM, MSC, FFNMRC SI, D. Phil. *honoris causa*) was elected 28th President of the International Council of Nurses (ICN) in June 2017 after serving four years as Vice President. Annette served as a Commissioner on the WHO Independent High –Level Commission on NCD's (2017- 2019) and also served as a board member of the Nursing Now Campaign Board. Previously, she held the position of President of the European Federation of Nurses. She served as a member the Governing Authority of University College Dublin and the National University of Ireland Maynooth. Annette established the Professional Development Centre in the INMO and was awarded an

Honorary Doctorate from both Dublin City University and University of Toronto. Annette received WHO Director General Leadership Award from Dr Tedros in 2021, the first nurse to receive this award. Annette has also received an Honorary Fellowship from the Royal College of Surgeons in Ireland. Annette, although retired, has recently established a group representing voluntary, statutory, professional and academic agencies with the objective of increasing awareness and education of health professionals in the identification and care of victims of human trafficking namely the Health& Social Care Education Human Trafficking (HSCEHT) group.

Annette is currently working with multidisciplinary groups on a number of initiatives including the education of professionals in caring for patients with NCD's in West Africa is a member of the advisory group of WGH Ire and the Jordan Journal of Nursing Research. Annette is chair of ICN Florence Nightingale International Foundation.

Annree Wogan



Annree is a leadership consultant, and an executive and team performance coach for clients in the healthcare sector. She is an expert in organisational leadership, collaborative engagement excellence, and interpersonal communication. She has worked successfully in the pharmaceutical industry for over 20 years, in a variety of positions with extensive experience in marketing, sales and medical affairs. She is passionate about unlocking the potential of people and optimising team health and performance. She forms long-term strategic partnerships with healthcare leaders to help them, their team and organisation win. She aligns her success with the KPIs that her clients are tasked to deliver.

Annree is an inspirational communicator. She gives herself fully when delivering leadership keynotes and masterclasses to ensure that every person in the audience leaves with practical leadership tools that they can immediately apply to their everyday life, both personally and professionally. Annree is Vice-Chair of the Board of Myeloma Australia, a for-purpose organisation that provides services, resources and events for people affected by multiple myeloma. She is an Industry Mentoring Network in STEM (IMNIS) Mentor, educating our next generation of STEM professionals. She holds a Bachelor of Science (Genetics) from Trinity College Dublin, a Diploma in Marketing from Chartered Institute of Marketing and a Certificate in Health Technology Assessment from Sheffield University. Annree is originally from Drogheda. She now resides in Melbourne, Australia with her husband Rob and her two teenage children, Aniela and Oscar.

Brenda Courtney



Brenda Courtney is currently the Chief Operations Officer of a healthcare software company Infocare Healthcare Systems – a company that specialises in developing innovative technology solutions aimed at facilitating patient-provider collaboration through intelligent clinical workflow solutions. Brenda started her career as a General Nurse and qualified as a Paediatric Nurse in Our Lady's Hospital for Sick Children where she worked as a staff nurse for a number of years. She had an ongoing interest in technology and continued her studies in DCU attaining a first class honours degree in Computer Applications. Her studies continued in Trinity College Dublin where she was awarded a Masters Degree in Health Informatics.

Brenda has held a number of positions in the Irish healthcare, Academic and Technology domains including EY, Tallaght Hospital, RCSI, TCD, Temple Street Hospital and Cape Technologies. She is passionate about harnessing the power of Technology and Innovation for the benefit of all patients in mainstream healthcare.

Journal of Research in Nursing



The *Journal of Research in Nursing* (JRN) publishes research on nursing topics and themes. Original research is published with the aim of encouraging evidence-based practice and improving patient care. JRN publishes quality research papers on healthcare issues that inform nurses and other healthcare professionals globally. Through linking policy, research and development initiatives to clinical and academic excellence JRN aims to support nursing and healthcare professionals in their development, for the overall benefit of quality healthcare services.

JRN is a leading peer reviewed journal that blends good research with contemporary debates about policy and practice. It contributes knowledge to nursing practice, research and local, national and international health and social care policy. Each issue contains a variety of papers and review commentaries

within a specific theme. The editors are advised and supported by a board of key academics, practitioners and policy makers of international standing.

The Faculty of Nursing and Midwifery are proud to partner with the *JRN* for our 43rd Annual International Nursing and Midwifery Research and Education Conference. The JRN have kindly sponsored a 'people's choice' award for the best poster as voted for by you the delegates. The winner will receive a one year subscription to the Journal of Research in Nursing. *JRN* will also sponsor an award for best oral presentation based on the feedback from the Chairperson and Judge in each concurrent session.

To vote for the poster you think is most deserving of this award, simply scan the QR code below or beside the poster of your choice and complete the short form. Entries to this competition close at 2.30 pm on the day of the conference.

Andree Le May and Ann McMahon
Co-Editors in Chief, Journal of Research in Nursing

Scan the QR code to vote for the *JRN*
People's Choice Poster Award



Abstracts

All abstracts presented as submitted by
corresponding author.

Oral presentation abstracts

Transforming Nursing and Midwifery Practice, Research and Education

1.1 Transition of Clinical Teaching from Traditional to Simulation Era

Dr Jefferson Garcia Guerrero^{1,2}

¹King Khalid University, Saudi Arabia; ²Fakeeh College for Medical Sciences, Jeddah, Saudi Arabia

Abstract:

Introduction: Nursing students must possess considerable knowledge and expertise in clinical procedures, particularly in advanced courses such as critical care, along with proper competence in dealing with various scenarios in real clinical settings.

Aim & Objective: This study examined the effectiveness of integrating high-fidelity simulation (HFS) training in the skills laboratory and clinical hours of a critical care nursing course, with four cohorts of nursing students from the academic year (AY) 2019-2020 to AY 2022-2023.

Methods: This was a longitudinal study, wherein a repeated cross-sectional analysis was conducted. Participants comprised 139 nursing students who were randomly selected.

Outcomes: The findings show remarkable progress and an increase in students' final marks in the critical care nursing course for the AY 2019–2020 cohort, with a 10% simulation exposure reporting an average of 80.82 with a standard deviation (SD) of 7.48 compared to those with 40% simulation exposure in the AY 2022–2023 cohort, who reported an average of 93.24 with an SD of 4.29.

Conclusion: The study results indicate that HFS can replace up to 40% of traditional skill lab sessions and clinical training only if the clinical simulated scenarios are well-planned and properly structured. However, the effectiveness of HFS also depends on students' exposure to it. HFS can help refine students' knowledge and skills.

[illegible]

1.2 The PARC Project (Positive Advanced Recovery Connections)

Ms Ann Cunningham¹, Ms Marion Pink¹

¹Health Service Executive, Ireland

Abstract:

Introduction: In 2019 the PARC Project was a business case for advanced practice, recommending the provision of RANP full episodes of care to those with a mild to moderate diagnosis within primary care. This would allow increased care for those with severe and enduring mental health diagnosis via the CMHT. Specialist RANP clinics, alongside psychosocial interventions provided by Mental Health Nursing (MHN) would provide a shared care approach.

Aim & Objectives: As per Sláintecare principles, the project was to address the below gap in practice:

- (630) psychosocial Interventions offered
- (34) of those only for those with a severe and enduring diagnosis
- (596) offers for mild to moderate diagnosis
- Waiting times 1 – 49 weeks – 47% DNA

Methods:

- RANP evaluation employed a pre and post mixed method study design
 - Qualitative measurement: Thematic Analysis/Patient Evaluation
 - Quantitative measurement: CORE-OM (psychological distress)
- A Quality Improvement and Clinical Governance group were established guided by patient public involvement

Outcomes:

- 52 participants completed treatment
- CORE – OM: initially = 1.99 - post treatment = 0.92. Statistically significant ($t = 13.28$, $p < 0.05$)
- Thematic analysis identified a high level of patient satisfaction
- No waiting lists for psychiatric assessment, psychosocial assessment or MHN interventions
- Secondary care caseload ↓ 552 (2019) to 286 (2022)
- Admissions has ↓ 60%

Conclusion: This adds to the growing hypothesis that RANP and MHN's providing evidenced based interventions can and do improve outcomes. The plan is to continue to advocate for resources and speak at a national level regarding the PARC Project.

1.3 Longitudinal Impact of an Irish Interdisciplinary Perinatal Mental Health Programme

Dr Anita Byrne¹

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Abstract:

Introduction: Research suggests that one in five people will experience a mental health issue during the perinatal period (Health Service Executive, 2022). Healthcare Professionals (HCPs) play a critical role in identifying, supporting and referring those who disclose health or psychosocial concerns in pregnancy or after birth, and consistent research findings highlight the need for appropriate, targeted, perinatal mental health education among this cohort (Carroll et al., 2018; Wrigley and O’Riordan, 2023). To address this need, a thirteen-week interdisciplinary programme in perinatal mental health was collaboratively developed between one Irish Higher Education Institution and mental healthcare specialists. The current study aimed to explore the sustained impact, if any, of this programme, on HCP knowledge, skills, attitudes and confidence.

Methods: The study adopted a qualitative descriptive approach that utilised online individual interviews for data collection. The evaluation was informed by the Kirkpatrick and Kirkpatrick (2021) Evaluation Model. The study group consisted of six voluntarily self-selected perinatal mental health programme participants. Longitudinal impacts of the programme were explored 8-10 months following programme completion. Thematic Analysis was undertaken using Braun and Clarke’s Framework. Ethical approval for the study was obtained from the author’s Higher Education Institution.

Outcomes: Findings revealed several interrelated and reinforcing themes that impacted on the longer-term application of enhanced knowledge, skills, attitude and confidence within practice. These were; pedagogical features of the interdisciplinary perinatal mental health education programme, sociocultural and professional influences, persistent enthusiasm and commitment to improve care, in spite of systemic obstacles, and, ongoing need for perinatal mental health education.

Conclusion: Provision of targeted, agile and manageable perinatal mental health education programmes will continue to be required. However, despite sustained commitment and enthusiasm to implement enhanced knowledge and skills, systemic obstacles continue to exist, these require amelioration to enhance efficacy of these programmes in the longer term.

1.4 Quality Safety Initiative: Deteriorating Patient Simulation Programme

Ms Harvey McDonnell¹, Ms Fiona T Jacob¹, Ms Nicole Cribbin¹

¹Beaumont Hospital, Dublin, Ireland

Abstract:

Introduction: In 2018 sepsis was identified in 12,005 patients with a 20.3% mortality rate (Health Service Executive (HSE) 2019). Communication through the use of a structured ISBAR tool ensures timely and succinct concerns to the appropriate doctor (HSE 2018). A recent survey in the hospital which was based on the Irish National Early Warning Score (INEWS) point prevalence audit identified a large proportion of nursing staff remain hesitant at activating the escalation protocol in the appropriate manner or carrying out an assessment of their patients. Early detection and intervention is key to preventing serious patient outcomes (Hamlin et al., 2023). Knowledge of a patient's condition can only be achieved by carrying out a patient assessment. However, nursing today focuses more on vital sign changes rather than physical changes rendering the nurse becoming reliant on technology to identify patients' deteriorating clinical condition (Fontenot et al., 2022).

Aim & Objectives: Timely recognition of a deteriorating patient, demonstration of effective assessment skills using ABCDE approach and effective communication using ISBAR framework.

Methods: A gap analysis was conducted which identified training needs for nursing staff. As part of the deteriorating patient operations group, a sustainable quality improvement programme embedding the National Clinical Guidelines for managing deteriorating patients was created in July 2023.

Outcomes: To date 14 study days at full capacity have been facilitated. Feedback from participants was positive stating they now felt more confident in their assessment and communication skills as they can identify and manage a patient in deteriorating situation using the ABCDE model.

1.5 "Fitting in"- Nurse Executives Realigning their Identity during Role Transitioning

Dr Cora Lunn¹, Prof. Alice Coffey¹, Dr Sarah MacCurtin¹, Dr Claire O'Donnell¹

¹*University of Limerick, Ireland*

Abstract:

Introduction: Nursing executives operate globally within a context where there are increasing healthcare demands to meet the needs of an aging population. Nurse leaders are required to be agile and adaptable when transitioning into new executive roles. To date, little is known or understood as to how nurse leaders experience executive role transitioning.

Aim: The study aimed to investigate the main concern facing nurse executives during role transitioning, and to generate an explanatory knowledge of how they resolve this.

Method: This study utilised a classic grounded theory method. Data was collected through unstructured interviews with twelve nurse executives in Ireland and from field notes in a reflective diary from conversations with six international nurse executives. Data was simultaneously collected and analysed according to classic grounded theory principles of coding, constant comparison and theoretical sensitivity.

Outcomes: The data revealed a theory of Identity Realigning, where nurse executives manage their main concern of 'finding their place' in a new executive role. Nurse executives' express feelings of wanting to fit in. Identity Realigning is a social process moving through three stages: identity earning, role transitioning and self-integrating within a new socio-professional system. The conditions of organisational design and resourcing structures emerged as factors that can either enable or disable their success.

Conclusion: The theory of Identity Realigning has implications for educators, leaders, and policy makers as it provides a comprehensive understanding and meaning to the complexities of role transitioning in an executive position. The theory links changes in identity to experiences of role transitioning and integrating for the executive leader. It points to the importance of certain skills and strategies that can enable nurse executives to progress. The theory of Identity Realigning can be utilised as a multi-variant theory, providing value for all executive leader's experiencing role transitioning.

2.1 A Study to Measure Nursing Students' Knowledge of Death Rituals

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²*School of Nursing, Psychotherapy and Community Health, Dublin City University, Ireland*

Abstract:

Introduction: Ireland was predominantly monotheistic, with Catholicism as the main religion. In recent decades, the country had become more multicultural. With increasing immigrant populations, undergraduate nursing students and nurses seeking to provide culturally competent care lacked specific knowledge regarding the death rituals of other religions.

Aim & Objectives: This study aimed to measure undergraduate nursing students' specific knowledge of the death rituals practiced in the Republic of Ireland by three world religions: Christianity, Islam, and Hinduism.

Method: A quantitative survey instrument was used along with questions related to demographics, education, and experience. A new knowledge questionnaire (KQ) was developed to measure nursing student knowledge of religious death rituals. Eleven religious experts assisted in drafting questions for the KQ. Six subject experts reviewed the KQ in-depth, and 68 students participated in a pilot test. Then, a quantitative descriptive cross-sectional study was undertaken with 414 undergraduate nursing students (of 5,050) from all five nursing programmes at eight (of 13) higher educational institutions across Ireland, representing all four provinces. Descriptive analyses and inferential tests were conducted.

Outcomes: The KQ results indicated that the undergraduate nursing students had low levels of knowledge about religious death rituals. Over 200 students said they did not know the answers to 16 of 22 multiple-choice questions (Table 63), and 49% only answered five questions correctly (Table 64).

Conclusion: Include cultural education during undergraduate nursing programmes mandated by the Nursing and Midwifery Board of Ireland.

[illegible]

2.2 New Graduate Nurses' Readiness for Practice: A Longitudinal, Mixed-Methods Research

Dr Eman Tawash¹, Prof. Seamus Cowman², Mr Mohamed Anwar³

¹RCSI University of Medicine and Health Sciences, Muharraq, Bahrain; ²RCSI University of Medicine and Health Sciences, Dublin, Ireland; ³King Hamad University Hospital, Muharraq, Bahrain

Abstract:

Introduction: The growth and complexity of changing health needs and corresponding specialization in healthcare increase the challenge of ensuring that newly qualifying graduate nurses are ready for clinical practice. Understanding what comprises work readiness for new graduate nurses will lead to an improved transition of new graduates into the workplace.

Aim & Objectives: To examine the readiness of new graduate nurses for practice and evaluate factors that influence their transition and integration into the workplace during the first year of qualification as staff nurses.

Methods: A longitudinal research using a mixed-methods design was implemented by incorporating a triangulation methodology for data collection. The study population consisted of 50 newly graduated nurses. Data were collected from June 2019 to June 2020 through self-administered questionnaires, reflective diaries, and focus groups. Quantitative data were analysed using SPSS, and qualitative data were analysed using Braun and Clarke (2006) for thematic analysis.

Outcomes: In line with international literature, the study further recognised that the transition journey of newly graduated nurses can be very stressful and challenging. At the beginning of their practice, the respondents positively perceived their characteristics and attributes; however, their confidence level was affected by many challenges in the workplace. These challenges included intrinsic and extrinsic inhibitors. The respondents were able to identify intrinsic and extrinsic motivators that supported their transition and recommended strategies that may enhance their preparedness for the workplace.

Conclusion: The stability of the nursing workforce directly impacts the safety and well-being of patients. Understanding what comprises work readiness and the emotional needs of new graduate nurses, and including strategies to support newly qualified nurses' transition into the workplace will reduce attrition, improve retention, and improve the quality of patient care.

2.3 The Effectiveness of CPD for Long-Term-Care Workforce: A Systematic Review

Dr Nicola Pagnucci¹, Dr Giuseppe Aleo¹, Dr Niamh Walsh¹, Prof. Roger Watson², Ms Deirdre Lang³, Prof. Thomas Kearns¹, Prof. Mark White¹, Dr Catherine Fitzgerald¹

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²*Southwest Medical University, Luzhou, Sichuan, China;* ³*National Clinical Programme for Older People, Health Service Executive, Dublin, Ireland*

Abstract:

Introduction: Increasing numbers of residents with complex health conditions in long-term care (LTC) settings requires staff with more expertise in gerontology. The challenge is to develop these competences in LTC staff. Effective continuing professional development (CPD) activities could meet this need.

Aim & Objectives: To investigate the effectiveness of CPD in LTC.

Methods: A systematic review. PubMed, CINAHL, and Web of Science were searched. Empirical studies published between 2003-2023 were selected according to PRISMA guidelines. The type, topic, and effectiveness of CPD activities in LTC were analysed, in addition to facilitators and barriers. The protocol was registered in PROSPERO.

Outcomes: A total of 155 studies were selected, with over 17000 participants, the majority of whom were nurses. The most common topics were 'dementia care' (n=22; 14.2%), and restraint use (n=14; 9%). The impact of CPD was mainly evaluated in terms of 'participant satisfaction with CPD' (n=5; 3%), 'staff knowledge' (n=57; 37%), 'staff competencies and skills' (n=35; 23%), 'resident outcomes' 45 (29%), and 'staff wellbeing' (n=12; 8%). Sixty-four (41%) studies evaluated if the impact of CPD was sustained over time. 'Good organisation', a 'supportive learning environment', 'expressing personal preferences', and 'management support' were described as facilitators of CPD.

Conclusions: Effective CPD activities in LTC require support from managers to facilitate a learning culture in the workplace, link CPD to career progression, and reinforce the translation of new knowledge and skills into practice. This could ensure better outcomes for residents and improve LTC workers' job satisfaction.

2.4 Attitudes and Experiences of Long-term Care Workers with CPD Modalities

Mrs Carmel Kelly¹, Dr Catherine Fitzgerald², Dr Giuseppe Aleo^{2,3}, Dr Nicola Pagnucci^{2,4}, Mr Tom Lordan¹, Prof. Thomas Kearns²

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Abstract:

Introduction: Due to distancing brought about by the COVID-19 pandemic, most professional development activities were delivered online, raising challenges with e-learning such as engagement and online fatigue.

Aim & Objectives: Explore experiences of healthcare workers and managers with different modalities for continuing professional development (CPD) in the private long-term care (LTC) setting in Ireland.

Method: A mixed-methods study, including four focus groups and a questionnaire to explore LTC workers' experience with synchronous and asynchronous online, and face-to-face teaching and learning. Focus group findings informed the development of a survey to assess LTC workers' experience with the three modalities. Ethical approval was obtained.

Findings: Four themes were identified through focus groups: Flexibility, engagement, resources and support, and balancing online and face-to-face learning. A total of 232 participants responded to our survey, 98 (43.0%) healthcare assistants, 72 (31.7%) nurse managers, and 32 (14%) registered nurses. The preferred mode of delivery was face-to-face (n=54, 32.1%), followed by Blended Learning (n=51, 30.4%), Live Online (n=39, 23.2%), and Non-live Online (n=24, 14.3%). Most of the respondents (95.3%) agreed that Live Online is very convenient (eliminates travel, costs, etc.); 33.5% agreed that it makes them feel isolated, and 34% agreed that it is complicated to access and use; 93.1% of the respondents agreed that face-to-face provides the opportunity to interact and network with colleagues compared with 70.7% for live online and 53.6% for non-live online.

Conclusions: 'Engagement' and 'Flexibility' should be considered when planning future CPD activities, whereby learners are kept more engaged and flexible blended learning opportunities are offered to allow a better work-life balance, leading to improved job satisfaction, retention rates, and health services. This however requires more investment in terms of human resources, protected time, and career opportunities.

2.5 Evaluation of a National Foundation Module for Critical Care Nurses

Dr Sean Kelleher¹, Ms Katie Wedgeworth¹

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Abstract:

Introduction: Critical care nurses' participation in an accredited, standardised, competency based, critical care nursing foundations curriculum is associated with enhanced nursing practice, personal development, critical thinking, and academic skills. Standardised education in critical care nursing plays a crucial role in ensuring competency, patient safety, consistency in care, professional development, interdisciplinary collaboration, and professional recognition.

Aim & Objectives: To evaluate the perceived impact of a National Foundation Module in Critical care Nursing on graduates, focusing specifically on the relevance of the module to clinical practice; the perceived personal and professional benefits derived from participation in the module; and the impact of the module on plans for future study/research.

Methods: Using a web-based cross-sectional mixed-method survey, N=231 graduates (critical care nurses working in Ireland) were invited to participate in the study, resulting in a response rate of 31% (n=73).

Outcomes: Critical care nurses perceived the 26-week National Foundation Module in Critical Care Nursing to be a positive factor in both their personal and professional development, with results suggesting improvements in each of the identified categories: professional practice skills; personal development skills; critical thinking skills; and academic skills. Qualitative feedback served to support the quantitative findings.

Conclusion: This study serves to highlight the perceived benefits of a standardised, nationally available continuing professional development programme in critical care nurse education from the perspective of graduates. Standardised education in critical care nursing plays a crucial role in ensuring a common baseline of knowledge and skills and empowers nurses to deliver safe, effective, and evidence-based care in critical care settings.

43rd Annual International Nursing and Midwifery Research and Education Conference 2024

Dr Angela Tolotti¹, Mr Andrea Battistini, Ms Simona Berardi Vilei, Dr Marco Cefali, Dr Ilaria Colombo, Ms Nicole Del Prete, Dr Sarah Jayne Liptrott, Ms Laura Moser, Prof. Cristina Sessa.
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Abstract:

Introduction: The active Involvement of Patients and Public (PPI) in clinical research (CR) could improve patients' participation, quality of clinical data and implementation of the results in clinical practice.

Aims & Objectives: To educate oncology patients in order to actively participate in the CR process.

Methods: Patients were recruited at oncology outpatient clinics. An information sheet on PPI and the proposal to participate to a training course of six monthly seminars, of 2.30 hours each, was given to potentially interested patients. The topics of the seminars are: the role of patients in CR, ethical aspects of CR, the Swiss regulation for approval of clinical studies, the informed consent process, the life cycle of a new treatment, understanding and disseminating studies results. An evaluation form is filled by the participants after each seminar. The initiative was approved by the cantonal ethical committee and participants provided written consent.

Outcomes: Among 18 patients to whom the training was proposed 11 accepted, 8 women and 3 men, aged from 33 and 66 years. The program is ongoing and 5 seminars have been already performed with a mean degree of satisfaction of 4.9. on a 5 point scale of 1 to 5. Seven patients have expressed their interest to be involved in the development of 2 CR protocols, in the dissemination of the results of 1 CR and in 1 Patients Forum in collaboration with the local cancer league and another patient organization.

Conclusion: Our initiative was successful, patients were satisfied and actively participating in the discussion during seminars. Patients were interested to be involved in research and willing to give their contribution. These results show that PPI is important and needed by the patients.

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3.2 Exploring Career Pathways for Ireland's Support Workers in Home Care

Dr Elizabeth Morrow¹, Prof. Mary Lynch¹, Dr Edward Naessens¹, Mrs Carmel Kelly³, Ms Clodagh Killeen³

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³*Leading Healthcare Providers SkillNet, Dublin, Ireland*

Abstract:

Introduction: Ireland, like other prosperous nations, has an ageing population who predominantly want to 'age in place' in their homes and communities. The healthcare system's evolving landscape is shifting care away from healthcare institutions towards people's homes, raising questions about the safety, quality and organisation of care in the home setting. Thus far, home support workers have lacked entitlements, access to training, and structured career advancement prospects, resulting in recruitment and retention challenges, and a 'waiting list lottery' of 4,600 vulnerable and elderly people.

Aims & Objectives: The aim was to produce recommendations for a career pathway for support workers in home care in Ireland based on the international research evidence.

Methods: A scoping review following Joanna Briggs Institute methodology was performed using structured searches of electronic databases (Web of Science, PubMed, MEDLINE, EMBASE, CINAHL, PsycINFO, Social Care Online, and Social Sciences Citation Index) and grey literature (Sept-Nov 2023). Inclusion criteria and methods/relevance grading were applied. Data were analysed thematically using a "what, works for whom, when and why" framing.

Outcomes: The 261 included articles highlight the global significance of the issues. Four overarching themes were identified: 1) Attracting and developing a competent and motivated home care workforce, 2) Developing structures to enhance working lives and retention, 3) Career pathways for quality and impact of home support work, 4) Data and decision-making to inform the future home care workforce. Gaps in evidence and priorities for future research were identified.

Conclusion: This scoping review highlights the need to improve the attractiveness of home support roles by promoting clearer career pathways, standardising core competencies and rewarding staff for achieving more advanced or specialist skills and knowledge. Career pathways need to be seen in the context of improving the overall quality of working lives and achieving a sustainable model of aging in place.

3.3 Scoping Review of the Economic Evidence on Career Pathway Development

Prof. Mary Lynch¹, Dr Elizabeth Morrow¹, Dr Edward Naessens¹, Mrs Carmel Kelly², Ms Clodagh Killeen²

¹*Faculty of Nursing and Midwifery, RCSI University of Medicine and Health Sciences, Dublin, Ireland;*

²*Leading Healthcare Provider Skillnet, Dun Laoghaire, Dublin, Ireland*

Abstract:

Introduction: The ever-growing demands on care systems have increased reliance on Home Care Support Worker's (HCSW's) which has seen a shift to provision of care away to community based and close to home care provision. Currently there is no clear outline of a career pathway nor career development for HCSW's, and this lack of associated framework which recognises CPD for career progression is impacting on recruiting and retaining HCSW's within the care sector.

Aims & Objectives: The aim of this scoping review is to explore the international evidence to identify the potential costs/outcomes of the development of a career pathway for HCSW, and the economic benefits connected with continual professional development (CPD). The rationale for taking this approach is that the evidence to date is limited, regarding the effectiveness of systems or models for career pathway for HCSW's and value for money.

Methods: A scoping review was conducted of peer-reviewed international literature using structured searches of electronic databases (Web of Science, PubMed, MEDLINE, EMBASE, CINAHL, PsycINFO, Social Care Online, and Social Sciences Citation Index) and grey literature (Sept-Nov 2023).

Outcomes: Article screening of titles, abstracts and full texts was conducted by three independent reviewers (EM, ML and EN) to minimise bias and ensure rigour. Following, 17 papers were critically appraised and during the process of data extraction four key themes emerged: (1) Cost-benefits of employment and training (2) Organisational economic perspectives (3) Service economic perspectives and (4) Sector economic perspectives.

Conclusion: The inclusion of economic evidence within this scoping review will provide the evidence or identify the gaps in the evidence on the assessments of systems or models for career pathway for HCSW's career pathways development and CPD opportunities which can then be included or could be tested in future research, in wider setting in multiple sites and easily replicated.

3.4 Bridging Evidence to Practice: The Model for Improved Healthcare Outcomes

Dr Tatiana Bolgeo¹, Dr Roberta Di Matteo¹, Dr Denise Gatti¹, Dr Menada Gardalini¹, Dr Antonio Maconi¹.

¹*Department of Research and Innovation, SS Antonio e Biagio e Cesare Arrigo University Hospital, Italy*

Abstract:

Introduction: The Health Professions Research Unit and Research Study Centre, within the Department of Integrated Activities Research & Innovation at the University Hospital in Alessandria, Italy, in the field of Environmental Disease, with a One Health approach, play a crucial role as part of interdisciplinary research. Since its establishment in 2021, this unique organizational model has had a profound impact, extending beyond its initial implementation. This model significantly contributes to bridging evidence to practice and fostering a research culture. It empowers healthcare professionals to take the lead in transforming healthcare systems, improving patient outcomes and healthcare quality.

Aims & Objectives: To promote healthcare research, driving better patient outcomes and adapting to evolving healthcare systems, increasing high-quality scientific production.

Methods: The RedCap company repository monitors monthly outcome indicators: the number of clinical trials, articles published in academic journals, participation in research grants, number of Continuing Professional Development sessions. The Healthcare Professions Research Unit consists of 4 nurses, that lead a network of referring hospital healthcare clinical research professionals.

Outcomes: Since 2021, focusing on artificial intelligence, patient and caregiver well-being, chronicity and sustainability, we have activated: 60 clinical studies, a 25% increase, 68 articles in academic journals, a 61.5% increase, produced 38 abstracts, a 69.2% increase, 60 research training courses, submitted 12 projects to national and international research grants, a 40% increase and 21 partnerships. This model is currently implemented in two hospitals.

Conclusion: This organizational model has bolstered scientific productivity, strengthened clinical care activities, becoming a replicable model.

Key words: Health Professions, Research, Outcomes, Organisational Model

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3.5 Midwifery Care: An Evolutionary Concept Analysis

Ms Martina Barbieri¹, Prof. Franco Carnevale², Prof. Gianluca Catania¹, Dr Milko Zanini¹, Dr Giuseppe Aleo^{1,3}, Prof. Loredana Sasso¹, Prof. Annamaria Bagnasco¹

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Abstract:

Introduction: According to the World Health Organization, midwives are the key health professionals to optimize outcomes related to girls', women's, newborn's, couples' and families' health (WHO, 2021). Nonetheless, internationally health policies struggle to fully meet midwifery Scope of Practice (SoP) (Watkins et al., 2023). According to the latest midwifery research agenda (Kennedy et al., 2018), giving attention to prevention and to the personal experience of care, while actively minimizing adverse outcomes, marks a critical change in the promotion of quality care and in the embracement of the full SoP.

Aims & Objectives: To build an evidence-based definition of the concept of Midwifery Care.

Methods: The methodological approach chosen for the study is the Rodgers' Evolutionary Concept Analysis (2000). Data source will be papers whose aims are to describe or analyze midwifery care from both a theoretical and a practical or organizational point of view. Sources that read midwifery care through the lens of disciplines such as psychology, sociology, and anthropology, if any, will be included. PubMed, CINAHL, Psychinfo, Web of Science, JSTOR, Anthropological Index Online, and AnthroSource will be queried with no time limits.

Outcomes: The study is currently in its preliminary phase. The chosen design will lead the researchers to analyze the included sources to identify a comprehensive definition of the concept under consideration. Moreover, attributes, antecedents, consequences, references, surrogate terms, and correlated concepts emerging from the literature will be identified and discussed.

Conclusion: The study, as it has been conceived, has the potential to provide a broad definition of the concept of midwifery care, respectful of its complexity and exclusivity, and thus consistent with the Midwifery SoP. This kind of conceptual approach to Midwifery Care could provide new cause for reflection for professionals and a consequent stimulus to pursue new paths in educational, research and clinical settings.

4.1 Retention of Nursing Home Directors in Ireland-A Qualitative Study

Ms Clodagh Killeen¹, Dr Catherine Fitzgerald², Ms Niamh Walsh², Dr Nicola Pagnucci^{2,3}, Mrs Carmel Kelly¹, Prof. Thomas Kearns², Prof. Mark White², Dr Giuseppe Aleo^{2,4}

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Abstract:

Introduction: Nursing directors who are close to burnout have reported a greater intention to leave their positions, especially those working in nursing homes. The factors that may contribute to burnout need to be carefully evaluated to mitigate their direct or indirect effect on the turnover of nursing directors.

Aim & Objectives: To identify barriers and facilitators for supporting Directors of Nursing (DONs) in nursing homes in Ireland.

Method: This is the qualitative part of a wider mixed methods cross-sectional observational study of DON's and assistant directors of nursing (ADON) in the private LTC sector. Participants were asked to complete an online survey, which included four open-ended questions. These were followed by one-to-one semi-structured interviews. The interviews also included nursing home owners, and Health Information and Quality Authority (HIQA) representatives. Data were analysed through deductive and inductive thematic analysis supported by NVivo12.

Findings: Sixteen interviews were conducted in total with eight DON's, four nursing home owners and four HIQA representatives. A total of four themes were identified related to the way they experienced their roles: positive aspects, challenges, supports, and future vision. The subthemes included: specific education and training, appropriate senior or corporate support, staff retention and recruitment, mentoring and peer support, regulation and compliance, and funding.

Conclusions: Some key recommendations from this study include a national standardised qualification for all DONs to ensure an appropriate level of preparation for their role, ongoing peer and mentoring support in the field of management, specifically an online community of enquiry, nursing home regulations, and human resources, and more appropriate funding for smaller nursing homes, especially in the private sector.

4.2 Enhancing Human Rights for Older People in Residential Care

Mrs Florence Horsman Hogan^{1,2}, Mr Adrian Ahern¹, Ms Rajini Benish¹, Ms Merlin Raji¹

¹Leopardstown Park Hospital, Dublin, Ireland; ²RCSI University of Medicine and Health Sciences, Dublin, Ireland

Abstract:

Introduction: Key human rights are set out in the European Convention on Human Rights Act (ECHR) 2003 and the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) 2006 which are relevant to health and social care. Chief amongst this are people's right to make personal choices relating to their care. Additionally, for any healthcare intervention consent must be obtained. As per the HSE National Consent policy 2022 we have a duty to maximise capacity for our residents to consent to and participate in their own healthcare decisions. For consent to be valid the resident must be able understand the information and communicate their choice. In 2022, out of 100 residents in our Older Person Residential Care facility 48% require some supports with communication due to dementia, other cognitive deficits or communication challenges.

Aim & Objectives: Our aim was, through care planning, to capture our residents' choices and preferences in relation to their care, also to maximise their capacity to consent to healthcare interventions.

Method: Care Plan templates were created to ensure the elements of choice and preference specific to each resident were included. Also, that communication deficits were identified, and actions implemented to minimise these.

Outcomes: Choices and preferences: 63% compliance in 2020. 94% in 2023. Identifying communication deficits and mitigation actions required to enhance communication 625 in 2020. 92% in 2023.

Conclusion: We were able to considerably improve the resident's human rights in relation to choice, preference and capacity to consent through identification and addressing of these issues.

4.3 Advanced Practice and Leadership: Changing Landscapes of Community Dementia Care

Ms Edel Carey¹

¹Health Service Executive, Dublin, Ireland

Abstract:

Introduction: In Ireland, an estimated 63% of people living with dementia remain at home with increasing complexities (NDS, DOH, 2014). Longevity continues with subsequent service pressure to meet population need and reduce economic burden. The Advanced Nurse Practitioners (ANPs) innovative service delivers a multi-element dementia structured pathway service including community clinics, home visits, psychotherapeutic programmes, carer support networks, and virtual consultation. Advanced practice drives collaboration and integration across services delivering on hospital avoidance, early supportive discharge and timely access to services.

Aims & Objectives: Service aim drives quality, person-centred, rights-based care focused on bringing care back to the community setting interfaced with various services and achieves timely access. Driving Integration and continuity achieves the right care, at the right time, in the right place enhancing QOL and ageing in place (Sláintecare implementation policy (DoH, 2017-2019).

Method: An extensive scoping exercise identified gaps in post-diagnostic dementia support services, demonstrating urgent service need for this complex care area at all stages along the dementia journey. Practicing at advanced level, requires a specialist skillset alongside a growing passion for driving the theory to practice gap to provide bespoke nurse-led services and advance the profession of nursing through advanced leadership.

Outcomes: January to September 2023 highlight the direct impact of ANP service provision with economic savings in excess of €750,000. Multiple patient indicator measures include: increased quality of life 51%, Confidence 91%, and Mood 53% with Anxiety down 44%. Essential to this service is supporting care partners as they too travel this journey. Outcomes include carer burden down 33%, quality of life up 54% and service satisfaction 93%.

Conclusion: The ANP is competent and capable of effecting evidence-based change in complex care settings to achieve patient and service outcomes. This service is the first of its kind in Ireland, all in one setting.

4.4 RCSI Hospital Group Integrated Care Framework with Residential Care Facilities

Ms Petrina Donnelly¹

¹*RCSI Hospital Group, Dublin, Ireland*

Abstract:

Introduction: From November 2021, The Hospital Group and 16 Residential Care Facilities (RCFs) within the geographical catchment area, established a Care and Support Framework. This resulted in 4 Hospital and Residential Care Facility Hubs. Hub 1 (4 RCFs / 568 beds + model 4 Hospital), Hub 2 (4 RCFs / 245 beds + Model 3 Hospital), Hub 3 (4 RCFs / 445 beds + Model 3 Hospital) and Hub 4 (4 RCFs / 394 beds + Model 3 Hospital). This predominately Nurse led outreach model creates a robust and enhanced clinical interface between acute services and Residential Care Facilities.

Aim & Objectives: Overall objective is to support the resident to be managed within their care setting and reduce the requirement for transfer to a hospital's Emergency Department, as well as supporting successful transition of the resident from the acute setting to the Residential care setting. To achieve the objectives 4 key dimensions are focused on:

- Enhanced Clinical Leadership
- Quality Assurance and Control in regard to patient safety
- Training and upskilling of staff
- Staff provision

Monthly KPIs are collated for the purpose of quality assurance and improvement. Bespoke training programmes delivered in the nursing homes alongside free access to leadership programmes and training sessions hosted by the acute hospitals supports staff to enhance care delivery.

Outcomes: The Framework has strengthened relationships and care pathways across hospital and community. It offers a monthly platform for nursing homes and hospitals to network, share, learn, review data and build on quality improvements such as: 34% increase in falls assessment, 21% reduction in Grade 3&4, 17% reduction in hospital admissions. This initiative has proven positive outcomes for resident's, care delivery, new ways of working, use of resources and could be transferred to a system wide approach as we move to healthcare reform as outlined in Sláintecare.

4.5 The Modified Oral Health Status Survey Tool

Ms Katrina Byrne¹, Prof. Blanaid Daly¹, Prof. Philip McCallion², Prof. Mary McCarron³, Dr Caoimhin Mac Giolla Phadraig¹

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Abstract:

Introduction: A lack of data about the oral health of people with intellectual disabilities contributes to health disparities, disease burden and oral disability. This leads to a blind spot: a failure to understand the causes and implications of oral disease among this population and an inability to improve health and healthcare through evidence-based policy. The Modified Oral Status Survey Tool (MOSST) is a research tool that records a range of clinical features pertaining to oral function, and oral disease in a manner that is acceptable and feasible within the disability field of research.

Aim & Objectives: To explore the oral health status of older adults with an intellectual disability using the MOSST.

Methods: This study is nested within wave 5 of the IDS-TILDA study. This research involved two study designs, firstly a tool development study exploring the validity, feasibility and reliability of the MOSST and secondly a cross-sectional study design to describe oral health status use among older people with intellectual disability in Ireland.

Outcomes: Initial finding from the Wave 5 data collection using the MOSST have shown that this data collection tool can be used reliably by trained and calibrated non-dental data collectors. Almost half of dentate participants were found to have at least one cavitated tooth (n=144). Almost two thirds (n=204) had unhealthy gums and only 27% (n=118) of participants had a clean mouth.

Conclusion: There is a need to identify the oral status and function of people with ID to understand what causes these outcomes and how oral status impacts successful ageing for people with ID. A key concept within the development of MOSST and was to create an oral data collection that can be used measure the oral health status among people with intellectual disabilities.

Health and Wellbeing

5.1 What Matters Most Contributes to Nurse Leader Engagement and Wellness

Dr Deirdre O'Flaherty¹

¹*Hunter-Bellevue School of Nursing, New York, USA*

Abstract:

Introduction: The purpose of this study was to describe relationships between structural empowerment, psychological empowerment, and engagement among nurses in leadership positions. Discovering what matters most to nurse leaders impacts the work environment while acknowledging the value they contribute to outcomes is meaningful.

Objectives: Empowerment and engagement are essential elements in fostering quality and decreasing turnover in nursing leadership positions in acute care hospitals. Creating a culture that engages and empowers staff, supports initiative's that sustain positive outcomes and work life balance is a key driver in retaining nursing leaders. Discussion of effective strategies to support wellness, resilience, and meaningful recognition.

Methods: A survey of 75 Nurse Leaders at a nursing management and leadership conference was conducted using the Conditions of Work Effectiveness, Psychological Empowerment Instrument, and the Utrecht Work Engagement Scale. Pearson correlation coefficients and multiple regression analysis were used to determine relationships between demographic data and study variables. We have previously studied and analysed Clinical Nurses' perceptions of structural psychological empowerment and engagement.

Outcomes: Overall, nurses in leadership positions had high perceptions of psychological empowerment which predicts engagement.

Conclusion: Results show positive correlations between empowerment and managers perception of psychological empowerment, this compares with other studies that show the impact of professional practice on engagement. Amid a global nursing shortage, realizing what matters most to nurse leaders and how their work environment contributes to wellness, quality of work life and engagement, known factors in healthcare and workplace satisfaction. These results are important as Psychological Empowerment has shown to predict engagement. Strategies to support wellness and meaningful recognition are key to a healthy environment.

References:

O'Flaherty, D. & Garcia-Dia M, J. Structures, Processes, and Organizational Goals, Comprehensive Case Study: Resiliency Chapters 8 & 12
Nursing Leadership and Management Foundations for Effective Administration 2023 Springer Publishing Co.

5.2 Social Support Categorisation in Work-Related Musculoskeletal Disorder Studies among Nurses

Ms Enobong Asuquo^{1,2}, Dr Sylvia Murphy-Tighe¹, Dr Ruth Ryan¹, Prof. Kieran O'Sullivan¹

¹University of Limerick, Limerick, Ireland; ²Saint John's Hospital, Limerick, Ireland

Abstract:

Introduction: Nurses' wellbeing is essential for optimal performance in the clinical environment. Nurses' wellbeing can be influenced by Work-Related Musculoskeletal Disorders (WMSDs) that manifest in bodily pain and discomfort, with absenteeism, shortage of staff and poor patient care as consequences. Extant studies linked low social support to adverse health outcomes such as exacerbation of pain, poor coping, and worsening effect of WMSDs. However, the scope of social support in studies of work-related musculoskeletal disorders among nurses is not clear.

Aim: To establish the categorisation of social support in studies of work-related musculoskeletal disorders among hospital nurses.

Design: A scoping review.

Methods: A literature search of four electronic databases was conducted between January 2012 and April 2023. Studies were selected in line with the inclusion criteria and data extraction followed the PRISMA Scoping Review guidelines. The review adopted Arksey and O'Malley's framework for conducting scoping reviews and articles synthesised using a narrative approach.

Results: 15 studies met the criteria for inclusion in the review. Social support was distinctly defined in only two studies. Eight measuring tools were reported, and the main categories of social support identified were Co-worker, Supervisor, Family and Overall support.

Conclusions: The review identified that social support is often not explicitly defined and can be categorised and measured in different ways, using diverse tools. This variation may affect the understanding of approaches in measuring and providing social support in the workplace.

Implications for the profession: Studies should clearly define the social support category evaluated, to facilitate comparisons between studies of nurses with work-related musculoskeletal disorders. Healthcare managers should consult and seek feedback from nurses to ensure that the category of support required matches that provided to ensure it helps the nurse.

5.3 Personal, Social and Professional Acculturation of Overseas Nurses in Malta

Dr Neville Schembri¹

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Abstract:

Introduction: The Maltese population is living longer and aging rapidly bringing about a need for more services and nursing personnel. The hiring of overseas nurses is a practical solution to tackle existent shortages; however, retention is challenging and crucial to the sustainability of healthcare provision. Extant literature also shows that at times, the transition and settlement process can be challenging and might leave negative physical and psychological health outcomes.

Aims & Objectives: This study proposed to explore the experiences of Indian (Malayalee) nurses in Malta as they seek to achieve cultural competence and become acculturated into Maltese society.

Methods: In this qualitative case study, data was collected through online individual semi-structured interviews with 25 FENs in Malta selected on a set of predetermined criteria. Analysis was carried based on Gioia Methodology; an inductive logic approach to interpretive grounded theory.

Outcomes: It was recognised that as overseas nurses take up employment in Malta, they undergo a similar process of adaptation and acculturation. Their continual journey in search for personal and professional satisfaction is influenced by a number of interrelated factors which all contribute to the difficulties perceived by the participants. From the stories of the participants, a six-dimensional model was developed capturing personal, social, and professional experiences through different phases of their journey in Malta. The model represents Settlement and Acculturation Challenges (Settlement Dysfunctions, Distorted Support Dynamics and Communication Dysfunctions/ Pathways); Work Related Experiences (Professional Sensemaking) and Reflections for the Future (Promoters for Settlement and Dispersion Dilemmas).

Conclusion: Although the engagement of overseas nurses is generally regarded as being successful, this case study shows, there are several problems and challenges along the way. A collective effort by various stakeholders involved in the process is necessary to make the transition experience more manageable and improve retention.

5.4 Community Rehabilitation Inpatient Specialist Program (CRISP): Supporting Older Adults

Ms Mary Doyle¹, Ms Jincy Mathew¹

¹*Peamount Healthcare, Celbridge, Kildare, Ireland*

Abstract:

Introduction: CRISP is a bespoke, RANP-led program, providing direct access for community-dwelling older adults to short-term (2-weeks) in-patient intensive multidisciplinary rehabilitation based on a Comprehensive Geriatric Assessment. The program is designed in line with the NCPOP and Slaintecare Strategy. Referrals are received from Geriatric ED services, geriatric / neurology / rehabilitation outpatient clinics, ICPOP and local GPs. Admission to an Age- Related rehabilitation centre occurs within 4-8 weeks of referral.

Aims & Objectives: CRISP focuses on falls and frailty with the aim to reduce crisis presentations to acute care.

Methods: This Prospective cohort study examines the short to medium-term effects of the CRISP program. Functional, mobility and quality of life (QOL) measures were collected on admission and discharge. Data were analysed using Microsoft Excel. Outcome measurements were compared using paired t-test.

Outcomes: 76 patients (78%) completed the program and attended for follow up (2021-2022), average age: 80.9yrs, SD-6.6yrs, frailty index 5.6 (mild to moderate frailty). There have been statistically significant gains made in performance in activities of daily living (Barthel Index; 76.7A vs 83.9DC) ($p<0.001$), balance (Berg Balance Scale:29.6A vs 36.3 DC) ($p<0.001$) and overall mobility (EMS:12.4 A vs14.6 DC0 ($p<0.001$)). CRISP also delivers long-term positive benefits. Fall rates, QOL and carer stress are measured four months after completion of the program. Reduction in falls rates 2.9(4 months pre-admission) vs 0.5 (4months following completion of the program) ($p<0.001$) and sustained improvement in self-reported QOL, EQ5D:45.2 A vs 62.6 at 4 months following completion of the program ($p<0.001$). Carers who reported stress 62% (n=45), 91% reported reduced stress levels at 4 months following the program.

Conclusion: CRISP provides early intervention at the lowest level of care complexity resulting in reduced fall rates and consequent crisis presentations to acute care. CRISP improves mobility and function promoting independence and improving QOL for community dwelling older adults.

5.5 Effectiveness of Two Compression-Only Life Support (COLS) Teaching Approaches

Dr Smita Das¹, Dr Reeta Devi, Dr Rakesh Garg

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Abstract:

Introduction: Every minute delay in CPR can reduce the chances of survival by 7–10% of the victim of a cardiac arrest occurring outside the hospital. Indian resuscitation guidelines recommend compression-only CPR for laypeople, as rescue breaths require more competency and may delay chest compression. The layperson needs to learn compression-only CPR so that immediate interventions can be started for a victim in cardiac arrest to improve the survival rate of cardiac arrest victims, as 80% of cardiac arrests occur outside the hospital.

Aims & Objectives: The study aimed to assess and compare knowledge and skills related to compression-only life support among laypersons in a hands-on group and a video-assisted group and also assess the retention of knowledge and skills in both groups.

Material and Methods: A cross-sectional quasi-experimental study was conducted on 180 non-medical subjects between the age group of 19 to 65 years. The baseline assessment of pretest knowledge and skill was assessed using a self-developed structured questionnaire to evaluate COLS knowledge and an observational checklist to assess COLS skill. A demonstration on COLS was done for the hands-on group, and a video on COLS was shown to the video-assisted group. Following the intervention, a post-test was conducted, and a second post-test was done after 30 days.

Outcomes: The post-test mean knowledge score in the hands-on group (19.87 ± 3.20) was significantly higher when compared with the video-assisted group (18.37 ± 2.11) at p -value < 0.05 . The majority of study subjects in the hands-on group had the correct rate of compression (100–120 bpm) when compared with video-assisted group ($p = 0.038$). The retention of knowledge and skills was better in the hands-on group compared to the video-assisted group ($p < 0.05$).

Conclusion: It was discovered that the hands-on training group had better retention of COLS knowledge and skills compared to the video-assisted group.

6.1 Dance/Movement for Employee Well-being: Social Return on Investment Study Protocol

Dr Teresa Filipponi¹, Prof. Mary Lynch², Prof. Carolyn Wallace ¹

¹University of South Wales, Wales; ²Faculty of Nursing and Midwifery, RCSI University of Medicine and Health Sciences, Dublin, Ireland

Abstract:

Introduction: Improvement in the National Health Service (NHS) employees' mental well-being and staff retention are current key issues.¹ Evidence indicates that Dance Movement Therapy (DMT) has effectively improved mental health and well-being²; however, a Social Return on Investment (SROI) evaluation on DMT interventions aimed at NHS staff has not been performed.

Aims & Objectives: This protocol for a SROI study aims to explore the social value generated from DMT, specifically the Body Hotel programme, as measured by the increase in well-being and resilience experienced by participants along with offering evidence to policymakers.

Methods: SROI, a pragmatic form of social cost-benefit analysis will be used to evaluate the DMT programme. A mixed-methods approach (focus group, questionnaire, and semi-structured one-to-one interviews) will be employed to value relevant costs, outcomes, and associated impact. Monetary values which often do not have a market price will be assigned to the outcomes that matter to the participants. Contingent valuation will be integrated into this study to estimate individuals' choices, preferences and values associated with DMT.³

Outcomes: Changes in mental well-being and self-efficacy experienced by participants will be measured. The social value generated by the identified outcomes will then be estimated similarly to cost-benefit analysis, and the ratio of social value generated per £1 invested will be calculated.³

Conclusion: This SROI evaluation will measure the monetary and social value generated through DMT by placing a monetary value which is essential for sound policy in accessing investment while contributing evidence of dance/movement's impact on health.

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6.2 Healthcare Workers Wellbeing through Clinical Pilates: A Multicentre Quasi-Experimental Study

Dr Menada Gardalini¹, Dr Tatiana Bolgeo², Dr Robert Di Matteo¹, Dr Denise Gatti¹, Dr Elena Grassi², Dr Annalisa Priano³, Dr Antonio Maconi¹

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²*Department of Research and Innovation, SS Antonio e Biagio e Cesare Arrigo University Hospital, Italy;*

³*MFR Presidio Borsalino Rehabilitation Center - Azienda Ospedaliera SS Antonio e Biagio e Cesare Arrigo, Alessandria, Italy*

Abstract:

Introduction: Clinical Pilates, combining the Pilates method with the concepts of neuromuscular rehabilitation and motor control, may offer potential benefits in reducing musculoskeletal issues, particularly low back pain and pelvic floor concerns, with a specific focus on women.

Aims & Objectives: To improve wellbeing in healthcare workers by integrating Clinical Pilates for chronic low back pain and pelvic floor issues.

Methods: A quasi-experimental study of six-week outpatient treatment, followed by telerehabilitation sessions every 6 weeks for 6 months, was performed. Enrolment included female healthcare workers aged 45-65, with chronic low back pain and pelvic floor issues not using anti-inflammatory medications. Numeric Rating Scale (NRS), Short Form of Quality of Life (SF-36), Urogenital Distress Inventory (UDI 6), Oswestry Disability Index (ODI-I) submitted at T0 (start of treatment), T1 (after 6 weeks), T2 (12 weeks), T3 (18 weeks) and T4 (24 weeks).

Outcomes: To date, 60 female healthcare workers, 83% nurses, average age of 51 years (SD 11.59) have completed T1. SF-36 improved from a mean score of 42 (SD 7.29) (T0) to 89 (SD9.69) (T1); NRS decreased from 8 (SD 3.21) (T0) to 4 (SD2.91) (T1); UDI-6 decreased from 59 (SD 8.32) (T0) to 45 (SD10.23) (T1); ODI-I improved from 83 (SD 5.69) (T0) to 56 (SD 5.25) (T1).

Conclusion: Preliminary findings suggest Clinical Pilates as a promising approach to enhance the physical and mental health of healthcare workers, thereby improving care quality and patient safety.

Key words: Clinical Pilates, healthcare workers, wellbeing.

References:

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6.3 Evaluation of a Mindfulness Based Intervention for Hospital Staff

Dr Sarah Jayne Liptrott¹, Ms Cristina Sommacal-Boggini, Ms Shaila Cavatorti, Mr Ferruccio Doga, Mr Sergio Piasentin, Dr Angela Tolotti, Dr Loris Bonetti, Mr Alessandro Bressan, Ms Simona Minotti

¹*Regional Hospital of Bellinzona and Valli, Ente Ospedaliero Cantonale (EOC), Bellinzona, Switzerland*

Abstract:

Introduction: Workplace challenges can produce stress and burnout. In Switzerland in 2022, work-related stress cost around 6.5 billion CHF. Mindfulness Based Interventions (MBIs) in workplace settings can enhance well-being and reduce stress. An MBI for hospital staff was implemented in a regional hospital in 2020.

Aims & Objectives: The aim of this study was to evaluate MBI effectiveness.

Methods: A mixed methods study was performed. Quantitative data was collected using the Perceived Stress Scale (PSS) and Facet Five Mindfulness Questionnaire (FFMQ) administered before and after the MBI. Qualitative data was collected through focus groups with MBI participants.

Outcomes: 3 MBI courses were held between 2020-2022. 56 participants completed the course. A significant difference in the FFMQ scale was observed between pre-post MBI scores (N=45) in all dimensions (observing $p < .001$, describing $p < .001$, awareness $p < .001$, non-judging $p = .002$, non-reactivity $p < .001$, total score $p < .001$), demonstrating greater mindfulness practices in participants. Improvement in perceived stress was also seen in the PSS between pre-post MBI scores (N=46) $p < .001$. In preliminary results from 2 focus groups with 14 participants, 3 themes identified were:

1. benefits in personal and social functioning including controlling emotions, self-compassion and improved interpersonal relationships
2. facilitators to participation including opportunity provided by the organization, and ongoing mindfulness events
3. challenges to practicing mindfulness including ensuring protected time and organizational support.

Conclusion: Results suggest MBI participation can contribute to stress reduction and mindfulness practices. Participants reported both personal and social benefits however ensuring time and support to implement mindfulness practices require further investigation.

6.4 Nature Based Social Prescribing for Enhancing Mental Health and Wellbeing

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²Center for Health Economics and Medicines Evaluation, Bangor University, Gwynedd, Wales; ³Cardiff University, Cardiff, Wales

Abstract:

Background: Nature Based Social Prescribing (NBSP) is a means of connecting people with non-clinical, nature-based community-led interventions delivered by 3rd sector organisations using local community assets. NBSP can support well-being and help alleviate pressure on mental health services addressing local health and wellbeing needs. Social Cost Benefit Analysis (SCBA) of NBSP and community assets is required for translation and integration into policy and practice. This research used a mixed-method Social Return on Investment (SROI) evaluation of a six-month pilot 'Making Well' NBSP programme including; traditional crafting, horticulture, and contemplation to support individuals with chronic mild to moderate mental health conditions in Wales.

Methods: The 'Making Well' project delivered two separate programmes between October 2021 and April 2022. Data was collected from participants (n=12) at baseline and eight-week follow-up along with interviews to collect in-depth data on individuals lived experience of participating in the programme. The 'Making Well' programme costs were estimated and financial proxies from the HACT Social Value (SV) bank were applied to identified benefits. Three alternative well-being valuation approaches were applied and embedded sensitivity analysis conducted to estimate a robust range of Social Value Ratios (SVR).

Results: The estimated cost of 'Making Well' programme inputs were £1,312 per participant and the net value of well-being benefits were £4,313 to £6,130 per participant, giving a range of SVR's between £3.30 to £4.70 for every £1 invested in this NBSP intervention. Significant wellbeing outcomes reported by participants included achieving higher self-confidence, increased feelings of social connection, and improved mental health.

Conclusions: Research findings demonstrate that the 'Making Well' programme is an effective NBSP intervention for supporting people with enduring mild to moderate mental health conditions. This SROI contributes to emerging evidence on the use of community assets and NBSP in generating a return on investment and positive social value.

6.5 Ensuring Rights of Older People in Long-term Care

Ms Katja Savolainen¹, Prof. Amanda Phelan¹

¹*School of Nursing and Midwifery, Trinity College Dublin, Ireland*

Abstract:

Introduction: The issue of human rights for older people in long-term care (LTC) continues to receive increased recognition, particularly in the context of the COVID-19 pandemic. However, there remains a lack of research exploring the human rights of older people in LTC and the practical implications of these rights as well as the extent to which they are respected and upheld in practice.

Aims & Objectives: This study explores the discursive positioning of human rights for older people in LTC in Ireland. Specifically, this study seeks to identify how rights are facilitated, constrained, limited, or illuminated within discursive formations by residents, family members, and staff in LTC facilities.

Methods: Qualitative semi-structured individual interviews (n=37) and one focus group (n=6) were conducted with residents, family members, and staff at LTC facilities. Data were analysed using Critical Foucauldian Discourse Analysis to reveal power-knowledge relationships and establish discursive positionings. Ethical approval was obtained from the Trinity College Dublin Health Sciences Faculty in August, 2021.

Outcomes: Three main discourses emerged from the analysis: (1) the discourse of protection driven by paternalism and normalisation, (2) the discourse on conditional rights, which led to a range of restrictions on rights, and (3) the discourse of governance, where institutional rules and governmentality restricted or assisted in the realisation of human rights.

Conclusion: This study provides a comprehensive examination of the discursive positioning of human rights for older people in the LTC in Ireland. The findings highlight the gap between policy, legislation, and practice, which has restricted the realisation of human rights for older people in LTC. The study concludes that significant efforts in not only awareness and training are required but also advocacy and support for the older person in LTC. This to ensure that the human rights of older people in LTC are upheld in Ireland.

Integrating Sustainable Development Goals into Practice

7.1 Evaluation of the Factors Influencing Perceptions of Spiritual Care

Prof. Ippolito Notarnicola^{1,2,4}, Dr Gennaro Rocco^{1,2,4}, Dr Blerina Duka^{2,4}, Dr Dhurata Ivziku^{1,3}, Dr Emanuela Prendi⁴, Prof. Alessandro Stievano^{1,2,4}

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Abstract:

Introduction: Spirituality and spiritual care are important concepts in the context of offering patients' holistic treatment. The idea is influenced by a variety of factors, particularly cultural diversity, which in turn impacts how nurses see and give spiritual care.

Aims & Objectives: To determine the factors influencing spirituality and spiritual care perceptions of nurses who work in Italian context.

Methods: A cross-sectional study. A total of 342 nurses from Italy were selected by convenience sampling. All participants were invited to complete the "Individual Information Form" and the 'Spirituality and Spiritual Care Rating Scale' online from July 2022 to July 2023.

Outcomes: The Spirituality and Spiritual Care Rating Scale, which nurses use, has a mean score, which is higher than the average level. The highest mean score, is on the item "I think that spirituality involves only going to a place of worship (mosque/church)", while the lowest mean score, is on the item "I think that spirituality is not concerned with belief in God or a supreme power and worship." Other factors that were found to have an impact on nurses' perception of spirituality and spiritual care include country, marital status, religious belief, Islam, receiving training for spiritual care, and using any spiritual practices to deal with difficult situations or illnesses.

Conclusion: According to research, Italian nurses relate spirituality and spiritual care to religion, and certain of their personality traits affect how they view spiritual care. The findings show that in order to change nurses' beliefs and practices about spiritual care, training in this area is necessary.

7.2 What Nurses Can Learn from the Mpox Public Health Emergency

Dr John Gilmore¹, Mr David Field

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Abstract:

Introduction: In Spring 2022 reports emerged of a growing number of cases of the viral infection mpox (then monkeypox) globally amongst communities of Gay and Bisexual men. The first cases in Ireland were declared at the end of May 2022. While mpox has been endemic in a number of regions of central and western Africa, this was the largest surge of cases outside of this region, and was presenting in novel ways in new communities. Mpox was declared a Public Health Emergency of International Concern (PHEIC) by the WHO in July 2022, and a global response, including targeted vaccination programmes for gay and bisexual men, led to a significant remission in cases and end of the PHEIC by May 2023.

Aims & Objectives: This presentation will give context for the 2022 mpox PHEIC and discuss what the nursing profession can learn about preventing and managing global public health emergencies in the future.

Methods: Community-based research conducted in Ireland on the needs of communities of gay and bisexual men using a cross-sectional mixed methods survey of gbMSM (n=163), was analysed through a critical realist approach to thematic analysis as well as descriptive statistical analysis. The presentation will also include international expert discussion on the socio-political context around this PHEIC.

Outcomes: Quantitative findings highlighted sources and trustworthiness of information and support. Qualitative themes emerged around levels of response, stigma and othering, and fear other emotional reactions.

Conclusion: While this PHEIC was related to an already known pathogen with an already effective vaccine, the response was scuppered by a number of conflating issues related to global inequalities, discrimination and lack of resources within sexual health infrastructure. This research and the community response to the PHEIC also demonstrates community resilience & public health attentiveness amongst gbMSM.

SDG 3, SDG 5, SDG 10, SDG 11.

7.3 Digital Transformation with ePortfolio for Final Year Nursing Students

Dr Louise Kavanagh McBride¹, Ms Brea Mulgrew¹, Ms Stephani Bonar¹, Mr Jonathan Durning¹.
¹Atlantic Technological University, Donegal, Ireland

Abstract:

Introduction: Integrating sustainable development goals into nursing practice is of paramount importance in today's changing healthcare system. Digital healthcare involves the provision of healthcare through technology with sustainable development. This incorporates patient safety, access to healthcare, effective treatment, efficient use of resources, sustainability, and equity of care across populations. The Management and Maintenance of Professional Competence Scheme (MMPC) is an ongoing project of the Nursing and Midwifery Board of Ireland (NMBI) in relation to Nursing and Midwives competence. Following extensive public consultation on this scheme this has allowed NMBI to present a refined version to the relevant stakeholders for approval with future planning for a pilot of the scheme.

Aims & Objectives: Nurse leaders are essential to bridge the gap between IT and nursing to ensure a seamless, effective delivery of care to a growing, diverse and aging population through integration of sustainable development goals into nursing practice in our modern healthcare system.

Methods: This involved the implementation of an ePortfolio in final stage of an undergraduate nursing degree module which ensured incorporation of leadership, management and professional scholarship theories, principles and evidenced based practices embedded into clinical practice during the final semester, as a work based salaried nursing internship.

Outcomes: This ensures integration of sustainable development of goals into nursing practice with digital skills and leadership viewed as paramount in eHealth Ireland and ONM Digital Roadmap 2019-2024, supporting the evolving role of nursing within growing global facet of care. This ePortfolio prepares graduate to adopt and sustain a lifelong learning approach, and positive attitude towards the management and maintenance of professional competency beyond graduation.

Conclusion: This project outlines how this module prepares and embodies an integrated sustainable development through behaviour and attitude change of student nurse's mind-set towards the management and maintenance of professional competence beyond graduation and registration.

43rd Annual International Nursing and Midwifery Research and Education Conference 2024

Mrs Tracy Doherty¹, Ms Rachel Gibney

¹Health Service Executive, Drogheda, Louth, Ireland

Abstract:

Introduction: Effective Hand Hygiene (HH) can significantly reduce Healthcare Acquired Infections. Before the COVID-19 pandemic, HH observational compliance was reported as suboptimal worldwide, causing a variety of challenges. The COVID-19 pandemic brought welcomed attention to simple and effective Infection Prevention and Control (IPC) measures, including HH, however little is known of the effects of the pandemic on HH observational compliance locally.

Aims & Objectives: The objective of this study was to examine the effects of a COVID-19 pandemic on HH observational compliance ratings in an Acute Healthcare setting in Ireland.

Methods: The IPC team use the gold standard direct observational audits to measure HH compliance regularly. The data collected pre and post the COVID-19 pandemic was reviewed to identify any changes to practice. The performance rates for the periods identified were compared using an ANOVA (Analysis of variance) statistical test.

Outcomes: While results of the ANOVA testing could not confirm a statistical difference between the data sets, the data showed clear evidence of sustained improvement in HH results post Covid. Pre Covid, HH compliance failed in five of eight quarters reviewed. During and post Covid, with increased observations there have been no failures recorded to date.

Conclusions: The data reviewed came from a robust, reliable and tested system. More research is required to see the effects the number of observations has on the validity of audit results. These results will greatly help this and inform the current Irish knowledge base and local HH

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7.5 WITHDRAWN

8.1 Healthy and Sustainable Diets in Adolescents: Mixed-Method Grounded Theory protocol

Ms Michela Calzolari¹, Prof. Mark Hayter², Prof. Gianluca Catania¹, Dr Milko Zanini¹, Dr Giuseppe Aleo^{1,3}, Prof. Loredana Sasso¹, Prof. Franco Carnevale⁴, Prof. Annamaria Bagnasco¹

¹Department of Health Sciences, University Of Genoa, Genoa, Italy; ²Faculty of Health and Education, Manchester Metropolitan University, Manchester, United Kingdom; ³Faculty of Nursing and Midwifery, RCSI University of Medicine and Health Sciences, Dublin, Ireland; ⁴Ingram School of Nursing, McGill University, Montreal, Canada

Abstract:

Introduction: More than half of the United Nations' 17 Sustainable Development Goals are food- and/or environment-related (UN, 2021). Eating habits are a determining factor in both these fields. To promote the adoption of healthy and environmentally sustainable diets in adolescents, it is necessary to recognize and promote their agency (Montreuil & Carnevale, 2015), give space to their own voices and expectations, and involve them in the current and future research.

Aims: To explore dietary beliefs and actions of adolescents aged 15 to 19.

Methods: The study will actively involve the school representatives as advisors of the research process, by forming a local youth advisory council (YAC). The study will have an exploratory-confirmatory mixed method-grounded theory (MM-GT) design. The quantitative part will be an observational cross-sectional study utilizing an online survey, and will support the qualitative part, which will be a Grounded Theory (GT). The GT will use semi-structured in-depth interviews and data will be collected until saturation is reached. The methodological rigor of the study will be ensured through credibility, confirmability, saturation, and transferability. Qualitative and quantitative data will be integrated via triangulation of the results to develop the theoretical model. A validation phase will include focus groups with the participants that will allow them to confirm the theory. The experiences as advisors of the school representatives will also be investigated.

Outcomes: The results of this study will orient future research, including the development of educational interventions to promote the adoption of healthy and sustainable diets in adolescents that will recognize adolescents' agency and will be aligned with their needs, beliefs, and opinions.

Conclusions: Nurses are called to actively respond to health needs, but they also should engage in mitigating climate change and its harmful effects. Participatory education on nutrition plays a fundamental role in both these issues.

8.2 Systematic Review Examining Women's Experiences of Homelessness: High Income Countries

Ms Maxine Radcliffe^{1,2}.

¹Health Service Executive, Dublin, Ireland; ²University College Dublin, Dublin, Ireland

Abstract:

Introduction: Homelessness is hard to define, the concept is measured and understood differently. It is a significant public policy and health service challenge globally. Where definitions are agreed, identifying the exact number of people who are homeless globally suggest 150 million people are homeless, or 1% of the population. Irish data suggests 0.25% of the population experience homelessness. Recent evidence identifies the extent of homelessness extending from single men narrative to families and women. Their experiences differ.

Aims & Objectives: The aim of this systematic review was to what review the literature to identify is known about women's experiences of homelessness.

Methods: Searches of six databases MEDLINE (via OvidSp), Embase (via EMBASE.COM), Global Health (via CABI), PsycInfo (via EBSCO), CINAHL (via EBSCO), ASSIA (via ProQuest)] for years 2012 to 2022 were completed in December 2022. 3078 records were identified and 2846 screened after removing duplicates. Full text review of 145 papers resulted in 33 papers included in the review. A meta-ethnography was completed.

Outcomes: Evidence from seven countries is presented:

Country of study (Number): Australia (5), Canada (6), Ireland (1), Israel (1), Poland (1), UK (6), USA (12). Preliminary outcomes suggest the 'homeless' sub population that is women only is hard to define. Only 14 of the studies in the review reported a clear definition of homelessness. The majority of studies n= 19 did not have an explicit inclusion reference definition. Homelessness is a highly gendered experience, women experience significant recurrent episodes of extreme physical violence including multiple and extended rapes both leading to and, because of homelessness, 9 papers present strong evidence for this. Stigma, loss of identity and lack of agency are key challenges that women experiencing homelessness.

Conclusion: Disparities along gender lines exist for women experiencing homelessness. This systematic review captured the extent and breadth.

43rd Annual International Nursing and Midwifery Research and Education Conference 2024

Dr Nina Kilkku¹, Dr Clare Lewis^{2,3}, Prof. Thomas Kearns³, Prof. Michael Shannon³

¹VID Specialized University, Norway, ²Healthcare Consultant and Director, ³Faculty of Nursing and Midwifery, RCSI University of Medicine and Health Sciences, Dublin, Ireland

Abstract:

Introduction: In 2015 a historical step was taken when mental health was included in the UN's sustainable development goals (SDG) (Votruba and Thornicroft 2016). In State of Nursing Report 2020, nurses' significant role was highlighted to achieve the sustainable development goals as well as the universal health coverage also in the field of mental health. As nurses are the biggest professional group in health care, they have a key role in transforming mental health services towards community care and human right -based approaches. In this change, the emphasis is to respond to the needs of care within the community and at primary health care level and to decrease stigma (WHO European Framework; WHO Pan European Coalition). This transformation challenges not only the practices but also education of all mental health professionals. WHO Pan European Coalition was launched in 2019 to answer these challenges by collaboration of large networks of experts and organizations. The work of Coalition was further supported by European Commission in June 2023 when mental health was added as a pillar with physical health and the comprehensive approach to mental health was introduced (European Health Union: a new comprehensive approach to mental health). European countries are in quite different stages in this transformation process and more knowledge is needed on mental health legislations, services, educations and scope of practice of professionals as well as on the role of peer supporters and family members

The RCSI Faculty of Nursing and Midwifery is supporting WHO Europe Mental health as part of work package six of the WHO Pan European Mental Health Coalition to provide this needed information on mental health professionals in 53 European countries. The phases of the study will be presented with specific focus on the preliminary results for mental health nurses in different European countries.

[illegible]

8.4 WITHDRAWN

8.5 WITHDRAWN

Innovation and Digitalisation

9.1 Understanding Undergraduate Student Nurse Perceptions and Knowledge of Artificial Intelligence

Miss Ali-Rose Sisk¹, Dr Jamal Hasham¹, Dr Dara Cassidy², Fawzia Al Zaman¹

¹RCSI University of Medicine and Health Sciences, Muharraq, Bahrain; ²RCSI University of Medicine and Health Sciences, Dublin, Ireland

Abstract:

Introduction: The rapid development of AI technologies, exemplified by the release of ChatGPT and other AI software, has sparked discussions about its potential and suitability in education. While AI has already revolutionised areas of medicine, its potential impact on healthcare specialities and education remains largely unexplored, particularly for undergraduate nurses.

Aims & Objectives: This study aims to investigate the perceptions and knowledge of undergraduate nursing students at RCSI-Bahrain regarding generative AI, its relevance to their current studies, and its implications for their future careers as registered nurses.

Methods: Utilising a mixed methods approach, this research will involve an online survey followed by focus groups and interviews. The bespoke survey, based on the Unified Theory of Acceptance and Use of Technology (UTAUT) framework (Venkatesh et al., 2003), will be distributed among all registered undergraduate nursing students at RCSI-Bahrain. After enrolment, participants will be invited to participate in online interviews or focus groups to gain deeper insights into their perspectives on AI. Quantitative data will be analysed using descriptive and inferential statistics, and qualitative data will be analysed using Braun and Clarke's method of thematic Analysis (2006). If powered, psychometrics will be conducted on the bespoke survey to explore its reliability. This study is part of a larger cross-sectional study exploring AI readiness within RCSI-Dublin and RCSI-Bahrain.

Outcomes: The study will provide valuable insights into undergraduate nursing students' perspectives on AI, supporting educators and policymakers to identify and address potential challenges and leverage AI's benefits effectively in healthcare education. This study has just received ethical approval (ID: 212637732) data reporting is scheduled for January 2024.

Conclusion: The findings of this study may contribute to RCSI's academic integrity policy and curricular enhancements aimed at incorporating AI.

43rd Annual International Nursing and Midwifery Research and Education Conference 2024

Miss Orla Merrigan¹, Ms Luka Peh, Ms Victoria Allegrini-Collins, Mr Adam Keane
¹*Orpea Residence Ireland, Ireland*

Abstract:

Introduction: The role of digital communication tools in nursing homes have multiple benefits such as family and friends receiving regular updates; allowing greater residents privacy and control by allowing them to choose what information they choose to share with family members and sharing of a resident activities and photos (Ryan et al 2015). Enhanced communication links with family members of residents in Long term care facilities has been found to deliver a better quality of life (Lynch et al 2022). Orpea Residences Ireland introduced the Altra Digital communication tool in Ireland one year ago. Training was provided to staff and a super user was nominated in the home to help with trouble shooting, demo's to other staff, residents and family members on Altra to maximize communication between staff and resident to family, and family to resident etc.

Aim & Objectives: To examine the uptake and interaction of staff, residents and family members with Altra, the digital innovation communication tool. To measure engagement of staff of tool. To measure engagement of family & residents use of tool.

Methods: Quantitative data analysed measured the engagement over a 9-month time frame, January 2023-September 2023.

Outcomes: The residential facility has 48 residents, 44 active users, indicating an active family members' acceptance of 81%. There had been 416 facility posts; 353 posts by relatives; 11 weekly average Nursing home posts & 9 posts by families. The active engagement (meaning they signed in to view / like) of relative in the prior 7 days was measured at 100%.

Conclusion: Statistics indicate positive engagement with Altra the digital communication tool from the residents, family and staff. Following this first evaluation of the digital communication tool in our setting the results, we would aim to replicate this in our other Orpea settings.

[illegible]

9.3 Really Thrilling Location Systems (RTLS) Adds Value to Hospital Nurses

Dr Deirdre O'Flaherty¹, Dr Linda DiCarlo²

¹Hunter-Bellevue School of Nursing, New York, USA; ²Lennox Hill Hospital, New York, USA

Abstract:

Learner: understand the usage of a Real Time Location System (RTLS) in asset management, and how nursing engagement, interdisciplinary collaboration drive value, increase satisfaction and safety, save time and money.

Methods: Literature review. RTLS are used by attaching a mobile tag which transmits wireless signals to track and manage the movement of assets in real time. Creation of equipment search training video and in collaboration with nursing, biomed, and IT a pilot was initiated to gather user feedback about RTLS in a 450-bed acute care hospital.

Results: Early in the pilot, it was recognized that a formal process needed to be created to request tagging of equipment for other types of assets. An intradisciplinary governance committee co-led by nursing and hospital administration was formed to evaluate and create an approval process. Clinical nurses were encouraged to nominate new types of assets to be tagged, e.g., defibrillators, tele-health carts, ventilators and portable HEPA filter borrowed during the COVID peak, and specialized infusion pumps. Literature review shows that RTLS can save more than 90 minutes in locating devices, we experienced comparable results. Nursing staff no longer had to leave the unit searching for equipment. The impact was a reduction in capital equipment purchase and deployment since said equipment was easily locatable. Staff feedback during administrative rounds was it saved time and they are "thrilled" that their voices were heard.

Conclusions: RTLS implementation contributed to a safe environment and demonstrated to our clinical nurses that their time is valued, caring for the patient at the bedside is the priority in delivering quality care. Additional safety features and merit included quick location of recalled equipment, locating devices requiring annual maintenance, finding equipment quickly to prevent hoarding, and monitoring inventory. The partnership forged with our team members was the key to our success. <https://econjournals.sgh.waw.pl/EEiM/article/view/2454>.

9.4 Can Using an EHR in Acute Hospitals Enable Person-Centred Care?

Dr Michelle Hardiman¹, Ms Judith Watkin

¹Blackrock Health Galway Clinic, Galway, Ireland; ²Queen Margaret University, Mussleburgh, Edinburgh, Scotland

Abstract:

Introduction: The urgent need and value of digitalising healthcare notes in a hospital setting is undisputed. An EHR makes it easier to store, access and maintain an accurate record of a person's diagnosis, treatment and care. More challenging is keeping person-centeredness to the forefront of emerging digital healthcare systems.

Following an integrative review of the literature Forde-Johnson et.al (2023) conclude that many EHR's reflect task focused nursing interactions with patients and that the using an EHR detracts from building patient relationships. Alternatively, a study completed in 2020 by Hardiman et. al., describes the experience of designing an EHR that can meet the requirements and standards of nursing documentation whilst also capturing the essence of the relationship between the patient and their nurse.

Aims and Objectives: This study aims to determine if a person-centred EHR described by Hardiman et. al., (2020) provides an alternate experience of nurse /patient relationships than studies reported by Forde-Johnson et.al (2023).

Methods: A mixed methods study including questionnaire and narrative comments collected from 200 nurses working with a fully integrated EMR and analysed using a thematic approach.

Outcomes & conclusion: Results indicate that a EHR designed to meet the person-centred needs of patients empower nurses to use all of the information to build meaningful relationships with patients and deliver safe, high quality care.

References:

Forde-Johnston, C., Butcher, D., & Aveyard, H. (2023). An integrative review exploring the impact of Electronic Health Records (EHR) on the quality of nurse-patient interactions and communication. *Journal of Advanced Nursing*, 79(1), 48-67.

Hardiman, M., Connolly, M., Hanley, S., Kirrane, J., & O'Neill, W. (2020). Designing and implementing an electronic nursing record to support compassionate and person-centred nursing practice in an acute hospital using practice development processes. *Journal of Research in Nursing*, 25(3), 241-253.

9.5 WITHDRAWN

10.1 Improved Care Delivery Through Nursing Documentation and Care Planning Workshop

Ms Deirdre Halford¹, Ms Biny Anoop
¹*Health Service Executive, Dublin, Ireland*

Abstract:

Introduction: In 2022, NMPD-DSKW, in collaboration with Regional Education Coordinators based in Tallaght University Hospital & St James's Hospital, developed an educational program to meet the increased demand for Nursing Documentation and Care Planning training for Older Person Services in the DSKW region.

Aims & Objectives: The aim of the programme is to provide Registered Nurses working in Older Persons services with the knowledge and skills to understand the professional and legal requirements of nursing documentation and to develop person-centred care plans.

Method: The 8-hour Nursing Documentation & Care Planning blended learning programme, developed to meet the needs of OP services in the DSKW region, was launched in October 2022 and attended by 32 nurses. It has an eLearning element, available through an e-learning platform and also includes virtual session with expert presentations and interactive, scenario-based learning. A social learning platform was included to allow for participant engagement in their own time, this also acted as a reusable learning resource.

Outcomes: The feedback from the participant evaluation and the services in the region has been very positive. Suggestions for improvement have been implemented and the program has been refined. So far 3 successful workshops have been delivered.

Conclusion: The response to the program has been overwhelmingly positive, allowing some of the participants to integrate documentation sessions into their services with the aid of the workshop and accompanying resources. This has drawn the interest from other services such as Intellectual Disabilities, Mental Health and Public Health Nursing, looking to adapt this programme to cater to their needs.

[illegible]

10.2 Digital Health-Driven ANP CTCA Pathway: Same-Day Non-ACS Patient Discharge

Mr Paul Stoneman¹, Mr Joseph Adams¹, Ms Fiona Colbert¹, Mr Stephen Byrne¹

¹Beaumont Hospital, Dublin, Ireland

Abstract:

Introduction: Managing the high volumes of low to intermediate-risk patients with suspected Acute Coronary Syndrome (ACS) in Irish Emergency Departments (EDs) is challenging. Once ACS is ruled out, it is crucial to assess for coronary artery disease (CAD). The gold standard for this is the Coronary CT Angiogram (CTCA). However, EDs without specialized CTCA pathways may resort to less effective methods, leading to extended admissions, lengthy outpatient referrals, or discharges without adequate follow-up & diagnosis.

Aims & Objectives: To evaluate Ireland's first autonomous Cardiology Advanced Nurse Practitioner (ANP) inter-hospital CTCA referral pathway, designed to assist ED staff in facilitating same-day discharges for low to intermediate-risk non-ACS patients.

Methods: A collaboration between Beaumont Hospital and a private hospital allows for CTCA within six weeks of referral. We conducted a retrospective audit (January 2023-present) to assess clinically indicated CTCA cases within this new digital framework. The audit focused on the utilization of McKesson Radiology, a PACS product by McKesson Enterprise Medical Imaging, which digitalizes all communications and ensures safe workflow between our site and the private hospital.

Outcomes: Up to July 2023, the cardiology ANP clinic received 1,121 referrals for various cardiology conditions, with 560 referrals for low-risk chest discomfort. Of these, 223 (40%) warranted a CTCA. Nine percent required additional diagnostics such as coronary angiograms or perfusion cardiac MRIs. Over 90% of CTCAs were completed within six weeks.

Conclusion: Our innovative digital ANP-led CTCA pathway, employing McKesson Radiology for referrals and reporting, is the first in Ireland. It has revolutionized ED practices, allowing safe and swift same-day discharges of non-ACS patients. This system exemplifies the effective use of digital health technologies in managing health risks and promoting wellness.

10.3 App Based Psychoeducation on Daily Living Medicine Adherence Severity of Disease

Dr Yumnam Devi¹, Dr Sabarni Banerjee¹, Dr Rohit Varma¹

¹ All India Institute of Medical Science, New Delhi, India

Abstract:

Introduction: Depression is one of the leading causes of disability worldwide, affects every aspect of life. Mobile phone offers the potential for providing psycho-education to a large population with limited human resources.

Aim & Objectives: To assess effectiveness of mobile app-based psycho-education program on activities of daily living, medicine adherence, severity of disease among patients with Depression in a tertiary hospital.

Methods: 70 participants 35 in each group were recruited using convenient sampling. Sociodemographic and description of smartphone usage questionnaire, MARS-10, IADL, and HAM-D scales were used. The experimental group was provided with mobile app-based psychoeducation program in OPD whereas routine care was provided to control group. Post-test was conducted after 4 weeks. Satisfaction was assessed for experimental group.

Outcomes: The mean age of the experimental group was 44.03 ± 13.93 and control group was 43.21 ± 11.91 . The majority of participants in both groups were females, married, unemployed, and urban non-slum dwellers. The majority had their own smartphone or at least one smartphone in the family with Android software. All had internet access but didn't use smartphone to access health information (63.6% in experimental and 51.6% in control group). In experimental group activities of daily living were significantly increased from 3.03 ± 1.59 to 5.454 ± 1.252 with ($p < 0.001$). The majority were non-adherent to medication (78.8% in baseline which increased to fully adherent to medication 66.7% in post-test at ($p < 0.001$). A significant reduction in severity of symptoms in experimental group from 20.78 ± 6.362 to 14.27 ± 3.281 with ($p = 0.001$). 51.5% participants were moderately and 45.5% were very satisfied in experimental group with mobile app-based psycho education programme.

Conclusion: Mobile app-based psycho education programme was more effective and beneficial than routine care in increasing activities of daily living, medicine adherence and reducing severity of symptoms of disease.

Key word: Mobile app-based psycho education, activities of daily living, medicine adherence, severity of disease, Depression

10.4 Towards Fostering and Nurturing Digital Savvy Nurse Graduates and Registrants

Dr Louise Kavanagh-McBride¹, Ms Brenda Mulgrew¹, Ms Stephani Bonar¹, Mr Jonathan Durning¹, Mr Chris Peat OBE², Mr Max Jordan²

¹*Atlantic Technological University, Donegal, Ireland;* ²*AXIA Digital, Dublin, Ireland*

Abstract:

Introduction: Innovation and Digitalisation in nursing practice is of paramount importance in today's changing healthcare system. Digital healthcare involves the provision of healthcare through technology with sustainable development. This incorporates patient safety, access to healthcare, effective treatment, efficient use of resources, sustainability, and equity of care across populations. The Management and Maintenance of Professional Competence Scheme (MMPC) is an ongoing project of the Nursing and Midwifery Board of Ireland (NMBI) in relation to Nursing and Midwives competence. Following extensive public consultation on this scheme this has allowed NMBI to present a refined version to the relevant stakeholders for approval with future planning for a pilot of the MMPC scheme.

Aims and objectives: Nurse leaders are essential to bridge the gap between IT and nursing to ensure a seamless, effective delivery of care to a growing, diverse and aging population through integration of sustainable development innovation and digitalisation in nursing practice in our modern healthcare system.

Methods: This innovation involved the implementation of an ePortfolio in final stage of an undergraduate nursing degree module which ensured incorporation of leadership, management and professional scholarship theories, principles and evidenced based practices embedded into practice during the final semester, with a ePortfolio for internship nursing students.

Outcomes: This ensures integration of digital development skills in nursing graduates of the future viewed as paramount in eHealth Ireland and ONM Digital Roadmap 2019-2024, supporting the evolving role of nursing within growing global facet of care. This ePortfolio prepares graduates to adopt and sustain a lifelong learning approach, and positive attitude towards the CPC and MMPC beyond graduation.

Conclusion: This project outlines how this module embodies innovation and digitalisation development through behaviour and attitude change of student nurse's mind-set towards CPD, and their MMPC beyond graduation and registration.

10.5 Equity in Vascular Access: Empowering Nurses with Visualization Technology

Assoc. Prof. Elizabeth Weathers¹, Prof. Melissa Bathish², Prof. Valerie Marsh², Mr Matthew Ostroff³, Dr Thomas Hopkins⁴

¹University College Dublin, Dublin, Ireland; ²School of Nursing, University of Michigan, Ann Arbor, MI, USA; ³St. Joseph's Health, Paterson, NJ, USA; ⁴AccuVein Inc, Medford, NY, USA

Abstract:

Introduction: The pursuit of equity in healthcare is an ethical imperative that underpins every facet of patient care. Despite strides toward equity, challenges persist, and disparities are particularly evident when performing peripheral intravenous catheter (PIVC) placement – individuals with darker skin often face unique obstacles that impact safety and quality of care. This abstract describes a programme of research that explored the transformative impact of near-infrared (NIR) visualization technology, and a comprehensive PIVC education programme, on equity of care.

Aims & Objectives: The goal was to evaluate the impact of NIR technology, and education, on nurses' ability to deliver equitable care to all patients. The impact on knowledge and confidence of nurses was also evaluated.

Methods: Two separate observational intervention studies were conducted in the US – one was conducted in an academic medical centre; the second was conducted in an academic institution.

Outcomes: Education and NIR technology significantly improved participants' ability to visualize the vasculature on patients with darker skin and increased participants' knowledge and confidence of PIVC placement. This increase in knowledge and utilization of technology empowered nurses to perform a more objective, clinical assessment at the point of care, resulting in statistically significant and clinically meaningful changes in practice, including alignment with evidence-based practice recommendations of limiting tourniquet time and avoiding areas of flexion. The integration of technology into nursing education enriched the learning experience and promoted equitable and safe practices.

Conclusion: Equity in vascular access enhances the patient experience and reduces disparities in healthcare outcomes. By adopting NIR technology, nurses become advocates for equitable care, fostering a healthcare environment that prioritizes the unique needs of patients. As healthcare practitioners, it is incumbent upon us to embrace innovative solutions that advance equity, ensuring that every patient receives the highest standard of care, regardless of their skin tone.

Poster presentation abstracts

P01 Winter Preparedness in Residential Facilities

Ms Colette Magnone¹, Ms Rachel Finnegan¹, Ms, Caroline Carpenter¹, Ms Jackie Kells², Ms Berni Daly¹, Ms Aine Meehan³, Ms Gail Burgess¹

¹Department of Public Health, Ireland; ²Mater Hospital, Dublin, Ireland, ³Health Protection Surveillance Centre, Dublin Ireland

Abstract:

The purpose of the study was to gauge how prepared long-term residential care facilities were with regards “Winter Preparedness” in the North East, to identify key action areas that the Health Protection Nursing Team could potentially support and to use the knowledge in the production of a Winter Preparedness document for circulation to the RCF’s in CHO 8 and CHO 1.

A small cross section of both private and public RCF's were identified within CHO 1 and CHO 8 to which the survey would be forwarded. An Introduction to the study with Questionnaire attached was emailed to the person in charge of the facility with follow up email/call if required. Survey focused on four main preparedness areas, Respiratory and Gastrointestinal illness, Covid 19 and Outbreak plans.

7 out of 8 surveys were completed and returned. Gaps in knowledge were identified especially in relation to obtaining dual swabs for Covid and influenza testing and the need for a clear pathway for the processing of swabs. Survey results also highlighted the need for Covid and influenza vaccine promotion among staff and residents to encourage update of vaccines.

The main implications identified was the need for a clear pathway in relation to dual swabbing and further education and promotion on Covid and influenza uptake. Educational sessions have been arranged for all RCF's in the area.

[illegible]

P02 Exploring the Perceived Needs of Preceptors for NGNs in Bahrain

Ms Mallacc Dinar^{1,2}, Prof. Rebecca Jester¹, Dr Fariba Al Darazi¹

¹RCSI University of Medicine and Health Sciences, Bahrain; ²MKCC, Bahrain

Abstract:

Introduction: Nurse preceptors are essential in training newly graduated nurses (NGNs), but their needs are often overlooked. Preceptorship is essential for successfully transitioning graduates into professional practice, enhancing patient care and safety and improving recruitment and retention rates.

Aim: The study aims to explore the perceived needs of nurses before and during their role as preceptors of NGNs.

Objectives:

- Ascertain the perceived needs of nurses in preparation for and during their preceptor role.
- Explore the potential facilitators and barriers nurses encounter when undertaking a preceptor role.

Methods: A qualitative exploratory-descriptive research design was adopted for this study, conducted in a specialist centre in Bahrain. Nurse preceptors were recruited by a gatekeeper using a purposeful sampling technique. Data saturation concluded the semi-structured one-on-one interviews guided by a five-question framework at n=8.

Outcomes: Findings revealed that participants' preceptor experience ranged from 2-30 years. Braun and Clarke's thematic analysis resulted in five themes and fourteen sub-themes. Feelings of being Unprepared, Scope of the Preceptor Role, Dual-Role Complexity, Perceived Support and Diversity, and Benefits of Taking on the Preceptor Role are the developed themes. While the analysis revealed preceptors faced more challenges than facilitators, all insights corresponded to identifying their needs. Increased attention to preceptorship, robust role preparation and training, clear guidelines on the roles and responsibilities, advanced notice with role selection, organisation support, dedicated time, role-flexibility, and recognition and rewards were among the needs identified. Equipping preceptors with their needs would improve the guidance they can provide to their preceptees. Retaining experienced, well-skilled, and trained nurses within the workforce would contribute to safer and higher-quality patient care.

Conclusion: This study's findings contribute to the existing literature and identify areas for improvement in current preceptorship programmes. As a result, educational initiatives, such as preceptor training and role/responsibility guidelines, are expected to enhance the preceptorship experience, sustain preceptor commitment, and increase satisfaction.

P03 ANP Led Mental Health Liaison-Integration Service within an Acute Hospital

Ms Joanne Flood¹

¹Health Services Executive, Ireland

Abstract:

Introduction: The percentage of Dublin's over 65 year old's living in this services' catchment area is projected to increase to 44% in 2026. Older people occupy 2/3rd of acute hospital beds – in an 850 bedded hospital approx. 560 beds are occupied by older people. Approximately 60% of these 560 will suffer from mental illness – approx. 336 older persons (RCPsych 2005, NCPOP 2018). National and International documents highlight how psychiatric comorbidities complicate the course of an acute admission with longer hospital stay, decreased function and mortality (RCPsych 2005, NICE 2018, NCPOP 2018).

Aims and Objectives: An ANP in the Mental Health Service for Older People (MHSOP) service was developed to provide swift mental health care to this growing population, with a view to providing integrated care between hospital service, MHSOP, Geriatricians and primary care in response to referral trends.

Methods: The ANP provided mental health assessment and treatment advice for those over 65 years, whilst driving a change in the standard of mental health care for older persons in an acute hospital with delivery of a seamless service that provides continuity of care from hospital to integrated care in the community. A detailed clinical database was kept over a 2 year period to identify patterns of referrals.

Outcomes: Following data analysis over 2 years, 2 major areas of changing need were identified and are currently being addressed through 2023:

1. Behavioural issues related to delirium and/or dementia, where dementia referrals had increased on average by 10%, and
2. Suicidality more than trebled with a statistically significant increase in suicide attempts in males with $z = +3.21$ $p < 0.001$.

Conclusion: Three pathways have been developed by the ANP:

1. Delirium: protocol and education
2. Dementia: referral pathways to geriatricians
3. Suicidality: working with the National Office for Suicide Prevention (NOSP).

P04 Effects of Toluene Exposure on Workers' Health: An Integrative Review

Mr Tarek Albutain¹

¹*RCSI MUB, Bahrain*

Abstract:

Objectives: This integrative review compiles literature on toluene effects and investigates occupational exposure's impact on workers' health. It aims to inform future legislation and guidelines with evidence-based recommendations. Toluene is widely used in various industries and is found in paints, adhesives, fuels, and pharmaceuticals, leading to exposure in households and workplaces.

Design: An integrative review of the literature.

Data sources: A systematic search strategy covered studies published from 2010 to July 2023 across five electronic databases, including medical and health-related publications. Two databases were searched via EBSCOhost, while the remaining three were individually searched with filters based on inclusion and exclusion criteria. Grey literature was also included through various tools like hand-searching databases, Google Scholar, open-access engines, and Google Advanced Search.

Review methods: Data extraction included studies meeting inclusion/exclusion criteria on toluene exposure effects in occupational settings. Selected studies underwent quality appraisal using the Mixed Methods Appraisal Tool (MMAT).

Results: 27 studies were included to synthesise the review's results. The review demonstrated that occupational toluene exposure induces a spectrum of general effects on neurological, cardiovascular, respiratory, renal and urinary, integumentary, immunological systems, genotoxic and possible carcinogenic results. Additionally, toluene may induce acute, chronic, short-term, long-term, low-dose, high-dose, reversible, and irreversible effects.

Conclusions: The results demonstrate that toluene exposure can cause a wide range of effects that pose a risk to the health of all exposed workers. These findings inform workplace guidelines, including strategies like mandatory protective equipment, improved ventilation, and worker education on toluene risks.

Nurses are actively involved in implementing strategies to enhance the health and safety of workers. They highlight the significance of properly using personal protective equipment and safe handling practices. They encourage prophylactic measures such as improving ventilation systems. By fulfilling these roles, nurses help mitigate the hazards associated with toluene exposure in occupational settings.

P05 Implementing of Catheter Passport in Healthcare Settings

Miss Zahraa Alzainuddin¹

¹RCSI University of Medicine and Health Sciences, Bahrain

Abstract:

Introduction: Health statics in Bahrain revealed an estimated number of 39,514 annual visits to the health care centre in patients clinically diagnosed with UTI over the last few years.

Aim: The aim of the “Catheter passport” is to monitor the catheter’s timely reviews by recording them in the patient’s diary. Henceforward, it is possible to ensure that the catheter is placed correctly and safely and removed instantaneously to reduce the risk of infection. The vision for a standardized catheter passport system is to improve patient safety, enhance quality of care, and promote efficient management of catheter-related information across healthcare settings. It envisions a future where catheterization is guided by comprehensive, standardized documentation that follows patients throughout their healthcare journey.

Objective:

1. Implement the catheter passport system in the hospital unit within the next three months.
2. Train the nursing staff in the hospital unit on how to use the Catheter passport system effectively and provide necessary resources, such as paper-based templates, to support its implementation.
3. The implementation of the catheter passport aligns with the organisation’s goal of improving patient safety, reducing catheter related complications and enhancing communication and continuity of care.

Methods: In order to achieve this change, I will apply Lewin’s 3-stage Model of change which involves the following steps: unfreezing, changing, and refreezing to implement the catheter passport system.

Outcomes: Catheter passport will enable patients to take an active part in maintenance of their health status by becoming familiar with their condition, participating in decision making and engaging with healthcare providers effectively.

Conclusion: In conclusion, implementation of urinary catheter passport plays an important role in providing awareness, understanding to patients and their families, and additionally enhances the quality of healthcare. Evaluation is the key to overcome complications.

P06 The Role of Community Nurses in Pressure Ulcer Care Education

Miss Jenan Albaqali¹

¹*Awali Hospital, Bahrain*

Abstract:

Introduction: Community home visits are integral parts of the primary healthcare services in Bahrain, where Community Health Nurses ensure proper home and family circumstances assessment is in place to increase patient outcomes and targeted treatment modalities, tailored to the patient's needs. As evidenced by the literature, fully dependent patients in community are more susceptible to develop Pressure-Ulcer. A well-developed care program led by Community-Nurses will significantly improve, manage, and benefit cases to fully comprehend the needs and education required for caregivers on Pressure-Ulcer care including prevention, proper assessment and treatment.

Objectives: To explore and discuss the issues emerging from the living experience, critique and validate the practice of Community Nursing Care for dependent patients with Pressure Ulcer.

Methods: The case study was guided by the Reflective Cycle Model. This model discusses the living experience, thoughts and feelings, evaluation and analysis of the case to draw a conclusion on the desired action plans regarding the managements of Pressure-Ulcer of patients in the community.

Outcomes: Findings proved that Pressure-Ulcer development could be avoidable if appropriate strategies and action plans were used. Also, caregivers can experience burden which result in negligence. Therefore, operating Community Nurses health services and multidisciplinary team approaches encompassing a full risk-assessments and providing education to the family was pivotal to increase patient's outcome and prevention of Pressure-Ulcer in community setting.

Conclusion: Healthcare providers are at a unique position to educate the community. Therefore, a well-developed program consisting of a detailed assessment and tailored education ensure significant benefits in care.

[illegible]

P07 Nursing Students' Experience in Diabetes Mobile Unit: A Qualitative Study

Dr Maryam Alaradi¹, Ms Dana Smith¹, Ms Ali-rose Sisk¹, Ms Amna Al-Muhandes¹, Ms Christina Strachan¹, Ms Zainab Shaar¹

¹RCSI University of Medicine and Health Sciences, Bahrain

Abstract:

Introduction: Childhood obesity at a young age in the Arab world driven the rise of type 2 diabetes (T2D). Since risk factors, i.e., unhealthy lifestyle, overweight and obesity, are developed in childhood and can track into adulthood, posing a higher risk for T2D, strategies must be implemented in early life. The school environment plays a significant part in the child and families' health behaviours. Although school-based health campaigns on non-communicable diseases have yielded positive results in lifestyle behavioural changes, studies have yet to be conducted in the Middle East focusing on the feasibility of conducting a school-based health campaign and the experience of those delivering the health campaign amongst nurses.

Established in 2012, the Diabetes Mobile Unit (DMU) is an RCSI Bahrain initiative aiming to educate children about the prevention and management of diabetes. As part of the undergraduate nursing curriculum, students and staff visit schools to promote healthy eating and active lifestyles, through interactive games and activities. This is a unique project as there are no known similar projects done in the Middle East.

Aim: To explore the nursing students' perceptions of their experience in the DMU programme.

Methods: An explorative qualitative study. Two focus group sessions were conducted with 20 fourth-year undergraduate nursing students who participated in at least six DMU visits in an academic year. The focus group sessions were audio-recorded and transcribed verbatim. The data analysis is guided by Nowell's data thematic analysis.

Outcomes: On progress, preliminary findings: 4 themes: develop transferable skills, peer influence, leadership skills, building teams and networking, and promotion of experiential learning.

Conclusion: The findings may increase our understanding of how the students perceive their involvement in DMU activities and thus may help in improving the delivery of the DMU project and the involvement increasing the community awareness of T2D.

P08 Single-Case Interpretative Phenomenological Analysis Exploring Nurse
Interprofessional Simulation in Bahrain

Mrs Sumaya Faraj¹, Dr Nichola McLarnon¹, Dr Ben Parkinson², Dr Claire McGuinness²
¹RCSI University of Medicine and Health Sciences, Bahrain; ²Glasgow Caledonian University

Abstract:

Introduction: Interprofessional simulation is an effective educational approach that enhances teamwork, communication, and other clinical competencies. Educating nursing and medical students together is essential to prepare them for multidisciplinary clinical care delivery. Research shows interprofessional simulation has positive outcomes on undergraduate healthcare students, but little attention has been given to the experience of nursing students in Bahrain and the impact it has on their clinical decision-making.

Aim: To understand the interprofessional simulation experience for nursing students in Bahrain and its impact on their decision-making.

Methods: A single-case study using Interpretative Phenomenological Analysis completed during 2023. The participant is a pre-registration undergraduate nursing student studying in Bahrain. Qualitative data was collected after the completion of an interprofessional simulation session involving nursing and medical students. Data was gathered using an individual semi-structured interview and then analysed using Interpretative Phenomenological Analysis. Methods and findings were peer-reviewed by supervisors and reflexivity was used to enhance quality.

Outcomes: Preliminary findings indicate that interprofessional simulation with nursing and medical students may enhance teamwork, improve communication, and/or develop critical thinking. The Interpretative Phenomenological Analysis themes are collaborative decision-making, Acquiring wisdom through a secure environment, knowledge conversion, and complementary learning. Interprofessional simulation can help nursing students gain experience and build confidence in their clinical decision-making.

Conclusion: Interprofessional simulation with nursing and medical students can provide a realistic learning environment to prepare nurses for the complexities of clinical practice and may positively impact their clinical decision-making. Limitations associated with single-case qualitative research make it difficult to transfer these findings to other settings and make it important to continue this research. Future research should further investigate the impact of interprofessional simulation on nurse decision-making and evaluate the impact post-registration.

P09 Reflection on Experience in Nursing Exchange Program: Enhancing Global Competence

Ms Manar Alnaham¹

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Abstract:

Introduction: Nursing exchange programs are a valuable platform for developing a globally competent nursing workforce capable of efficiently addressing different healthcare needs. These programs offer nurses significant opportunities to gain international experience, extend their perspectives, and improve their skills in providing patient-centered care in various cultural and healthcare settings.

Aim: This paper is a reflection on my experiences participating in an international nursing exchange program.

Method: The nursing exchange program was initiated by a formal bi-directional exchange agreement between RCSI Bahrain and Keele University in the United Kingdom. Six third-year nursing students from RCSI Bahrain were selected to participate in the exchange program at Keele University. The duration of three weeks started from 10th June 2023 to 1st July 2023. The program included visiting various clinical and social sites in the UK. We visited a Psychiatric hospital, Maternity hospital, Minor Injury Services, Community home visits, Sessions, and Simulation Labs. On social sites, we visited famous gardens and pottery factories in the area, theme parks, and toured historic cities.

Outcomes: The findings from this program have significant positive implications for personal and professional aspects. Includes personal and professional development, expanding knowledge, communication, and leadership skills. Also, it contributes to improving cultural competence and interprofessional collaboration through practical experience with diverse patients and healthcare specialists. On long-term impact, the program offers unique experiences unavailable in the home country. It allows participants to bring back their experiences to their home institutions, influencing nursing education and practice.

Conclusion: The nursing exchange program is a transformative experience that fosters professional growth and cultural competency. The program can successfully prepare nursing professionals to navigate global health challenges through immersion learning and exposure to diverse cultures and healthcare settings.

P10 The Impact COVID-19 Workload on Workforce Retention within Nursing

Miss Emma McGorman¹

¹Cavan General Hospital, Cavan, Ireland.

Abstract:

Introduction: In March 2020, the World Health Organisation (WHO) declared an international pandemic affecting millions of people across the world, resulting in people dying and destruction. Additionally, nurses had to take care of severe ill patients who had contracted the virus while also putting themselves at risk (Kheirandish et. al 2020). The nursing and Midwifery workforce account for approximately a third of the overall workforce within Ireland (DOH 2022). Nurse turnover is at an all-time high. This abstract is driven by its interest in how our health system can retain our nursing staff.

Aims & Objectives: The aim is to examine the impact COVID-19 pandemic has had on workforce retention within the nursing profession. The objectives are: why nurses want to leave the profession and how are organisational and personal factors contributing to nurse retention.

Methods: The aim of this abstract is to gather, assess and critically evaluate the current research around the impact COVID-19 has had on nurse retention. Exclusion criteria include non-nursing staff, inclusion criteria include nurses working within the acute setting. The author believes the COVID-19 pandemic has impacted nurses immensely and feels that there is ways that we can try and retain our nurses before they all leave.

Outcomes: From the literature, nurse leaders need to use this evidence to come up with policies and support mechanisms to help reduce nurse turnover by utilising better leadership techniques. Nurse managers should be better trained in how to counsel and support staff within their organisation. A course to better train managers and leaders must be mandated to reduce this high nurse turnover.

Conclusion: The author would like to bring more emphasis on professional development planning to help find more managers within our nursing profession and build resilience among them.

P11 Strategies and Models to Support the Adaptation of International Nurses

Miss Emma McGorman¹

¹*Cavan General Hospital, Cavan, Ireland*

Abstract:

Introduction: lack of sufficient support: clinical, technical, policies and procedures, emotional, mental, DEI (diversity, equity and inclusion) and how is the HSE Dignity at Work Policy applied in hospitals, accommodation and support to become registered. The lack of competent preceptors. A lack of an across the board programme and competence to support International Nurses, therefore there needs to be a more applied consistently or at all levels that it can be monitored. Low cultural and linguistic competence: the interviews conducted, on what basis re cultural and linguistic basic requirements. A company in UK – APPLOCUM assists the NHS in recruiting registered nurses. The lack of language training for international nurses in their employment lack of a receptive workplace atmosphere (Ropponen et. al 2023).

Aims & Objectives: The aim of this abstract is to make readers aware of the challenges faced for international nursing staff as they enter into the Irish health system and put strategies in place to support them.

Methods: To identify these challenges have been found to affect the nurses' ability to:

- practice safe patient care, leading to a negative impact to integrate into a healthcare organization
- experience professional growth
- enjoy work well-being

Conclusion: To help support a smooth organizational integration for culturally diverse nurses, support through formal and informal strategies that may include intra-organizational, sociocultural and professional development strategies.

Outcomes: Evidence shows there is a growing need for qualified nurse educators who can provide high quality nursing education to these nurses. Is it time to bring back the model of the nurse-teaching hospitals? Are nurse educators trained in how to design, develop and deliver training – Train the Trainer programmes? Training also on both clinical and non-clinical e.g. essential skills like communications, supervisory and management, dealing with conflict.

P12 Reducing Incidence of Hospital-Acquired Catheter-Related Urinary Tract Infections

Ms Sara Mohamed¹

¹*RCSI University of Medicine and Health Sciences, Bahrain*

Abstract:

Introduction: Hospital-acquired catheter-related urinary tract infection is a prevalent issue affecting hospitalized patients. Despite catheterization being an aseptic procedure, lapses in maintaining sterility and asepsis contribute to the development of urinary tract infections.

Aim: This paper focuses on implementing a cost-effective measure to prevent hospital-acquired catheter-related urinary tract infections, aiming to improve the quality of patient care and reduce subsequent treatments.

Methods: The proposed change plan involves implementing a supportive action-centered leadership strategy to address the issue. Lewin's change theory will guide the process, involving unfreezing the current practices, implementing changes, and evaluating outcomes. Action-centered leadership will be employed, fostering collaboration, setting clear expectations, and involving staff at every step. The action plan includes meetings with nurse managers and staff nurses, introducing key principles from the Comprehensive Unit-based Safety Program (CUSP) developed by the Agency for Healthcare Research and Quality (AHRQ) Safety Program for reducing catheter-acquired urinary tract infections, staff training, and gathering statistics on infection rates (Ahrq.gov, 2018).

Findings: The anticipated outcomes include a decrease in urinary tract infections among vulnerable patients, shorter hospital stays, and improved patient quality of life. Overcoming barriers such as staffing shortages is crucial for successful implementation.

Conclusion: By reducing catheter-related urinary tract infections, this change plan aligns with the goal of holistic care and improving patient outcomes. Effective leadership, management strategies, and an actionable plan are essential for creating positive change in healthcare settings.

P13 Using Play Therapy in Type 1 Diabetes Mellitus Self-care Teaching

Miss Kashwer Hasan¹

¹*Awali Hospital, Bahrain*

Abstract:

Introduction: Play therapy lowers the patient's level of anxiety or stress. It is important to include play therapy in nursing care. Nurses will be able to establish therapeutic communication any relationship with the child or adolescent through play. It is a playful strategy that will initiate interaction and improve the patient's quality of care. Therapeutic games help enhance the hospitalized individual's social, emotional, and behavioural skills.

Aims & Objectives: The literature review will focus on finding the relationship between self-care education for children and adolescents with type 1 diabetes mellitus and the effectiveness of using play therapy as a teaching tool.

Methods: The research question was divided into keywords “play”, “therapy”, “children”, “adolescents”, “type 1 diabetes mellitus”, “therapeutic”, “instructional” and “self-care”. The six main articles were collected from ProQuest, Science Direct and EBSCO Cinahl Plus. The search had inclusion criteria “children”, “adolescents”, “games”, “toys” and “diabetes type 1” and exclusion criteria “adults”, “disabilities” and “type 2 diabetes mellitus”.

Outcomes: Insulin therapy is a painful procedure, so the participants did not perform enough site rotations. During the instructional therapeutic play, the participants were comfortable to share their personal and learning experiences through drawings. The participants' quality of life, self-esteem, emotional well-being, and adherence to glycaemic control improved. The participants explained about their difficulty to adapt with diabetes through games.

Conclusion: The findings were consistent with the research question. Play therapy was found to be effective in teaching self-care to children and adolescents with type 1 diabetes mellitus.

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P14 CPD and newly-qualified nurses' and midwives' retention: A quantitative study

Dr Giuseppe Aleo^{1,2}, Ms Francesca Napolitano², Dr Niamh Walsh¹, Dr Nicola Pagnucci^{1,3}, Prof. Thomas Kearns¹, Prof. Mark White¹, Dr Mario Gazić⁴, Dr Mladen Samardžija⁴, Prof. Annamaria Bagnasco², Dr Catherine Fitzgerald¹

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²Department of Health Sciences, University of Genoa, Italy; ³Department of Translational Research and New Surgical and Medical Technologies, University of Pisa, Italy; ⁴Croatian Nursing Council, Croatia

Abstract:

Introduction: Many newly qualified nurses and midwives (NQNMs) find it difficult to make the transition to their first registered post. During transition, professional support through Continuing Professional Development (CPD) is essential to build competence and confidence to increase job satisfaction and retention.

Aims & Objectives: To explore NQNMs' experience of CPD activities and factors associated with CPD participation during the transition, such as job satisfaction and intention to leave.

Methods: A cross-sectional study of NQNMs in Ireland, Italy, and Croatia. An anonymous online questionnaire consisting of 83 items focusing on CPD participation, job satisfaction and intention to leave was used for data collection between March and May 2022. The survey also included 2 open-ended questions, and the results of the respective thematic analysis are shown in another abstract.

Outcomes: A total of 476 questionnaires were completed by NQNMs, of which 40.1% (n=191) were resident in Croatia, 43.7% (n=208) in Italy, and 16.2% (n=77) in the Republic of Ireland. The majority were female 84.5% (n=402) registered general nurses 75.2% (n=358). Only 32% (n=152) were satisfied/very satisfied with opportunities to participate in CPD activities; 54.8% (n=261) had participated in a formal programme for NQNM's. However, 89.1% (n=424) agreed or strongly agreed that they would like to participate in a formal programme for NQNMs. Almost half of those who completed the questionnaire 46.4% (n=219) had thought of leaving the profession. The reasons for leaving the profession, mainly related to feeling undervalued and not supported, were explored in more in-depth in the qualitative part of this study, through the open-ended questions.

Conclusion: Employers together with CPD providers need to do more to support and value NQNMs during their transition. The next phase of this project will be to roll out this study in other European counties.

P15 Advanced Nurse Practitioners Actualising, Adopting, Integrating and Championing Digital Transformation

Ms Tracey Dermody¹, Ms Louise Skerrit^{1,2}.

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Abstract:

Introduction: In their digital health capability framework the Office of the Nursing and Midwifery Services Director outlined the vital role that nurses and midwives will play in advocating, planning and implementing digital health. Similarly, the Department of Health Report of the Expert Body on Nursing and Midwifery identify that nurses and midwives are among the crucial elements in the understanding, development and demonstration of digital technology in clinical practice. Advanced Nurse Practitioners can lead by using their unique strategic operational position to actualise, adopt, integrate, champion and drive digital technologies in clinical practice.

Wynn purports digital technologies can be utilised in several ways such as capturing digital data to improve health research, joining up provision between services and improving patients' self-management of conditions to influence health outcomes. Paradoxically, despite the noted advantages and recent impetus of digital technology in clinical practice, the actualising, implementation and integration remains stagnant.

Aims & Objectives: To discuss and inform clinical practice of the lived experience of two Advanced Nurse Practitioners in driving digital transformation in healthcare and map their evolving skillset.

Methods: Utilising Lockwood's 4 themes of ANP clinical autonomy- "stepping up", "living it", "bounce-back ability" and "setting in motion", the authors will reflect and discuss their journey taking a digital health initiative from ideation to evaluation.

Outcomes: The six core competencies of Advanced Nursing Practice played a huge role in leading this project. However, we propose that a further core skillset is required for ANP's to adopt and drive digital health in clinical practice.

Conclusion: There is limited reference to the academic preparation required within the current Irish ANP education programme. To prepare ANP's to actualise, adopt, integrate, champion and drive digital health in clinical practice it is imperative that the suggested core skills are integrated across education programmes.

P16 Lifestyle Assessment Measurements in Patients with Inflammatory Arthritis

Ms Una Martin¹

¹*University Hospital Waterford, Waterford, Ireland*

Abstract:

Patients living with Inflammatory arthritis (IA) have co-morbidities such as cardiovascular disease and hypertension. Patients express a desire to make changes to their lifestyle to help manage their IA. ANP's are in a position to support patients to address lifestyle. Lifestyle Assessment inclusion is important as part of management of IA.

Methods: Patients completed the American Short Form Lifestyle Medicine Assessment. 7 areas of Lifestyle are assessed Sleep, Weight management, Nutrition, Exercise, Purpose & Connection/Mental Health & Smoking Substance use. Patients rated their overall health, and 3 areas that they are motivated to improve.

Results: The population consisted of 36 patients. Average age was 57 (Range 19-87) 14 male & 22 female. Average BMI was 29.04 (19-41), average male BMI 27.55 and female 30.03. The average overall level of health score was 5.81 (0-10), 24% of patients have 4-5 hrs sleep, 78% have somewhere between 6 to 8hrs. 53% of the patients feel tired or have difficulty staying awake during routine tasks. Those patients sleeping 7-8 hours were older, had a lower BMI and reported less fatigue. 59% expressed a desire to lose weight, 28% wanted to lose a lot of weight, this was higher in females and their average BMI was 35. 54% over the last 2 weeks had consumed convenience foods several days. 46% have an average of 2-3 servings of fruit & vegetables, 26% less than 2 servings. 46% exercise 1-2 times per week, with 72% of the total time between 10 to 29 minutes. 47% of patients wanted to improve their mental health and social connection. 13 patients smoke, 14 consumed alcohol. Exercise, weight & sleep are the 3 key patient priorities.

Conclusion: Patients want to make changes in their lifestyle to improve their overall health, which in turn has the potential to improve their IA.

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P17 Clinical Audit of Episiotomy Use Standard of Care in Bahrain

Ms Jules Coles¹, Miss Asmahan Mohamed, Miss Hauwa Ise-Dutse, Dr Ebrahim Luthfi.

¹*RCSI University of Medicine and Health Sciences, Bahrain*

Abstract:

Introduction: Episiotomy was once considered a standard procedure to reduce the incidence of severe perineal tears in childbirth. However, in 2016 the American College of Obstetrics and Gynaecologists' (ACOG) recommended a selective approach in accordance with foetal/maternal indications and clinical judgment (Barjon, 2022). Likewise, the International Federation of Gynaecology and Obstetrics (FIGO 2019) and the World Health Organization (WHO, 2019) recommended against its routine use, particularly with regard to nulliparous women and women undergoing spontaneous vaginal delivery.

Despite the controversy surrounding its use, it is still a common practice in many countries. Rubio-Romero (2018) remarked that "episiotomy in nulliparous women is an entrenched habit" and despite a downward trend in its use, rates in Bahrain are currently unknown. The risks and benefits of episiotomy need to be addressed. The historical background of episiotomy, its different techniques, indications, and the future of its practice will be discussed in this paper.

Aims & Objectives: The aim of the audit is to identify if hospitals meet or exceed the recommended international guidelines on the use of episiotomies. Do policies/guidelines support the restricted use of episiotomy? Objectives, are hospitals continuing to perform episiotomies without justification, and is consent gained before the procedure?

Methods: Two hospitals in Bahrain agreed to the audit, one private and one government. Access to digital healthcare documentation was approved. Primigravida and multiparous women who underwent Spontaneous Vaginal Delivery (SVD) were included in this audit

Outcome: Data revealed high rates of episiotomies in both primigravida and multiparous women

Conclusion: A change in practice, educating women on episiotomies through up-to date educational classes

P18 Introducing Simulation-based Pedagogy for Mental Health Nursing Students

Mr Shony Chacko¹

¹Health Service Executive, Community Healthcare East, Ireland

Abstract:

Introduction: Simulation-based pedagogy (SBP) can be used to mimic real-life experiences and provides an opportunity for nursing students to practice essential interpersonal and assessment skills in a safe environment. It supplements traditional teaching methods, enabling nursing students to develop professional competency and reflect on their experiences.

Aims & Objectives: To introduce and evaluate simulation-based pedagogy for mental health nursing students to enhance their learning experience.

Methods: 40 mental health nursing students attended 2 half-day SBP sessions based on 4 real-life scenarios relevant to their clinical practice. The HSE People's Needs Defining Change Model (2018) was used to support this initiative. A post-intervention survey was conducted through Survey Monkey using the Simulation Effectiveness Tool – Modified (SET-M) to assess the effectiveness of SBP sessions. The survey included quantitative statements as well as an open-ended question.

Outcomes: SBP was found to be an effective tool for enhancing nursing students' assessment, communication skills, and self-awareness skills. Students' experience with the SBP sessions was overwhelmingly positive.

Conclusion: SBP is an effective pedagogy that supports nursing students' learning when faced with sensitive topics that are frequently encountered in the mental health clinical setting.

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P19 Telemedicine the Evidence for Cultural and Gender Specific Guidelines

Miss Orla Merrigan¹

¹*University of Liverpool, UK*

Abstract:

Introduction: Limited qualitative studies have explored the perceptions of Medical academics in Higher Education institutions (HEI) in Saudi Arabia and Kurdistan on Telemedicine Education (TME). Gender and culture are important considerations to be factored in, when exploring the Middle East healthcare context and TM, as gender and cultural differences can impact how TME is implemented. It is anticipated that these research findings can provide baseline data to assist the Middle East to plan a structured roadmap both for incorporating TME into curriculum development and staff development of medical educators to use it.

Aim: To explore the views of medical academics from Saudi Arabia and Kurdistan on TME.

Objectives of the study are:

- To explore issues concerning the introduction of TME into the medical curriculum in the Saudi Arabia & Erbil, Iraq.
- To explore requirements Medical educators, need in order to incorporate TME into the curriculum.
- To evaluate the views of the Medical educators about the potential contribution of TM to both healthcare satisfaction and healthcare outcomes.
- To evaluate if the Medical educators perceive any cultural barriers towards TME implementation and how they would address these.

Methods: Semi structured interviews, were conducted with 12 medical academic staff from two HEI. Deductive thematic analysis was used for data analysis, and reliability and validity were accomplished through bracketing and piloting.

Outcomes: Results identified 5 themes: Knowledge & Training, Curriculum: Confidentiality Privacy & Security: Culture & Gender & Strategy.

Conclusion: The Medical academics are favourable toward the introduction of TME in the medical undergraduate curriculum, acknowledging skills gaps in digital literacy, and teaching telemedicine. Cultural and gender concerns were expressed as barriers to implementation. A recommendation is the need to have gender and culturally specific guidelines to ensure evidence-based Telemedicine delivery in the Middle East region and beyond.

P20 The Imprint of Shift Work on Nurses

Miss Jumana Tawash¹, Mr Ismaeel Alawadhi

¹*Governmental Hospitals, Bahrain*

Abstract:

Background: Most of the healthcare sector relies on shift workers. In Nursing, shift work enables the nurses to provide services around the clock to ensure the continuous care of patients. This approach prioritizes and promotes the well-being of patients. However, working in irregular shifts that require high physical effort, intellectual functioning, and altered sleep-wake schedule, which is misaligned with natural physiology, appeared to have many negative impacts on nurses. Including a high risk of developing metabolic syndrome, obesity, gastrointestinal disturbance, menstrual irregularities and psychological stress. Furthermore, shift workers were found to have sleep disturbance, insomnia and reported using sleeping pills to help them fall asleep.

Objective: This review aims to highlight the negative influence of shift work on nurses' health and well-being.

Methods: The literature search included studies published within the past five years on the PubMed database. Cross-sectional articles were selected for this study.

Outcomes: From a total of 273 potential articles, we found eight articles that met the inclusion criteria. All articles agreed that shift work results in sleep disturbance and has a potentially hazardous effect on the health status of nurses. Four studies reported nurses having higher rates of depression and stress as a result. Two of them found 'burnout' as an inevitable consequence.

Conclusion: The review concluded by acknowledging that shift work negatively impacts nurses' health. Interventions to reduce the impact of shift work should be implemented, like balancing the ratio of day-night shifts, having a two-hour nap during night shifts, and adjusting long rotational night shifts could help diminish sleep issues for nurses. Further research is required to assess whether these findings can be generalized across the globe, predominantly in understudied regions like the Arabian Gulf region. Moreover, additional qualitative research is needed to explain the impact of shift work from nurses' point of view.

P21 Development of an ANP-led Mainstreaming Pathway for Lynch Syndrome

Ms. Mechelle Loughrey¹, Mr Rory Kennelly¹
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Abstract:

Introduction: Lynch syndrome (LS) is a dominantly inherited condition defined by the presence of a pathogenic variant (PV) in one of the mismatch repair (MMR) genes, leading to an increased risk of cancer, particularly colorectal and endometrial. Universal Tumour Screening for deficient MMR (dMMR) in CRC was mandated by the National Institute of Health and Care Excellence in 2017, with referral to a Clinical Genetics Services (CGS) indicated in CRC's exhibiting dMMR.

Aims & Objectives: Population studies suggest that 1/300 people carry a MMR gene PV however challenges arise in providing timely access to CGS's, due to workforce shortages. In response, "mainstreaming" was initiated with a NCCP funded ANP leading the integration of genetics into routine CRC care.

Methods: A retrospective evaluation revealed gaps in the existing service, prompting the establishment of an ANP-led Familial Clinic, with responsibility for the LS diagnostic pathway, cascade testing and coordination of gene and gender-specific surveillance.

Outcomes: From September 2022 - September 2023, 339 CRC biopsies were reviewed at the CRC MDM, 100% had MMR immunohistochemistry (IHC) testing. 14% (n=47) exhibited dMMR, of which 84% (n=38) were sporadic MSI cancers. 3% (n=9) were referred for genetic testing, of these 7% (n=4) had unexplained dMMR, 9% (n= 5) were diagnosed with LS. Since March 2023, 77 patients consented to genetic testing. 57% (n=44) had no PV detected, of these 14% (n=11) had unexplained dMMR, 42% (n=33) had a PV detected, 5% (n=27) were diagnosed with LS.

A CRC Genetics MDM was established to discuss VUS, double somatic reports and secondary findings. A hereditary CRC database was created, aiming for a registry-based approach to care. KPI's relate to the LS diagnostic pathway, post-test GC referrals, and LS surveillance.

Conclusion: ANP's, with education, support and resources, can play a key role in a mainstreaming model of care.

P22 Interprofessional Collaboration Optimizes Care, Quality Outcomes, Patient and Staff Satisfaction

Dr. Deirdre O'Flaherty¹, Ms Emily Krol², Ms Linda DiCarlo²

¹*Hunter-Bellevue School of Nursing, New York, USA;* ²*Lennox Hill Hospital, New York, USA*

Abstract:

Introduction: Clinical pathways provide a way to standardize care that results in the best possible outcomes. Studies have found that pathway implementation decreased hospital complications, improved professional documentation, contributed to cost savings, while increasing patient and staff satisfaction. An interprofessional team collaborated on standardizing plans/pathways that could be utilized for same procedures for patients admitted on either the neurosurgical and/or orthopaedic service to streamline processes. The added benefit was enhanced communication and optimized care.

Objectives:

1. Review the concept of Clinical Pathways and Enhanced Recovery Protocols in Post-Operative Management.
2. Discuss Evidence-based Practices that improve staff and patient outcomes, augment quality and safety, and contribute to Interprofessional Collaboration.

Methods: Nurses, caring for patients from both neurological and orthopaedic services with like procedures admitted to the same unit brought forward suggestions to standardize electronic orders. These recommendations were appreciated by both service lines recognizing the potential and prompted a collaborative initiative. The goals were to: Develop Clinical Pathway protocols among multiple orthopaedic and neurosurgical teams with the intention to attenuate the stress response associated with surgery, hasten recovery, decrease length of stay, minimize complications, manage post-operative pain. Additionally, to strengthen interdisciplinary and interdepartmental collaboration to streamline care coordination. Replace traditional perioperative care with evidence-based practice clinical pathways and, evaluate the impact that enhanced recovery protocols and Clinical Pathways have on improving patients' experience and staff engagement.

Conclusion: Implementation has revealed that patient optimization, prehabilitation, clinical pathways, patient education and standardization of care results in best possible outcomes; increased patient satisfaction and staff engagement, decreased LOS and readmissions.

P23 Implementation of Burn Care Guidelines among ED and CCU Nurses

Mrs. Mona Alrashdi^{1,2}, Dr Barry Quinn¹, Dr Susan A. Clarke¹

¹Queen's University Belfast, United Kingdom; ²College of Nursing, Taibah University, Saudi Arabia

Abstract:

Background: Clinical practice guidelines (CPGs) in burn care play a role in ensuring consistency, safety, and optimising patient outcomes. However, the power of CPGs lies not in their existence but the knowledge, attitudes and motivation governing their use. Therefore, identifying barriers and facilitators implementation of CPGs will identify strategies to enhance their implementation.

Aim: Explore knowledge of, attitudes, and motivation to use burn care CPGs among nurses in emergency departments (ED) and critical care units (CCU) and identify barriers and facilitators to their implementation.

Method: Explanatory mixed method design was used. The population included all ED and CCU nurses in two hospitals in Saudi Arabia. A cross-sectional online questionnaire was used to test nurses' knowledge of the content of burn care CPGs and explored participants' attitudes and motivation to use the guidelines based on Theory Planned Behaviour (TPB). This was followed by one-to-one semi-structured interviews with nurses to explore barriers and facilitators to implementation of these guidelines.

Results: The response rate was 57%, across four clinical departments (171 participated). Semi-structured interviews conducted with 25 nurses. Findings showed that nurses had a low level of knowledge of burn care guidelines. Nurses had a positive attitude towards using the CPGs and the scores for intention and TPB, indicate that nurses were motivated to use these guidelines. Three overarching themes were identified of barriers and facilitators to implementation these guidelines; 'personal factors, knowledge and key relationships that impact the implementation of CPGs, 'content and location of CPGs that influence their implementation', and 'the influence of organisational factors'.

Conclusion: Although attitudes to CPGs were positive, this did not translate into good levels of knowledge about the clinical content of the guidelines. Addressing the structural barriers to the implementation of burn care CPGs is important to enhance clinical outcomes for patients.

P24 Nurse Educator's Reflection of Teaching: International Education through Erasmus Programme

Ms Comfort Chima¹

¹*School of Nursing and Midwifery, RCSI University of Medicine and Health Sciences, Dublin, Ireland*

Abstract:

Introduction: Scholars have acclaimed the Erasmus+ program as a consequential endeavour in the realm of advancing global education and facilitating cross-cultural interaction (Araujo, 2020; European Union, 2017). According to Stohl (2007), engagement in instructional exchanges plays a formative role in moulding professional praxis, serving to expose educators to a wide spectrum of viewpoints. In essence, this article is my personal reflection on my experience of teaching reflection as a nurse educator at a university in Istanbul, Turkey, under the auspices of the Erasmus+ staff Mobility programme.

Aims & Objectives: To reflect on the inspiration behind my participation in the Erasmus programme.

Methods: Teaching Experience.

Outcomes: Participating in the Erasmus+ programme has offered me an avenue to step out of my comfort zone to explore more opportunities in my career as an educator. The programme was a transformative experience that I had initially deemed a valuable opportunity and I was keen on participating in the programme from the beginning. Significantly, I have had a moment of reflection on the immense impact which the programme has contributed to my personal and professional growth, including acquiring an international teaching experience, building invaluable relationships with international students and practitioners, and imparting a new facet of knowledge which was uncommon in an academic environment.

Conclusion: My involvement in the Erasmus exchange programme at Istanbul University coupled with teaching an introductory module on reflection over one week, proved to be an immensely enriching experience both personally and professionally. Venturing beyond my home country to instruct students in an unfamiliar cultural context significantly expanded my perspectives as a nursing educator. The student's palpable enthusiasm for more extensive training on reflective practices suggested a clear need to incorporate structured reflection-centred coursework more comprehensively across nursing programs.

P25 Faoi bhláth: Equity-driven Advanced and Holistic Health Care

Ms Gemma Smyth¹

¹Health Services Executive, Monaghan, Ireland

Abstract:

Introduction: Addressing the health challenges faced by adults with intellectual disabilities (ID) in community settings in Ireland, the "Faoi bhláth" initiative in Intellectual Disability Nursing is an Advanced Nursing Practice (ANP). It aligns with national and international legislation, emphasising the natural progression in the leadership role of the Registered Nurse in Intellectual Disability (RNID) and their adaptability to evolving healthcare needs (McCarron et al. 2018). The Irish term for flourishing, "Faoi bhláth" prioritises the health and wellbeing of individuals with intellectual disabilities. Through collaboration among individuals, support networks, healthcare professionals, and community organisations, it aims to craft a personalised approach.

Aim & Objectives: include reducing health inequities, implementing advanced holistic assessments, addressing health disparities, enhancing health literacy, and preventing diseases through person-centered strategies (Curnow et al. 2023). Employing practical and person-centered strategies, the initiative utilises advanced holistic assessments, the nurse prescriber role, and medication safety and overall lifestyle promotion. Education and training engage supporters in disease prevention and health improvement, fostering collaboration and enhancing the effectiveness of assessments.

Methods: The methodology focuses on empowering individuals and supporters to adopt healthy lifestyles and engage in proactive health management (Bigby et al. 2014).

Outcomes: Early outcomes indicate progress in structuring health assessments, encompassing bone density screening and medication reviews. The initiative's holistic nature is evident in empowering individuals and supporters with knowledge and skills for proactive health management. The "Faoi bhláth" initiative contributes to an improved quality of life and enhanced healthcare access for individuals with intellectual disabilities. Emphasising person-centered care and collaboration underscores the importance of empowering individuals and supporters through education and co-production. The recommendation for a comprehensive approach, including physical assessments, progress tracking, user feedback, and inclusion in relevant referrals, ensures a holistic evaluation of health interventions and co-production initiatives, leading to positive, measurable health outcomes (Buckley, 2019).

P26 Make the Adjustment: Improving Health Outcomes for people with ID

Ms Caroline Wheeler¹

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Abstract:

Background: People with Intellectual Disability in Ireland live independently in the community, with family, alone or in government funded community group homes. This population are living longer, experiencing higher levels of chronic illness (McMahon and Hatton, 2021), are exposed to higher levels of poly-pharmacy than the general population (O'Dwyer et al. 2021), are frequently admitted unnecessarily to hospital (Doddy et al. 2021) and are at higher risk of mortality while accessing healthcare (Emerson and Baines, 2010). They experience inequities of access to an already overburdened healthcare system for a myriad of reasons including complex healthcare needs, low levels of cognition and health literacy, reluctance to engage, communication barriers and diagnostic overshadowing (Weise et al. 2016). Obstacles also present due to lack of reasonable adjustment in healthcare facilities and understanding on the part of healthcare professionals (Hughes-McCormack et al. 2021).

Method: Development of the role of Advanced Nurse Practice (ANP) Health and Wellbeing ID in direct response to health deficits identified in Irish research (McCarron et al. 2017). The role provides holistic health assessment, bone density screening, medication optimisation and electrocardiogram in an environment that suits the person.

Findings: ANP Health and Wellbeing role:

- Provides reasonable adjustment and facilitates equity in access to healthcare, supporting people with ID to manage their own health, access care and navigate services through autonomous expert practice.
- Works collaboratively with existing services to assist them to increase accessibility of services to people with ID.
- Provides leadership in healthcare provision in response to the changing health and social care needs of people with intellectual disability.

Conclusions: Advanced Nurse Practice Health & Wellbeing role improves equity in access to quality evidenced based, person-centred healthcare and corresponding better health outcomes for people with Intellectual Disability.

P27 Teaching and Learning in Theoretical-Practical Courses for Non-EU Nurses

Prof. Ippolito Notarnicola¹, Prof. Padrin Simonetta², Prof. Matteo Simioni², Prof. Cristiano Canella², Prof. Gaetano Romigi^{1,3}, Prof. Alesandro Da Fre³, Prof. Blerina Duka^{1,3}

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Abstract:

Introduction: Studies indicate that a large proportion of foreign nurses are from non-EU countries, and that figure is expected to increase significantly. It is therefore easy to predict that the use of foreign nurses in Italian healthcare, especially in the care of the elderly, will increase. These characteristics make it necessary to define some terms related to education, training, and credential recognition because each nation regulates nursing education and certifications separately.

Aims & Objectives: The study's objective was to document, from the perspective of the nurses, their experiences and difficulties related to the implementation of the training for non-EU nurses.

Methods: Qualitative guided interviews with nurses who took part in a training-educational program for non-EU nurses were carried out from May to August 2023. Diverse nationalities of nurses were hired.

Outcomes: Out of the 42 course participants, 30 were nurses. The nurses in the course appreciated the information flow at the start. Students typically have a favourable evaluation of the scope's absence of or restricted adjustment. Most participants in both groups believed that learning had not decreased and, in fact, had increased because of the smaller group size. Positive and unfavourable parts of the conditions required to complete the course surfaced.

Conclusion: Although the implementation of the theoretical/practical courses under these unique circumstances was quite difficult for both groups taking the course, the nurses felt very relieved to begin them. The course's structural and content modifications required a lot of flexibility from both students and professors, but they also made sure that the courses could be completed without creating severe learning gaps. The nurse had never used the sophisticated simulation that was used during the session. The OIC Foundation's training proposal would increase their chances of having nurses from non-EU nations registered in Italy.

P28 Parents' Experiences Accessing Mental Health Services for their Adolescents: Scoping Review

Ms Seána Nic Dhonnacha¹, Dr Des Cawley¹, Dr Lisa Kerr¹, Ms Yvonne McCague²

¹Technological University of the Shannon Midlands Midwest, Ireland; ²Health Services Executive, Ireland

Abstract:

Introduction: Health systems globally have inadequately addressed the burden of mental health disorders and as a result there is a notable gap between population needs and the provision of mental health services (WHO, 2022). Strains exist in access to mental health services for children and adolescents and increasingly access to mental health services is sought through Emergency Departments (ED) pathway of care (MHC 2023).

Aims & objectives: To explore parents' experiences of accessing mental health services for their adolescents with mental health difficulties.

Methods: This scoping review is based on the methodology of Arksey and O'Malley's (2005) six stage framework. PRISMA-ScR checklist was adhered to. A database search of PubMed, MEDLINE, CINAHL, Scopus and EBSCO databases was performed.

Outcomes: Research literature was screened between 2013-2023, and 17 studies met the inclusion criteria. Data analysed identified four key themes: community mental health services for adolescents; communication with adolescents, parents and healthcare professionals; emergency department access to mental health care; and digital infrastructure for adolescent mental healthcare. This study found that the needs of adolescents and their parents who access mental health services requires further research.

Conclusion: Parents' experiences of accessing mental health care for their adolescent requires furthers mapping of key concepts to inform practice, policy making and research. A systematic review would add to the body of knowledge for the wider global community.

Relevance to clinical practice: Understanding parents' experiences when accessing mental health services with their adolescents can inform practice; policy making and further research.

Keywords: adolescent mental health, CAMHS, emergency department, parents' experiences, digital healthcare.

References:

- Mental Health Commission (2023) Independent Review of the provision of Child and Adolescent Mental Health Services (CAMHS) in the State by the Inspector of Mental Health Services. MHC.
- World Health Organisation (2022) World Mental Health Report: Transforming Mental health for All. Geneva, WHO.
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P29 Socratic Education on Restrictive Practices through the Human Rights Lens

Ms Florence Horsman Hogan^{1,2}, Mr Adrian Ahearne¹, Ms Rajini Benish¹, Ms Merlin Raji¹.

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Abstract:

Introduction: We are a circa 100 bed Care of the Older Person facility. Traditionally Restrictive Practices education has been provided in a didactic facts-based format, going through the physical, mechanical, chemical (psychotropic), physiological and psychosocial elements and discussing how to reduce them where possible. As older person not only have their human rights protected under the United Nations Charter of Human Rights and the Irish Constitution, but also under the United Nations Convention on Rights for Persons with Disabilities, it is incumbent on healthcare workers to be knowledgeable on human rights. Moreover, Restrictive Practices now include 'rights restrictions'. All restrictive practices involve human rights.

Method: Education sessions for staff commenced with a full exploration of human rights for all individuals, including themselves as expressed in the UNCHR and Irish Constitution. Discussions on how their rights were protected through various legislative frameworks also involved their giving examples of where their human rights may have been infringed on and working out how to resolve the issues. We then moved to protections of the older person's rights with discussion scenarios on how to mitigate restriction of these rights.

Results: Staff participation notably increased from the previous format of training. Out of 148 evaluation feedbacks 98% found the training 'excellent'. 2% found it 'very good'. 99% said their knowledge of human rights and Restrictive Practices had improved. Eighty respondents made positive comments e.g. 'interesting', 'enjoyable', 'informative', 'learned a lot' accounted for 85%. There were no negative comments.

Conclusion: Training of staff for Restrictive Practices by prioritising human rights and discussing how these applied to themselves captured their interest and enabled them to consider the practical application of these rights to our residents. They were enabled to work through case scenarios in a logical sequence on how to identify and reduce 'rights restrictions'.

P30 RANP Led Development of an Integrated Delirium Care Pathway

Mrs Gail Flynn¹

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Abstract:

Introduction: Diagnosing Delirium is often missed (1 in 5 people) in clinical settings, leading to poorer patient outcomes and experience. In acute settings, approximately 50% of people are affected by delirium. There is now a concerted effort within healthcare to address this issue.

Aims and Objectives: The ANP Older Person & Frailty developed an integrated care pathway, promoting early identification/management of delirium in acute services. Evidence-based ANP pathways have been shown to improve care outcomes in a number of healthcare areas and are seen as central to future healthcare delivery in Ireland.

Method: Using quality improvement methodology and PDSA cycles, a staged approach to developing a delirium pathway was used. This included identifying MDT willingness to adapt the 4AT in ED by staff survey, ascertaining ward level compliance with the current 4AT tool through auditing 80 patient care plans, and introducing RADAR, a new validated tool to aid earlier delirium detection in conjunction with the 4AT. To support the Delirium pathway, education sessions detailing the use of validated tools including 4AT, RADAR & PINCH ME were conducted. Points in the patient journey from ED to ward to discharge were identified where delirium prevention, identification and management could be optimised.

Outcomes: Prior to the introduction of 4AT assessment in ED and the RADAR tool, current completion of 4AT on wards was 87%. We aim to achieve 95% compliance in ED. Barriers identified to achieving this were time constraints, knowledge deficits & fluctuations of staff in ED, including doctor's rotations.

Conclusion: A high compliance is noted in the use of 4AT tool in ED. Auditing in quarter 4 will verify & quantify these findings. Rolling education and ongoing support will promote sustainability. Next steps include the introduction of RADAR for nurses & TIME bundle for doctors throughout the hospital.

P31 My Home Life, an Innovative Approach to Leadership Development

Ms Sarah Penney¹, Prof. Assumpta Ryan, Dr Brighide Lynch, Dr Paul Slater.

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Abstract:

Introduction: The My Home Life Leadership Support Programme (MHL LSP) is an innovative approach focusing on leadership support and development. The Programme's emphasis is on the importance of relationships with those who live, work and visit care homes. Using an appreciative inquiry approach, the Programme enables participants to explore what is possible within their workplace. Participants are supported and empowered to create a positive culture of mutually respectful relationships between people that use services, their families, staff, and between services and the wider community.

Aims & Objectives: To examine the impact of the MHL LSP from the perspective of participants across three countries in the United Kingdom

Methods: Quantitative findings from two pre- and post-questionnaires from 298 participants who completed the program in England, Scotland, and Northern Ireland. The two questionnaires were the Assessment of Workplace Schedule (AWES) and the Perceptions of Workplace Change Schedule (POWCS), (Nolan et al., 1998)

Outcomes: The results provide robust evidence of the overall positive impact of the MHL LSP across the three participating countries with statistically significant changes across time points. Participants report significant change within their care homes including, recognition and regard for them and their staff, workload, quality of care, and working relationships. Following this study further work has commenced to develop and test a new leadership inventory instrument using additional qualitative data.

Conclusion: MHL LSP is an innovative approach to leadership development that can deliver positive change in both managers' leadership skills and their perceptions of the impact of this on staff, relatives, and residents.

P32 Debriefing Following Physical Interventions Maintains Well-being of Mental Health Nurses

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Abstract:

Introduction: Debriefing following an episode of physical restraint has been identified as an intervention that can support nurses in the aftermath of an incident of physical restraint and negate the negative psychological effects on the mental health nurse's well-being. Studies suggest that debriefing helps reduce negative emotions and improve communication between patients and staff. According to the Mental Health Commission of Ireland debriefing must take place following an episode of physical restraint.

Aim & Objectives: The aim of this study was to explore mental health nurses' experiences of debriefing following an episode of physical restraint.

Method: A qualitative explorative method was employed to understand the participant's personal experiences of debriefing following an episode of physical restraint. A process of thematic analysis was employed using a six phase framework to identify patterns and themes in the data. A non-probability purposeful sampling method was used. Ethical approval for the study was sought and granted from the author's institution and employer.

Outcomes: Nurses experienced psychological harm participating in episodes of physical restraint. Nurses require debriefing to ensure that the use of Physical restraint does not impact negatively on their well-being. Debriefing was viewed as a positive experience but was ad hoc with several participants never experiencing a formal debriefing, indicating a lack of established procedures and training. This also resulted in unsuccessful attempts to embed debriefing into practice.

Conclusion: By implementing debriefing services can improve staff well-being, ensuring psychological support following episodes of physical restraint by implementing evidence-based procedures and training to guide and support mental health nurses.

P33 Critical Care Outreach - A Phased Approach

Mr Gary Duffy¹

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Abstract:

Introduction: Critical Care Outreach is a new relatively new concept in the Irish Healthcare system existing since 2015. The ANP led Critical Care Outreach team launched hospital wide in Our Lady of Lourdes Hospital, Drogheda in June 2023. Through a phased approach the team have been able to adopt a "Start Small - Aim Big" ethos. Currently Critical Care Outreach cover 20 ward areas in the hospital Monday to Friday taking direct referrals between the hours of 0800-1900. The underlying philosophy of the team is to assist ward staff in caring for deteriorating patients and as a result avert the need for ICU admission. In situations where admission to critical care is unavoidable the team supports ward staff in the transition of care from ward level to ICU. Critical Care Outreach also reviews patients following their discharge from ICU with the aim of averting readmission. Through support and education from Critical Care Outreach, staff are encouraged to learn new skills through their interactions which in turn empowers them for future situations.

Aims & Objectives: To highlight how a phased service approach creates sustainability, consistency and trust.

Methods: Surveys and data collection reflecting the needs of those using the service while aligning with clinical provision and needs.

Outcomes: Through surveying staff using a phased, formal process Critical Care Outreach safely introduced a service viable for current and future needs. This reduces untimely or inappropriate referrals while ensuring deteriorating patients are reviewed succinctly using existing and new pathways. Through the introduction of new processes such as safety huddles a reduction in unplanned critical care admissions was also observed.

Conclusion: By using this approach Critical Care Outreach in Our Lady of Lourdes, Drogheda are well positioned to further develop the service in 2024 and beyond.

P34 Pain Recognition & Assessment in People with Profound Intellectual Disabilities

Ms Maeve Goodall¹, Prof. Kate Irving¹, Dr Mary Nevin¹

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Abstract:

Introduction: People with profound intellectual disabilities (PID) are a population with complex comorbidities. Pain consists of interconnected experiences, including social, psychological, physical, spiritual. Pain is under-recognised due to communication challenges, historical beliefs, and a lack of appropriate assessment tools, focusing on physical pain.

Aim and objective/s : This study aimed to investigate how current pain recognition and assessment practices for this population can be improved.

Methods: This qualitative study used an appreciative inquiry (AI) methodology. Data were collected through individual and focus group interviews with eight co-researchers during four stages; discovery, dream, design, destiny. Co-researchers were nurses within an Irish intellectual disability organisation. Reflection and co-creation of knowledge occurred within the group and independently in each co-researcher's respective places of work throughout this process. Thematic analysis identified themes and change interventions were designed; an awareness programme and a holistic pain recognition and assessment tool.

Outcomes: Pain recognition and assessment for individuals with PID is completed informally, due to a lack of individualised tools and challenges for nurses in communicating their unique knowledge to other professionals. Multidimensional aspects of pain are recognised, however physical pain is prioritised for the safety of the individual, when cared for by unfamiliar staff. A holistic tool was developed from the co-researcher's expert knowledge, in consultation with their teams and other stakeholders. It will act as a guide to nurses, familiar or unfamiliar, in pain recognition and assessment of the individual's multidimensional pain experience. A pain awareness campaign was implemented, through the distribution and display of posters, keyrings and information leaflets; aiming to empower staff in discussing and addressing pain.

Conclusion: Pain must be prioritised by organisations and nurses caring for people with PID. Future research should include continuing awareness and the validation of this individualised tool, to positively impact the care of these individuals with PID.

P35 Early Mobilisation and Education in Management of Rotator Cuff Injury

Ms Helen Byrne¹, Dr Conor Kelly^{1,2}, Dr Niall O'Connor¹, Ms Rosie Quinn¹

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Abstract:

Introduction: This is a Quality Improvement Project which will improve the quality of the assessment and initial treatment of patients with moderate to severe rotator cuff injuries, diagnosed by a team of Registered Advanced Nurse Practitioners in a Model 3 Emergency Department and associated Minor Injury Unit.

Aims/Objectives: The aim of this Quality Improvement Project is to examine a joint collaborative approach, measuring the outcomes of early intervention by RANP's in the diagnosis, management and referral of suspected rotator cuff injuries to a joint Emergency Medicine/Physiotherapy clinic, enabling immediate appropriate rehabilitation. This will include a specific education proforma, optimal mobilisation and effective analgesia.

Method: Data will be collected over a 12 week period across two sites. It will measure the quality of the initial care provided by RANPs for all patients with moderate to severe rotator cuff injuries prior to being referred to an Emergency Medicine/Physiotherapy clinic, and measure how education, analgesia and mobilisation advice, ultimately affects the patients' outcome. It is envisaged that 100% of patients will be given an education proforma, practical demonstration of recommended exercises and effective analgesia prescribed. A patient satisfaction survey will be initiated by Physiotherapy team on patient's initial clinic visit, which will reduce bias in the result.

Outcomes will measure the percentage of patients who were given the appropriate information, advice, analgesia and their satisfaction with the care that was provided. Other measurable outcomes will include a) if patient was discharged after first visit, b) if further imaging was required (CT/MRI/USS) and c) if Orthopaedic referral indicated.

Conclusion: This Quality Improvement Project will evaluate the importance of empowering the patient and involving them in their rehabilitation from initial diagnosis as opposed to at their first physiotherapy consultation.

P36 The Learning Experiences of Student Nurses in the Perioperative Department

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¹*Department of Nursing and Midwifery, University of Limerick, Ireland*

Abstract:

Introduction: For the Student Nurse placement in the perioperative environment provides an opportunity to observe and engage in preoperative, intraoperative, and immediate postoperative care of the surgical patient. To date no synthesis of empirical studies has been undertaken to ascertain the learning impact of the perioperative experience.

Aims and objectives: This integrative literature review sought to explore the learning experiences of student nurses within the perioperative environment by identifying and synthesising the available literature.

Methods: The integrative review followed Whittemore and Knafl's (2005) framework. Studies published between 2012 and 2022 were identified via a comprehensive search of the following databases: CINAHL, Medline (OVID), Medline (PubMed), Medline (EBSCO), EMBASE, PsycInfo, ISI Web of Science and SCOPUS. The review was reported in line with the Preferred Reporting for Systematic Reviews and Meta-Analysis (PRISMA). The initial search located 1475 Articles. After screening and checking for eligibility 17 articles were selected. These were critically appraised using the Critical Appraisal Skills Programme (CASP). The papers were analysed and reported in a narrative synthesis.

Outcomes: Seventeen studies met the inclusion criteria for the review. Three categories with five sub categories were identified including: Learning opportunities, Appreciation for perioperative role and intent to return and Factors influencing student learning.

Conclusions: A large variety of student learning occurs within the perioperative clinical environment. Students viewed staff nurses as positive role models in an environment that posed opportunities and challenges for student learning. Anxiety and stress in an unfamiliar environment were commonly mentioned with students offering recommendations to improve their experience.

P37 Feasibility of a National Induction Programme for Home Support Workers

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Abstract:

Introduction: The transition of care from hospital to homecare in Ireland has resulted in an increase in the number of Home Support Workers (HSWs) nationally. Induction programmes for HSWs are offered locally by homecare providers and HSWs are expected to repeatedly undertake induction training when they move employment. This is costly and places strain on individual employers and employees.

Aim: To scope (a) the feasibility of a national induction programme (b) the knowledge and skills required by HSWs (c) the content of the induction programme for HSWs.

Method: A mixed methods approach is being used as follows

- Study 1 - We will scope the feasibility of and proposed content for a national induction programme for HSWs, through consultation with Key Stakeholders in this sector, via an online Delphi survey and focus groups/individual semi-structured interviews.
- Study 2 - we will explore the views of HSWs currently working in the homecare sector in Ireland, about the feasibility of and proposed content for a national induction programme, via an online anonymous survey.
- Study 3 - We will explore the content of the induction programmes currently offered to HSWs to help identify key areas of focus for a national induction programme as well as gaps in provision currently.

Outcome: An Advisory Group with Key Stakeholders working in the Homecare sector has been established to advise the research team on the study. The study materials have been developed in consultation with the group. A research ethics application had been prepared and submitted to the RCSI for approval. The questionnaires will be disseminated once ethical approval is secured. The results will be presented at the conference.

Conclusion: The study will provide important insights about the feasibility of and content for a national induction programme for HSWs in Ireland.

Funding: This study is funded by Skillnet, Ireland.

P38 Implementation of a Staff Wellbeing Programme into Critical Care

Ms Niamh Marian O'Connor¹

¹Mater Misericordiae University Hospital, Dublin, Ireland

Abstract:

Introduction: Critical care nurses work in a highly dynamic speciality which requires constant focus, procedural skill and careful attention to detail. These high acuity expectations combined with reduced time off from the stress of this high-paced environment can compromise physical and psychological wellbeing, as a result critical care nurses have one of the highest burnout rates among healthcare professionals. To address this, we formed a Critical Care Staff Wellness Committee and created our own wellbeing programme.

Aims: Our wellbeing programme aims to improve critical care staff morale and wellbeing by providing a supportive working environment to increase job satisfaction and staff retention. Job dissatisfaction in the nursing work environment is a leading cause of nursing turnover and in the context of the work environment can have negative effects on quality of care being delivered.

Intervention: Three Staff Wellness Weeks were organised in November 2021, July 2022 and June 2023. Sessions included presentations on healthcare worker wellbeing, nutrition, a past patient talk, sleep hygiene, financial wellbeing and a world food night. Staff health checks (blood cholesterol and diabetes screening) were also conducted. In addition, mindfulness, hikes, HIIT and yoga sessions were facilitated. As part of Staff Wellness Week 2023, 32 critical care staff including doctors, nurses, a physiotherapist and a psychologist participated in a national adventure race, raising over 2600 for our chosen charity. Our staff appreciation box was available throughout the week for staff to post peer-to-peer positive affirmations. To evaluate the programme a staff satisfaction survey was circulated after each wellness week.

Outcomes: In the surveys, staff described feeling 'valued' and 'uplifted' and 'appreciated' during the week. 97% of staff reported they enjoyed wellness week with a 100% of staff requesting it annually.

Conclusion: We believe embedding staff wellbeing into our culture will increase job satisfaction and improve staff retention.

P39 Association between Iron Deficiency Anaemia and Ischaemic Stroke

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Abstract:

Introduction: Acute stroke is defined as the onset of focal neurological findings in a vascular territory because of underlying cerebrovascular disease. Though the incidence of stroke is more common in adults over 65years, almost 25% of stroke cases are reported in adults under 65 years of age. Stroke results in the destruction of almost two million brain cells every minute resulting in a permanent brain damage, cognitive and functional disabilities and death. According to WHO reports, 30% of the world's population is affected with Iron-deficiency anaemia (IDA). The aetiology of stroke is not clear in 30% of the cases. A small number of case studies have reported IDA as an underlying cause for stroke in young adults.

Aims and Objectives: Assess the association between IDA and ischemic stroke. Identify the incidence of IDA in patients with ischemic stroke. Assess the duration, prognosis, management, and outcome of patients admitted with stroke. Assess the health-related quality of life (HRQoL) and lived experience of the patients with stroke.

Methods: This is a mixed method study. This study has three parts. Part 1 is a systematic review. Part 2 is a quantitative component with a retrospective chart review. Part 2 is a prospective exploratory design with a quantitative and qualitative component. In this, the HRQoL of the stroke survivors is assessed using EQ-5D-5L questionnaire and their lived experiences is captured using semi structured interview.

Outcomes: 459 patients were included in the study. The incidence of IDA, anaemia and no anaemia in this study were 9.37%, 29.63% and 61% respectively. IDA and anaemia were found to have some significant impact on the clinical presentation and treatment outcome in adults with ischaemic stroke.

Conclusion: IDA can a possible risk factor for stroke. However, more studies in the future are necessary to authenticate this finding.

P40 CPD and newly-qualified nurses' and midwives' retention: A qualitative study

Dr Giuseppe Aleo^{1,2}, Ms Niamh Walsh¹, Dr Nicola Pagnucci^{1,3}, Dr Francesca Napolitano², Prof. Thomas Kearns¹, Prof. Mark White¹, Dr Mario Gazic⁴, Dr Mladen Samardzija⁴, Dr Annamaria Bagnasco², Dr Catherine Fitzgerald¹

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Abstract:

Background: Newly qualified nurses and midwives (NQNMs) have increasingly poorer retention rates and are more likely to report burnout and intention to leave the profession.

Objectives: To explore NQNMs' experience of Continuing Professional Development (CPD) activities and factors associated with CPD participation during transition, such as job satisfaction and intention to leave.

Design: Thematic analysis of two open-ended questions drawn from an online survey, which in total consisted of 83 items. The other items collected quantitative data, which are described in another abstract.

Participants: NQNMs (with working experience between 3-24 months) from Ireland, Italy and Croatia were invited to participate in the study. Participants were recruited via each country's professional regulatory board, social media, and unions.

Methods: Data were collected through two open-ended questions from an online survey consisting between March and May 2022. Responses were analysed using thematic analysis.

Results: A total of 476 NQNMs completed the survey of which 262 responded to the first open-ended questions and 247 responded to the second open-ended question. The major themes from the open-ended question on "Motivation to leave" were: 'poor pay', 'no CPD', 'burnout', 'being undervalued by patients/public', 'undervalued at work', 'poor collegiality', 'poor work-life balance' and 'poor organization'. In fact, in the quantitative part of this survey, almost half of the NQNMs who completed the questionnaire 46.4% (n=219) had thought of leaving the profession in the previous 12 months.

The major themes from the open-ended question on "Impact of Covid-19 on CPD participation" were: 'move to online', 'stress and burnout', 'lack free time', 'need for new skills', 'organizational issues', 'positive and negative impact of Covid-19'.

Conclusions: To improve the retention of NQNMs nursing and midwifery leaders need to address issues such as pay and working conditions, and create a positive learning environment where NQNMs feel valued and supported.

P41 Knowledge and Lifestyle Practices regarding Coronary Artery Disease among Women

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Abstract:

Introduction: Coronary artery disease (CAD) is one of the leading causes of death all over the world among men and women and is rapidly growing among women than men in spite of the delay in onset. Good awareness about the disease and lifestyle practices reduce the incidence of CAD.

Objectives: The objectives of this study were to determine the knowledge about CAD and lifestyle practices to prevent CAD among women and also to identify the association of knowledge and lifestyle practices with selected socio-personal variables.

Methodology: A descriptive survey design was employed to collect self-reported data from 102 women (35–55 years) residing in two communities in Kerala, India.

Results: Major part of the study participants (35.3%) were between 35 and 39 years, 63.7% were educated up to high school, and 55.9% of women were household workers. Majority of the women (45.1%) had good knowledge (70-89%), 8.8% had excellent ($\geq 90\%$), 28.4% had average (50-69%), and 17.6% had poor ($< 50\%$) knowledge. The area-wise analysis showed comparatively poor mean percentage of knowledge about risk factors (52.8%) diagnosis and treatment (53.5%). Better mean percentage was observed for meaning of CAD (77.35%), signs and symptoms (83%), and lifestyle modifications (75.5%). The study showed 69.6% of women had good (61-70%) lifestyle practices, 19.6% had very good (71-80%) and 10.8% had average (50-60%) lifestyle practices. None of them had either excellent or poor lifestyle practices. Area-wise analysis of lifestyle practices showed that a lower mean percentage was noted with dietary practices (62.9%) and physical activity (57.3%) compared to habits (86.7%) sleep, and rest and stress reduction measures (77.2%). The level of education and knowledge is associated significantly ($P < 0.001$).

Conclusion: As the women are the backbone of each family, they should be well educated about lifestyle.

Keywords: Coronary artery disease, knowledge, lifestyle practices, women

P42 Emergency Medicine Early Warning System (EMEWS) in Practice

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Abstract:

Introduction: EMEWS was developed in 2018 in response to recommendations outlined in the HIQA Tallaght Report 2012. Emergency Department (ED) patients are at risk of clinical deterioration between the time they are triaged and the time they are assessed by a treating clinician. There may be a delay in recognising this deterioration if patients are not appropriately monitored during this time. It is recommended for use in all ED's to support the recognition of, and the appropriate response to, the deteriorating patient as required by the National Standards for Better Safer Healthcare. OLOL sees on average 191 patients per day. Due to the high volume of presentations, patients may be waiting up to 10 hours or more to be seen by a clinician.

Aims and objectives: The aim of EMEWS is to optimise the quality and safety of care for ED patients throughout their ED journey. Due to the undifferentiated, undiagnosed nature of ED patients', the specific emergency medicine patient care requirements and the timeliness of responses appropriate to an emergency care setting, an ED specific system is necessary.

A further objective is to improve communication with patients in the waiting area in relation to waiting times and patients leaving prior to being seen by an EM clinician.

Method: The waiting room EMEWS nurse is a new nursing role. The role commenced in 2019 as part of an Emergency Medicine Programme trial. A specific EMEWS room was made available in the waiting area to reassess patients. This ensures that we monitor our waiting room patients efficiently and effectively and that any deteriorating patients are re-triaged accordingly. Thus, providing high quality safe care to our patients.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

P43 Authentic Leadership in Nursing: Concept Analysis

Ms Mariam Almutairi^{1,2}, Prof. Fiona Timmons², Prof. Patricia Yoder-Wise³

¹University College Dublin, Ireland; ²Prince Sattam bin Abdulaziz University, Saudi Arabia; ³The Wise Group, Texas, USA

Abstract:

Background: Authentic leadership is a complex concept with significant implications in the field of nursing. It serves as a cornerstone for creating ethical and supportive work environments and contributes to employees' well-being and their success within the organization. This analysis examines authentic leadership in nursing by exploring its core components.

Methods: This concept analysis applied Walker and Avant's (2019) framework to investigate authentic leadership in the context of nursing. Two primary strategies were employed. First, nursing textbooks, particularly Tomlinson's Nursing Core Collection, were thoroughly reviewed to assess the extent of coverage on this topic. Second, specific keywords were utilized to search for relevant research papers on authentic leadership in various databases, including CINAHL, PubMed, Embase, ProQuest, APA PsycInfo, ERIC, and ABI Inform.

Implications for Nursing: Understanding authentic leadership is of paramount importance in nursing, as it is regarded as standard to creating a healthy work environment (Ulrich et al., 2022). The concept analysis provides a useful operational definition of authentic leadership for nursing, along with its attributes, antecedents, and consequences. By incorporating these principles into education and practice, nurse leaders can empower their teams, facilitate transparent communication, and guide organizations toward success.

Conclusion: Authentic leadership is well-recognized in the field of nursing for its potential to establish ethical and supportive workplaces, improve employee well-being, and drive organizational success. This analysis lays the foundation for further research and implementation, emphasizing the significance of authenticity, self-awareness, and ethical leadership.

Keywords: Concept analysis, Authentic leadership, Leadership, Nursing, Performance improvement.

P44 An Educational Intervention to Improve Delirium Detection in Acute Care

Mrs Ciara Toner¹, Mr Constantino Estupiñán Artiles¹, Ms Jenny Demetria¹, Ms Wendelene Latoza¹, Ms Blanaid McCabe¹, Mrs Fiona Munro¹

¹RCSI Hospital Group, Dublin, Ireland

Abstract:

Introduction: Delirium is a medical emergency characterized by disturbance of consciousness, attention, cognitive function, or perception which develops rapidly secondary to pain, infection or constipation, among other factors (Papaioannou et al. 2023). Although guidelines recommend early detection of delirium for its effective management, current available evidence suggests that delirium is often undiagnosed (Anand et al. 2022). We conducted an educational intervention to promote awareness and improve detection of delirium within an acute hospital ward and a step-down facility.

Aim and Objective: To evaluate nurses' self-reported level of confidence in identifying delirium and usefulness of the Delirium Card following an educational intervention.

Method: We conducted 15 minute educational sessions over 8 days during August 2023 with nurses to introduce the Delirium Card, which had the 4AT (Bellelli et al. 2014) on one side and the PINCHME acronym (Pryor & Clarke 2017) on the other. An anonymous 5-point Likert scale questionnaire consisting of 12 questions was distributed two weeks after the last educational session. A score of 1 to 5 was given to responses ranging from strongly disagree to strongly agree respectively and mean scores for each item were calculated.

Outcomes: A total of 42 staff nurses attended the educational sessions and 21 completed questionnaires were returned (21/42, 50% response rate). Questionnaire mean score was 4.52, suggesting that the nurses overall felt very confident in using the 4AT and identifying and treating delirium following the educational sessions. Items 8 and 9, which asked about confidence in identifying hyperactive and hypoactive delirium respectively, had the lowest mean score (4.33). Items 3 and 4, which asked about ease of use and usefulness of the Delirium Card, had the highest mean score (4.67).

Conclusion: Providing ongoing education on delirium to nursing personnel increases confidence in identifying and managing delirium and using the Delirium Card.

P45 ANP Grand Rounds: Integrative Care, Fostering Education and Collaboration

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¹General Practice, Greystones, County Wicklow; ²General Practice, Bray, County Wicklow, Ireland;

³Beaumont Hospital, Dublin; ⁴Integrated Care, County Waterford, Ireland

Abstract:

Introduction: A core competency of an ANP, as defined by the Nursing and Midwifery Board of Ireland (NMBI, 2017) is the ability to develop strong communication and interpersonal skills. This involves communicating patient care effectively as a multidisciplinary team, and extends to ANP's providing clinical supervision and mentorship through utilising expert knowledge (NMBI, 2017). Sláintecare supports opportunities to enhance integration, innovation projects and learning networks (DOH, 2017). With this in mind, this project empowers ANP's to collectively share knowledge, educate and support each other.

Aims: This initiative aims to showcase the collaboration of ANPs in developing a model of learning concerning heart failure care, across different health care settings.

Methods: A group of registered and candidate ANPs committed to monthly 'Grand Round' meetings. This group represents advanced practice across the GP setting, integrative community care and extends to the acute hospital setting. Meetings are scheduled in advance and last 30 minutes. Topics include discussing case studies, evidence-based practice and evaluating care through audit and reflection.

Outcomes: All participants of the 'Grand Rounds' completed a questionnaire pre-initiation of the 'Grand Rounds'. As this is a novel project and remains in progress, a post questionnaire is yet to be completed.

Conclusion: Collaboration, communication and education to optimise patient care and improve patient outcomes epitomises the role of an ANP. Integration of health care services to improve patient outcomes is at the heart of Sláintecare. The introduction of 'Grand Rounds' marries both, and it is envisaged that it will continue, and indeed has potential to expand across other chronic disease specialities.

P46 An Exploration of the ANP Role in Ireland's MH Services

Ms Sinead Frain¹ Ms Eileen Cahill¹, Mr Daniel Mc Tiernan² Mr Oscar James³, Mr Michael Nash³
¹Health Service Executive CH07, Ireland; ²Health Service Executive CH09, Ireland; ³Trinity College Dublin, Ireland

Abstract:

Introduction: An advanced practice nurse is a registered nurse who has attained an "expert knowledge base, complex decision-making skills and clinical competencies for expanded practice" above those required for initial nurse registration. Despite advanced nursing practice being well-established in the overall Irish healthcare system, it remains a relatively new concept in Ireland's Mental Health Services.

Aim & Objectives: The aim of the study is to identify and explore the facilitators and constraining factors that influence the establishment, development and progression of the ANP role in mental health services in the Republic of Ireland.

The objective of the study is to identify what facilitates and constrains the establishment, development and progression of the ANP role in mental health services.

Method: This exploratory-descriptive study design used an anonymous online survey hosted by Qualtrics. Information about the study and the online survey link was distributed by the chairperson of the Mental Health Advanced Nurse Practitioner Ireland to all Registered Advanced Nurse Practitioners (RANPs) with MHANPI membership. Data was collected between July-August 2023. A thematic analysis was used to interpret the findings. Ethical approval was granted by the Reference Research Ethics Committee Midlands Area and Corporate (Regional Health Area B).

Outcomes: 61 potential participants accessed the survey, however, of these only 37 participated in the overall study in line with inclusion/exclusion criteria. The initial preliminary findings of the study will be presented in poster format.

Conclusion and Impact: To:

1. Explore data findings and disseminate same nationally and internationally via publication and conference presentations.
2. To work to 1) enhance the facilitators, and 2) minimize identified barriers to improve future progression and development of ANP roles in mental health services.

P47 Implementation of an Infection Prevention & Control Link Nurse Program

Mrs Tracy Doherty¹, Ms Prathibha Karkada¹

¹*Health Service Executive, Drogheda, Louth, Ireland*

Abstract:

Introduction: Robust and effective Infection Prevention and Control (IPC) programmes reduce Healthcare-Associated Infections (HCAI) and Antimicrobial Resistance (AMR). Infection Prevention and Control Link Nurses (IPCLN) in the clinical area play a vital role in assisting IPC teams to achieve locally planned programs and standards.

Aims/objectives: To introduce and sustain IPCLN's in all clinical areas

Methods: In order to provide the IPCLN with the knowledge and skills required to undertake this liaison and facilitator role, the IPC team developed a one-day comprehensive educational program approved by the Nursing and Midwifery Board of Ireland. Using a two-way communication process, the IPC team and the IPCLN discuss and progress initiatives and challenges encountered. To ensure the program is effective and meeting service needs, a survey of the perceived effectiveness of the program was undertaken by all IPCLN and managers in the clinical areas. Although the survey results are pending, initial responses are positive and no immediate changes to the program are required.

Outcomes: Implementing the IPCLN program appears to have yielded numerous benefits, including improved adherence to IP&C measures, enhanced reporting of IPC issues, increased staff engagement, empowerment and a culture of continuous learning and improvement in IPC practices.

Conclusion: The establishment of the IPCLN role and the implementation of an NMBI-accredited IPCLN program offers significant opportunities to strengthen IPC measures locally. Through active engagement and empowerment of staff substantial contributions to the prevention and control of HCAI & AMR can occur.

43rd Annual International Nursing and Midwifery Research and Education Conference 2024

Ms Leah Walsh¹, Mr Ken Maleady, Ms Chelsea Milne, Ms Niamh McEnroe
¹Health Service Executive, Louth, Ireland

Abstract:

Introduction: The use of cocaine in Irish society has received a lot of media attention in the Republic of Ireland. The European Drug Report (2019) identifies that cocaine is the most commonly seized illicit drug. Furthermore, cocaine related presentations to European emergency departments (ED) is at an all-time high, cocaine accounts for the highest drug related ED attendances in Europe since 2017. Of these, over 40% will present with cocaine-related chest pain (Chang et al 2010, Fortney et al. 2011, Kim & Park 2019). Cocaine has a significant impact on cardiac health and has been directly linked to cardiac arrhythmias, coronary artery disease (CAD), hypertension, acute myocardial infarction (AMI), cardiomyopathy and coronary artery aneurysm (CAA) (Kim & Park 2019). This study has analysed cocaine related chest pain in a large Irish ED over a 12-month period.

Methods: A retrospective clinical audit of all cocaine induced chest pains (CICP) presenting to an Irish ED were analysed.

Results: Of the CICP presentations the most common diagnoses was atypical chest pain (23 %), CICP (19%), LRTI secondary to drug use (4%), ACS (2), and 1 cardiac arrest. CICP was highest among men (87%), with an average age of 29.3 years. In reviewing occupation of the patients, the highest percentage were unemployed at 23%. Alcohol consumption was also high with 65% of CICP presentations admitting to alcohol consumption. A total of 32% admitted to other drug use. Time of presentation post ingestion ranged from <1 hour to >24 hours, with 55% of cases presenting within 12 hours. Of the 107 presentations, 2 were diagnosed as acute coronary syndrome, 2 with myocarditis, 1 pneumo-mediastinum, 1 serotonin syndrome which proved fatal, and 1 out of hospital cardiac arrest with significant coronary disease on post mortem.

P49 Ensuring Patients are Nursed on the Correct Mattress

Ms Nuala Clarke¹, Ms Martina McGovern, Ms Maeve Healy

¹*Our Lady of Lourdes Hospital Drogheda Co Louth, Ireland*

Abstract:

Introduction: Pressure ulcers continue to have a huge effect on patients creating a massive financial burden on our health service. The surface on which patients are nursed on plays a significant role in pressure ulcer prevention and management. Various types of mattress are currently available to patients ranging from a simple high density/visco elastic foam mattress to hybrid non powered/ powered to alternating pressure air mattresses

Aims & Objectives: An audit was conducted in September 2023 to:

1. Ensure patients are nursed on the correct surface.
2. Ascertain the right choice of mattress at the right time
3. Identify the educational needs of staff to understand the right choice of mattress.
4. Ensure availability of mattresses
5. Identify areas in need of improvement.

Method: Inclusion & exclusion criteria identified. Audit was conducted in fifteen inpatient departments in Our Lady of Lourdes Hospital. Staff questionnaire carried out on awareness & knowledge of different types of mattresses

Outcomes: 97% (300) of patients met the inclusion criteria, and of that 84% (251) patients were found to be nursed on a suitable mattress to maintain skin integrity & avoid hospital acquired pressure ulcers. 16% (49) of patients were found not on a suitable mattress – 8% upgraded & 8% stepped down. Staff awareness of mattress type 100% (foam), 62% (hybrid), 99% (Air mattress) & 15% (pulmoflow).

Recommendations:

- Continuing education on different mattress types
- Education on appropriate settings of Air mattress
- Education to ensure accurate documentation of skin inspection
- Compile and update mattress selection guide

Conclusion: This audit positively found that 84% of patients are being nursed on the correct mattress. Majority of staff had a good awareness of the different types of mattresses. This audit identified the need for continuous education.

P51 Cognition, Depression, and Functional Health Profiles (CoDe-F) of Non-Debilitated Aged

Mr Anil Assariparambil¹, Dr Judith Noronha¹, Dr Anice George¹

¹Manipal College of Nursing, Manipal Academy of Higher Education, India

Abstract:

Introduction: Older adults' cognitive function, depression, and functional health profiles have a direct impact on their overall well-being. Family dynamics in India are evolving rapidly due to urbanization, young people's migration for education or employment, and changes in the social system, resulting in elderly parents being left alone and gradually admitted to old age homes. Therefore, the researchers aimed to determine the extent of functional health impairment, depression, and cognitive decline among young and middle-aged elderly individuals living in institutionalized care.

Objectives: To investigate the correlation between cognitive function and depression among young and middle-aged elderly and determine the functional health profiles of elderly residing in coastal southern India's old age homes. Study design: An exploratory study at the homes for the aged.

Methodology: The survey was conducted at old age homes after obtaining permission from the respective authorities. Socio-demographic proforma, functional health profiles, Modified Barthel Index, Short-form depression scale, and Muscle strength assessments were the data collection instruments. Statistical Analysis was done through Jamovi. (Version 2.3). Descriptive statistics and Karl Pearson's parametric statistic test were applied.

Results: According to Montreal's cognitive assessment, 81% of elderly individuals have borderline cognitive impairment. The short-form geriatric depression score showed that 87% of them experienced mild depressive symptoms. The study also found that as cognitive ability declines, depressive symptoms become more common among institutionalized older adults, with a correlation coefficient of $r=-0.494$ ($p < 0.05$)

Conclusion: Depression, cognitive impairment, and functional health profiles of older adults residing at old age homes need to be monitored frequently, and appropriate interventions must be employed to improve their quality of life among them.

P52 WITHDRAWN

P53 Using Precision Genomic Medicine for the Treatment of Phenylketonuria (PKU)

Miss Jessica Ivory¹, Ms Alison Sheeran ¹ Ms Emma Corcoran ¹, Ms Cathy Newman-Thacker ¹, Mrs Aya Ibrahim, Dr Caroline Kenny¹, Dr Robert O'Byrne ¹, Dr Loai Shakerdi ¹, Prof. James O'Byrne^{1,2,3}.
¹*National Centre for Inherited Metabolic Disorders, Mater Misericordiae University Hospital, Dublin, Ireland;* ²*School of Medicine, University College Dublin, Ireland;* ³*School of Medicine, Trinity College Dublin, Ireland*

Abstract:

Introduction: Phenylketonuria (PKU) is a rare genetic disorder caused by a defect in the Phenylalanine Hydroxylase (PAH) gene, resulting in a deficiency of the PAH enzyme. This prevents the breakdown of the amino acid phenylalanine (Phe) to tyrosine, causing accumulation of phe in the body. Management of this disorder is typically by adherence to a low-protein diet and use of synthetic protein supplements.

Sapropterin (Kuvan®) is a genotype specific oral chaperone therapy which aims to lower the blood Phe levels in responsive patient. It works by binding to the phenylalanine hydroxylase enzyme (PAH), thus allowing a higher degree of enzyme activity and lowering the substrate.

Aims & objectives: To initiate precision medicine in adult patients with PKU, with a genetic confirmation of known response.

Methods: An MDT committee lead by a Clinical Nurse Specialist was created. An SOP was then drafted based on the HSE Prescribing Guidelines. Known responsive patients were contacted and two patients were selected per month. Each patient underwent a strict preparatory phase. This ensured they were taking the maximum amount of natural protein they could tolerate, which would equate to a phe level of 600µmol/L. It required weekly food diaries and phe levels. Once max natural protein tolerance is determined, a dose of 10mg/kg of Sapropterin was initiated. It was then titrated with the goal of weaning off all synthetic protein supplements and allowing a less restrictive diet.

Outcomes: 12 patients commenced the trial so far, 10 successfully commenced Kuvan. 2 patients did not require the drug for successful weaning.

Conclusion: 12 patients have been successfully weaned off their low protein diet, 10 with the introduction of Sapropterin Di-hydrochloride. We aim to continue this until all responsive patients are trialled.

P54 Pre-existing mental health conditions impact on students' college life

Miss Louise Kavanagh McBride¹, Ms Sonia Connaghan^{1,3}, Dr Margaret McLafferty^{1,2}, Dr Elaine Murray³

¹*Atlantic Technological University, Donegal, Ireland;* ²*University of Ulster, Belfast, United Kingdom;*

³*Health Service Executive, North West Saolta Group, Ireland*

Abstract:

Introduction: The impact of pre-existing mental health conditions on college students with regards to progression, academic attainment, and college life, including impact of Covid-19 pandemic is significantly unexplored nationally and globally.

Aim: The aim of this study was to gain insight into student's experiences through four specific questions: pre-existing mental health conditions affect the progression of third level students; pre-existing mental health condition effect on ability to attain academic achievement; pre-existing mental health condition effect on college experience/college life and Covid-19 pandemic effected (if any) with pre-existing mental health conditions in terms of progression, attaining academically and college life experience.

Method: A qualitative cross-border study was completed using student participants of another student psychological intervention trial (SPIT). Ethical approval and consent was obtained. Nine consented with seven completing the interviews. Data collection was used by on online semi structured interviews (n=6 Irish campus and n=1 Northern Ireland campus). Thematic analysis identified three main themes and sub-themes from the data.

Outcomes: Findings revealed college students with and without pre-existing mental health condition have high levels of stress and anxiety while in college, causing a decline in mental health and wellbeing. Data indicated that the Covid-19 lockdown had a detrimental impact on the majority of student's academic work and social life. Notably, a minority of students voiced preference to be in lockdown. Three primary themes were identified: students' experiences of online learning during lockdown; stress and anxiety among students; impact of Covid-19 on students' social life and college experience.

Conclusion: This qualitative study has created objective baseline data that higher education institutions and the mental health services can benchmark. The presentation shares the importance of awareness and training of staff on the identification and management of student's mental health and wellbeing with the need for more adequate support systems and treatment options.

P55 Co-production: Physical and Mental Wellbeing for People with Intellectual Disability

Mr Paddy McTeague¹, Mr Martin McNamee¹, Ms Patricia Hamilton¹, Mr James Ruddy¹, Mr Paddy Ruddy¹, Mr Matthew McLaughlin¹, Mr Kevin McLaughlin¹

¹Health Service Executive Disability Services, Letterkenny, Ireland

Abstract:

Background: The literature has extensively documented the detrimental effects of the unprecedented physical restrictions imposed by Covid-19 on mental health and overall wellbeing. These limitations affected travel, regular daily activities, and access to a variety of physical activities. As a result residential services for people with intellectual disabilities encountered considerable difficulties in maintaining opportunities for physical activity. Consequently, numerous services modified their methods for providing physical activity programs, involving residents, staff and utilising local amenities within the restrictions.

Aim: The aim of the project was to maintain and increase the activity levels of residents within residential intellectual disability settings. To improve quality of life, and limit the negative impact of Covid-19 restrictions on both physical and mental health of residents.

Method: Initial workshops were held on the site of the residential setting to decide collectively on physical activity to pursue. A map of the locality was used to develop orienteering for the residents to develop physical activity challenges which included 100 kilometres in 30 days, and shore front beach combing and the 12 walks of Christmas.

Outcomes: Full participation residents and staff, positive impact on health and wellbeing, unanticipated health gains such as weight loss, willingness of residents to sustain and progress their programs. The residential service won the, 'Outstanding Community Disability Service Award' at the CARA National Disability Service awards for the scalability and continued development of the programme.

Following the ban on restriction the residents were invited to participate in the tidy towns national campaign and were winner in their field in 2022 and 2023. Residents were invited speakers to ATU Letterkenny to the undergraduate nursing programme.

Conclusions: Service user involvement in the co-production was critical to the success of this programme. The vision for this project is that it can be mapped across other residential services.

P56 Tobacco endgame-Patient and Public Involvement: Developing a Smoke-Free Homes Network

Assoc. Prof. Kate Frazer¹, Dr Nancy Bhardwaj, Ms Cathy Bell, Dr Ailsa Lyons, Ms Niamh Vickers, Prof. Lourda Geoghegan, Dr Therese McDonnell, Dr Deirdre McGillicuddy, Prof. Patricia Fitzpatrick, Prof. Cecily Kelleher, Prof. Thilo Kroll¹

¹*University College Dublin, Ireland*

Abstract:

Background: Evidence of the detrimental impact of smoking and the risk of second-hand smoke exposure (SHSe) exists. Aligning tobacco control globally with Sustainable Development Goals (SDGs) is a step forward in leaving no one behind; however, the World Health Organisation (WHO) concedes slow progress. The endgame argument envisions tobacco control discourse focus changing from individual behaviour to a systems-based approach. Active and passive smoking accounts for 8 million deaths annually and is an economic burden. Evidence of increased smoking rates and smoking within the home during the COVID-19 pandemic focuses on a need for consistent support and communication. Foregrounding Patient and Public Involvement (PPI) is essential.

Aim: The aim was to identify fit-for-purpose solutions to address challenges faced by at-risk populations.

Methods: A PPI workshop (WS) was held in January 2022 [IRC/ESRC Smoke-Free Homes [SFH] networking grant] following ethics approval (Low-risk LS-E-21-181). Invitations were sent to practitioners engaged in smoking cessation from all contexts: community, hospitals, [adult and maternity], researchers, academics, and people supporting at-risk groups in Ireland and Northern Ireland. People who quit smoking were invited via third-party networks.

Results: Fourteen PPI participants attended a 2-hour online WS focusing on three questions 1) What creates and supports SHSe in homes. 2) Engagement with quit services and visibility, 3) Solutions supporting engaged development with quit programmes and reducing SHSe. Eleven at-risk groups were described, including children and marginalised populations. Structural barriers include a lack of awareness of the impact of SHSe with limited communication of SHSe messages generally and for at-risk groups.

Conclusions: Using engaged PPI collaboration highlights areas for development for those at highest risk.

Ms. Fiona Munro¹, Ms Michelle Carville¹, Ms Blanaid McCabe²

¹Our Lady of Lourdes Hospital Drogheda Co Louth, Ireland; ²RCSI Hospital Group, Dublin, Ireland

Abstract:

Introduction: Research indicates that 30% of inpatients within an acute hospital have a dementia diagnosis at any time. The vision for transforming dementia care in an acute hospital was led by a specialist nursing dementia team.

Aim: Implementation of a dementia champion's (champions) network in an acute hospital setting aligning with Irish National Dementia Audit 2 (INAD2).

Methods: Point prevalence revealed 13.9% of all inpatients presented with dementia. On an acute older persons ward 25% of patients had a dementia diagnosis. The authors recruited 12 champions from four wards and E.D. including RGN, HCA and administrative staff to teach the tools to complete a QI project. The champions attended four innovative workshops accumulating in presenting a quality initiative (QI). The pioneering workshops were designed by CNS Dementia, cANP and ADON Dementia QI.

Outcomes: The champions engaged in open discussion at each workshop alongside expert guest speakers. Discussions lead to identifying gaps within their wards resulting in quality improvements including posters relating to communication, reducing environmental noise and the introduction of the Abbey pain scale. In addition, an increased use of a personal passports and meaningful activities such as completing a knitting mission. A champion enhanced their ward by displaying seasonal decorations which led to reminiscence talks with patients. One champion progressed onto a level 8 module on dementia care.

Conclusion: By completing the dementia workshop participants have excelled at becoming dementia leaders within a network for their clinical areas through their QI projects.

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P58 Digital Transformation within NFMHS

Mr Daniel Varghese¹

¹National Forensic Mental Health Service, Ireland

Abstract:

Introduction: In 2018, a process to procure a Clinical Management System began. TrakCare was the system chosen. NFMHS went live on August 28, 2023, using a Big Bang approach.

The Vision: The vision for this project is for the new NFMHS to be a digitally enabled, paper-lite hospital to enhance the delivery of multidisciplinary and person-centred care across National Forensics Mental Health Services.

Aims & Objectives:

- Support the NFMHS vision to move to a digitally enabled hospital
- Enhance digital capabilities aligned to the NFMHS Model of Care and best practice methods and quality standards
- Enable improved clinical decision-making
- Provide data required to drive system wide improvement
- Deliver early benefits for NFMHS

Methodology: ARIES project management methodology was used. The vendor leveraged experience in thousands of organisations worldwide to guide NFMHS to achieve the desired benefits.

Key lessons learned: It's all about the people! The EPR team is vital and should be in place in the early stages. Transparent communication and purposeful meetings are paramount. There is a need for clear governance structures. Clarification of expectations for all parties involved is essential. Oversight of the project to clinical users is required

Challenges:

- Hospital move from Dundrum to Portrane November 2023
- Network & and firewall upgrades e.g. Cisco Umbrella
- Diverse stakeholders, including patients, families, healthcare and the Department of Justice and prison services
- Digital readiness
- Covid 19
- Resources

Discussion: Extensive footprint of functionality implemented: PAS, Clinical documentation, Ordercomms, Reporting & Analytics, MHA and administration. Optimisation ideas have been formulated and will be ongoing; examples include fully leveraging the advantage of SNOMED coding in the system, device integration, expansion to new service areas and integration with MedLis. Benefits were baselined and are already being realised.

P59 Dare to Probe? Is this Probe Safe to Use?

Mrs Jincy Jerry¹

¹Mater Misericordiae University Hospital, Dublin, Ireland

Abstract:

Background: Technological advancements have made ultrasound devices more portable and user-friendly. Pathogenic organisms of clinical significance have been isolated from ultrasound probes and devices, even when they are visibly clean (Shokoohi et al, 2015). Ultrasound machines could therefore serve as a fomite for pathogens known to cause healthcare-associated infections. Cleaning and disinfection of ultrasound equipment greatly reduces the microbial burden and lessen the chance of clinically important infections. However, studies indicate suboptimal cleaning practices and a lack of training among ultrasonographers (Westerway et al 2019).

Aims & Objectives: To assess the standard of ultrasound/probe cleaning within the hospital and to benchmark it against hospital policy. Assess the level of probe reprocessing training received by operators. Develop and implement interventions based on targeted need assessment and evaluate its effectiveness.

Method & Outcome: A study of ultrasound/probe reprocessing practices identified serious concerns. The cleaning of USG probes was suboptimal for critical, semi-critical, and non-critical probes as per the Spaulding classification. The compliance level for tracking and tracing was unacceptable. Lack of knowledge, inadequate access to cleaning supplies and equipment and time constraints were primary barriers to guideline-based disinfection. Interventions were guided by the audit results. To better educate Ultrasonographers, this study used an innovative formulation based on a selective blue dye molecule. This formula is designed to adhere evenly to the surface of a medical device and dry quickly, temporarily colouring the device blue and break down upon contact with chlorine dioxide (ClO₂) through oxidation, which is the exact same mechanism by which ClO₂ breaks down microorganisms. We were able to significantly improve the thoroughness of cleaning of ultrasound machines and probes by using targeted interventions.

Conclusion: For ultrasound-guided procedures, non-compliance implies greater risks. Innovations can improve patient safety and prevent healthcare associated infections.

P60 Let's Talk About....Sexual Health

Dr Denise Proudfoot¹

¹Dublin City University, Dublin, Ireland

Abstract:

Introduction: Sexual healthcare is as important as physical and mental nursing care. Few nursing degree programmes provide students with the opportunity to consider sexuality/sexual health issues among individuals within healthcare contexts. The current Irish sexual health strategy advocates for health professional including nurses to be responsive to the relationship between sexual wellbeing and both physical and mental health and vice versa. A module developed by the author allows for student nurses to explore their potential as sexual health promoters in general hospitals, intellectual disability care settings and mental health services.

Aims: This presentation will focus on an analysis of this undergraduate nursing module which aims to explore issues around sexuality and sexual health in nursing practice. This distinctive module for nursing students underscores this relationship through a varied module content and assessment.

Methods: Retrospective analysis of module data to reveal the following:

1. Student led roles plays highlight how sexual health is incorporated in their practice area.
2. The scope of opportunistic sexual health promotion as a part of the nurses' role is achievable.
3. How the changing social landscape surrounding sexual health and sexuality influences the student learning during the module.

Conclusion: Most clinical nurses are not experts in the sexual health field and it may not feature in their practice however if they have the opportunity to learn about sexual health and sexuality during the undergraduate training it can potentially be embedded within their practice.

Graduate nurses who study sexuality/sexual health issues can be advocates of nursing related sexual health promotion and respond to sexuality related issues within the clinical setting.

P61 Developing Advanced Clinical Practitioner Nursing Roles in Care Homes

Prof. Alison Steven¹, Dr Meaghan Grabrovaz¹, Dr Jane Wilcockson¹, Dr Lesley Young-Murphy¹, Dr Lynn Craig²

¹Northumbria University, United Kingdom; ²NHS Northeast and North Cumbria Integrated Care Board, United Kingdom

Abstract:

Introduction: Development of new nursing roles in care homes which cut across organisational boundaries (health, care homes and higher education) are key to meeting the global challenges of an ageing population. A UK health service commissioning organisation funded the development of new Advanced Care Practitioner (ACP) nursing roles in 4 care homes (CH). This development combined university education, supernumerary CH workplace-based experience and GP supervision.

Aims & Objectives: This research aimed to explore and evaluate the development and implementation of new ACP roles in care homes in one clinical commissioning group area in the North of England.

Methods: Qualitative study drawing on illuminative evaluation. The study tracked the first eighteen months of ACP development and implementation. Ethical approvals were gained and adhered to. Multiple stakeholders participated: Trainee ACPs, CH managers, nurses, carers, GPs, university educators, commissioning staff (n=36). Trainee ACPs were repeatedly interviewed (x4). Total interviews=46. Thematic analysis explored how trainee ACPs roles and work developed, and how they assimilated into the workforce.

Outcomes: Two key themes developed: complexity related to a new role in the CH context and complexity related to the implementation of a cross-sectoral project. Difficulties and ineffective communication about role purpose and CH nurses' concerns about role skill and erosion underpinned the complexity. Three key factors shifted CH staff perceptions and acceptance of the ACP role; IT access to NHS systems; ACP higher level skills that other CH staff valued but did not have; and effective stakeholder collaboration. However, Trainee ACP's perceived professional and financial disadvantages to being care provider employees which threatened to hamper retainment.

Conclusion: This project reveals complexities in developing and integrating new advanced roles into care homes, and in cross sector working. Positive impacts did emerge alongside challenges and barriers to ACP roles which we hope will be beneficial for others.

P62 Digitalising a RANP led Fracture Liaison Service

Mrs Bernadette Conlon¹

¹*Our Lady of Lourdes Hospital Drogheda, Co Louth, Ireland*

Abstract:

Introduction: Fragility Fractures are injuries in people characteristically over the age of 50 years following a low impact trauma. Worldwide, a fragility fractures occurs every 3 seconds (IOF 2023). The Irish National MTA 2021 reports incidence of falls less than 2 meters at 62% of all major trauma cases with 51% of people injured aged 65 years or over. Fracture Liaison Services aim is to identify and treat a patient over 50 years following an index low impact fracture to reduce the risk of subsequent fractures. This is achieved by ensuring early identification and treatment including a falls assessment and Bone Health assessment and treatment plan.

Aim & Objectives: Irelands Fracture Liaison Service National DB, 2021 and 2022 found that services are varied, inadequately resourced and that identification remains a significant challenge. A RANP FLS in 2022 evaluated and pivoted one hospitals service to improve identification and treatment pathways for potential patients by digitalising the service.

Method: A bespoke cloud based digital platform was developed and launched in September 2023. It incorporates, automated triggering of patients, referral pathways, clinical assessment and treatment plans. It mirrors the 11 KPIs of the Fracture Liaison Service National Data Base.

Outcome: Fracture Liaison Service patients are now identified treated and assessed on a cloud-based system. Automated identification of patients is transformative and as the 11 National KPI are incorporated, it continuously measures and provides performance feedback.

Conclusion: Fragility Fractures are common, expensive to the patient, society and healthcare system. Fracture Liaison Services in Ireland are diverse and inadequate to meet the needs of an aging population. This model of care has the potential to provide timely continuity of care and potentially improve patients' outcomes, reducing secondary fractures.

[illegible]

P63 Creating Digital Life Stories within an Intellectual Disability Service

Ms Pamela Dunne¹, Ms Gillian Kett¹, Ms Catherine O'Loughlin¹, Ms Lisa Lavelle¹, Prof. Mary McCarron¹

¹*Avista, Dublin, Ireland*

Abstract:

Introduction: The Digital Life Story (DLS) project creates life stories on a multimedia platform (that includes photos, text, video clips and personalized music) for people with an intellectual disability (ID). This paper explores participants and caregivers experience of engaging in a digital life story project.

Aim: The primary aim of this project is to determine the feasibility, accessibility, and fidelity of introducing a large-scale digital life story intervention within Services for adults with an ID.

Objectives: To understand the barriers and facilitators in developing digital life stories within ID services from the perspective of participants and their caregivers.

Methods: This study recruited 24 participants, 12 dyads consisting of 12 adults with ID and their caregivers. Ten participants had Down syndrome with a mean age of 52 years. A multi-step approach was taken using the Re-Aim framework:

- Ethical approval was granted, and Data Protection Impact Assessment undertaken
- A Steering group included a participant in the project, clinicians, educators, and dementia experts
- Structured DLS training was delivered with a theoretical and practical component
- A post intervention caregiver survey was conducted to measure self-determination, interpersonal relations, social inclusion, rights, emotional well-being, physical well-being, as well as functionality, enjoyment/socialization, communication, cognition, and confidence
- Qualitative feedback from participants was gathered post intervention through an informal focus group

Outcomes: 12 bespoke DLS were co-created with participants and their caregivers. Feedback from participants highly rated the social aspect of sharing their stories using DLS iPad clubs. Staff reported gaining a greater understanding of the person they supported through the process of creating DLS.

Conclusions: Digital Life Stories have been shown to be very acceptable to participants and staff carers. Structured training and easy read support material as well as engaging with family, personalizing supports, and organizational commitment are critical ingredients for sustainability.

P64 New Frontiers for PH: Digital Solutions for Complex Problems

Ms. Catriona Minnock¹, Ms Yvonne Timmony¹, Ms Denise Lennon, Ms Mallory Frye, Prof. Sean Gaine, Ms Linda Klotzbach, Dr Brain McCullagh, Ms Deirdre Clerkin, Ms Salima Maghani

¹*Mater Misericordiae University Hospital, Dublin, Ireland*

Abstract:

Introduction: Pulmonary Hypertension (PH) is a rare, debilitating and life limiting condition. It may involve multiple clinical conditions Treatment of PH is primarily focused on therapeutic drug targets which are often expensive and complex to deliver safely¹. The authors unit currently provides care to a small number of patients running parenteral prostacyclin independently at home. This is a life sustaining treatment for PH patients and is often used as a bridge to bilateral lung transplantation.

Aims and Objectives: There is limited awareness of prostacyclin therapy in the wider healthcare context; hence supports in the community are non-existent. The genesis of the idea to adopt a digital initiative to mitigate some of the hazards associated with running an infusion of this type was developed by the PH CNS.

Methods & Outcomes: Following consultation with PH team, ADON in Research & Innovation, project team in the Transformation office and a patient representative, a multimedia strategy was proposed. Subsequently, the following interventions were developed; an emergency card to be carried by patients indicating they have a parenteral prostacyclin infusion running and mode of delivery. This provides concise instructions to healthcare providers for the most common emergencies. A sticker was strategically placed on all pumps to highlight a QR code system with a call to scan within the code itself. This code is then linked to an emergency webpage with pertinent information to assist healthcare providers in an emergency. The sticker on the pump also emphasises the need not to turn off the pump.

Conclusions: The development of these interventions will improve the “lived experience” for PH patients, using digital technology and reduce risk of adverse outcomes.

[illegible]

P65 Positive Behaviour Support: An Irish – Czech Republic Partnership

Mr. Brian Mc Donald¹

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Abstract:

Background: Across various jurisdictions, restricted practices are not always used as last resort or evidenced as least restrictive alternative. Additionally, it is acknowledged that these approaches have no therapeutic value beyond managing safety/risk concerns. Their use in health and social care requires significant attention in the context of a human right-based approach to service provision. By comparison, Positive Behaviour Support (PBS) is internationally recognised as an evidence-based human rights-based approach to supporting individuals who may present with behaviours that challenge. PBS is also established as a statutory requirement in the Republic of Ireland under the Health Act and in the revised rules of the Mental Health Commission.

Aim: Raise awareness and understanding of a human rights-based approach to PBS and restricted practices within the Czech Republic's health and social care system. Subsequently to develop practice leaders in PBS through delivery of formalised accredited training and relevant Continuing Professional Development (CPD) programmes.

Method: Delivery of workshops to enhance understanding of the PBS model including human rights, trauma-informed care, restricted practices, safe and ethical behaviour management. Development and delivery of an accredited longitudinal programme developing practice leaders in PBS.

Outcome: 2 cohorts (totalling 38 individuals) have successfully completed accredited training as practice leaders in PBS. Additionally, as a result of issues highlighted in the workshops/training there has been national exposure of the deaths of people with intellectual disability and autism in care due to inappropriate restraint. A national survey on the use of psychotropic medications to manage behaviours that challenge is currently being conducted and the first ever State Senate Committee focusing on supports for individuals with behaviours that challenge has been established.

Conclusions: These collaborations have resulted in raising national professional & public awareness of the issues associated with the use of restricted practices and the benefits of the PBS model.

P66 Building a Nursing Minimum Data Set with Patients: eDelphy Study

Dr Andrea Moro^{1,2}, Prof. Gianluca Catania¹, Dr Giorgio Magon², Dr Guiseppe Aleo¹, Prof. Loredana Sasso¹, Prof. Annamaria Bagnasco¹

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Abstract:

Introduction: Documenting nursing activities and increasing patient involvement are two open issues that cancer nurses have to face to improve patient care. One approach for documenting nursing care could be the use of Nursing Minimum Data Sets (NMDS). Documenting care using a NMDS developed from the patient experience could be one of the pieces that will allow nurses to improve care of patients in the best possible way.

Aim & Objectives: The aim is to design a national Oncology Nursing Minimum Data Set (ONMDS) to document cancer patients' needs and nursing-sensitive cancer patients' outcomes starting from the Milani et al. 2013 ONMDS developed by nurses in an Italian Compressive Cancer Centre.

The primary objective is to evaluate if the items included in the ONMDS effectively detect cancer patients' needs from the patients' perspectives. The secondary objective is to analyse cancer patients' needs according to disease stage and cancer diagnosis to determine their needs trajectory.

Methods: A two-stage e-Delphi study will be conducted. We will involve cancer patients regardless of the stage of the disease to explore their level of agreement on a 4-point Likert scale. Patients involved in the study will receive an information sheet about the study and the NMDS; using a QR code patients can consent to participation and answer to the e-Delphi items. In addition, socio-demographic data, details on the stage of the disease and any treatments undertaken will be collected.

Outcomes: We hope to identify key outcomes of cancer patients which will be the base to develop a nursing documentation and nursing care pathways based on the risk of occurrence of the specific needs in relation to diagnosis and disease stage.

P67 New Graduate Nurse Self-perceived Readiness to Practice: A Systematised Review

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²*School of STEM Education, Innovation and Global Studies, DCU, Dublin, Ireland;* ³*School of Nursing, Psychotherapy and Community Health, DCU, Dublin, Ireland*

Abstract:

Introduction: Many New Graduate Nurses (NGNs) find the transition to practice stressful and over a quarter leave nursing within their first year of practice. In a contemporary healthcare environment burdened by increased complexity and a critical shortage of nurses, we must better understand how to support our junior colleagues and ameliorate attrition rates.

Objective: We investigated what is known internationally in relation to NGN self-perceived readiness to practice.

Methods: We undertook a systematised integrative review of literature published from 2015 to September 2023 in eight electronic databases. Inclusion criteria included articles related to NGNs self-perception of their readiness to practice; English language; full-text; published between 2015 and 2023; and primary research. Inductive thematic analysis was undertaken.

Results: Thirteen quantitative and five qualitative studies met the inclusion criteria. Five themes were generated: self-assessed confidence and competence; theoretical and emergent explanations of 'readiness'; preparing for transition and adapting to practice, barriers to and facilitators of transition, and regional variation in undergraduate education and training and conditions on employment. Internationally, NGNs express their self-perceived readiness to practice in reciprocal and refutational discourses. This is perhaps unsurprising given the regional variations in nurse education and practice. While the challenges associated with transition to practice are well-documented, less clear are the potential causes and optimal solutions.

Conclusion: Given the jurisdictional differences in nurse education and conditions on employment, international evidence has limited applicability in the local context. In-country research, specifically mixed methods studies, are needed to best inform practice. Experienced nurses have an important role to play in ensuring an environment conducive to NGN transition to practice. As undergraduate education consists of a broad range of inputs including the student, the curriculum, the academic and clinical educators, infrastructure and management, and clinical practice sites, these areas also require further examination.

P68 Nursing Competency Assessment: from paper-based system to a digital portfolio

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¹*Atlantic Technological University, Donegal, Ireland;* ²*Axia, Dublin, Ireland*

Abstract:

Introduction: The Covid Pandemic highlighted the importance of nurses and accelerated the switch to digital solutions. This project was a collaboration between a University and a Digital company to enhance the practice assessment of student nurses by replacing a paper-based system with a digital portfolio.

Background: The Nationally Competency Assessment Document (NCAD) is the clinical assessment tool used nationally in Ireland for assessment of clinical nursing competency. Used by all third level institutions involved in the practice assessment of nurses in Ireland. The University engaged with the Digital company, with over 10 years using its technology to enable health based professional bodies, support members to capture evidence of their professional development.

Methods: This involved the transferring of the paper copy version of the NCAD to a digital online dashboard accessible on cloud. This involved a multidisciplinary collaboration with academics, nurse practice development partners, clinical nursing staff and nursing students.

Outcomes: Previously the paper processes, meant much time was wasted physically transferring paper document between different clinical practice settings to ensure all required actions completed. Now with the document is online, calculations are made automatically, checks/visits are automated and staff/students with permission to access it can do so whenever they wish in a secure and security protected manner. Students' experience has been significantly enhanced because as they can access their portfolio from any device which has a browser including their mobile devices.

Conclusion: This is the first Technological University in Ireland to successfully implement, on a phased approach clinical practice assessment online accessible by students and staff for all four stages of the undergraduate nursing degree. This presentation provides an overview of the change process, challenges overcome and sets the bar for other Universities to follow in terms of digital transformation and sustainability in clinical nurse education and assessment.

P69 Happiness and its Determinants among Nursing Students

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¹ All India Institute of Medical Science College of Nursing, New Delhi, India; ² Indiana College of Nursing, Kamataka, India

Abstract:

Introduction: Being happy in life is essential to being healthy, which is important for nursing students to grow and adapt well in their professional lives.

Aim: To assess the level of happiness and identify the determinants of happiness among nursing students.

Materials & Methods: 342 undergraduate nursing students College of Nursing, All India Institutes of Medical Sciences, New Delhi, India enrolled in the study by convenience sampling.

Data were collected through demographic information sheets and Oxford happiness questionnaires. Frequencies, percentages, mean, standard deviation, Chi-square test, and multiple linear regression were used to analyse the data.

Outcomes: The mean happiness score of nursing students was 3.96 ± 0.59 on a scale of 6. The percentage distribution showed that 43.2% of the students responded “not particularly happy”, and 42.1% were “rather happy”. The current year of study, the number of close friends, stress experienced in the past six months, and engagement in physical activities contributed 53% of the variance in the happiness score of nursing students ($p < 0.001$). Further, monthly family income ($P = 0.018$) and choice of course ($P = 0.003$) had a significant association with their happiness score.

Conclusion: Nursing students had a moderate level of happiness. The study suggests that there is a need to develop strategies to enhance happiness among nursing students in alignment with the identified factors. Educators need to develop a holistic curriculum giving equal importance to academic competencies and personal flourishing.

[illegible]

P70 Nursing conceptualisation within cultural and professional context: a methodological example

Dr Nicola Pagnucci^{1,5}, Dr Angela Tolotti², Prof. Franco Carnevale³, Dr Dario Valcarenghi², Prof. Loredana Sasso⁴, Prof. Annamaria Bagnasco⁴

¹RCSI University of Medicine and Health Sciences, Dublin, Ireland; ²Oncology Institute of Southern Switzerland, Ente Ospedaliero Cantonale (EOC), Switzerland; ³Ingram School of Nursing, McGill University, Canada; ⁴Department of Health Sciences, University of Genoa, Italy; ⁵Department of Translational Research and of New Surgical and Medical Technologies, University of Pisa, Italy

Abstract:

Introduction: Nursing theories play a crucial role in shaping knowledge and practice, but there is an ongoing debate about the gap between theory and practice in nursing. Theories and models developed in English-speaking countries may not align with local cultural and professional contexts in other countries where they are applied, which poses challenges in their practical application.

Objective: This study proposes a methodology for nursing theorising with consideration of local contexts.

Methods: This study was conducted in Italy, which was chosen as a representative local context for the investigation. A Scoping Review was used to identify and map the nursing knowledge relevant to nursing practice in Italy. Fawcett's metaparadigm was used as a general framework for the literature analysis and helped to identify four main disciplinary concepts in nursing practice.

Outcomes: We have identified four disciplinary concepts that are related to the local cultural and professional context. These concepts are as follows: (1) the person is seen as an integrated whole, who is part of a system of relationships and an active agent in promoting their own health; (2) the environment is defined as a physical, social, and relational context; (3) health is viewed as a fundamental individual and collective good that integrates physical, emotional, social, and economic dimensions; (4) nursing is a knowledge-based profession that requires specific skills. It is guided by values and ethical norms. Nursing action is a procedural action that is based on a relationship with a person. Through interventions of a technical and informational nature, nursing action aims to promote health.

Conclusion: This investigation demonstrated how an inductive reflective approach can be employed to map nursing practice and define disciplinary concepts, which can guide the development of conceptual/theory and professional actions within a specific cultural and professional context.

P71 Evaluation of a Dedicated Clinic for Women with Hyperemesis Gravidarum

Mrs. Jean Doherty¹, Dr Eileen O'Brien², Dr Sarah Louise Killeen¹, Ms Sinead Curran¹, Mrs Helen McHale¹, Ms Melanie Bennett¹, Ms Lucile Sheehy¹, Dr Suzanne Murphy¹

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Abstract:

Introduction: Hyperemesis Gravidarum (HG) is a severe form of nausea and vomiting in pregnancy that affects 1-3% of women and has profound nutritional, physical and psychological consequences. Qualitative research has previously shown that women with Hyperemesis Gravidarum (HG) report inadequate infrastructure for day case management and inconsistent care planning for this debilitating condition. In response, the multidisciplinary IRIS Hydration Clinic was developed. The clinic provides routine day case care for women with HG in a dedicated unit with specific appointments. Women receive support from midwives, dietitians, obstetricians and mental health professionals, and get the benefit of peer interaction.

Aims & Objectives: To assess a dedicated clinics feasibility and effectiveness.

Methods: A sequential mixed-methods study commenced in August 2021. Women were invited to complete a questionnaire to gather baseline symptoms, well-being, and dietary intake. Women are followed up 6-8 weeks later with the same questionnaire (n=50). Interviews were held to evaluate women's experiences of HG and attending the IRIS clinic. A chart review was conducted to gather data from women who attended NMH with a diagnosis of HG (n=200).

Outcomes: The research team will present data on this novel clinic setup and the findings from the interviews and questionnaire data. The clinic was found to improve physical symptoms and psychological well-being. Relationships built through continuity of care and camaraderie with fellow HG patients were significant factors in women's satisfaction with the clinic. Emergency department and overnight admissions for HG were reduced for women attending the clinic.

Conclusion: Developing a dedicated day case clinic improves physical and psychological symptoms for women suffering from HG. The findings enable us to suggest recommendations for improving and expanding the IRIS clinic, and promoting HG clinics for all maternity units, nationwide.

P72 Sex Specific Cardiovascular Risk Factors, So Much to Learn!

Ms Fiona Colbert¹, Mr Paul Stoneman¹, Mr Joseph Adams¹

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Abstract:

Introduction: Cardiovascular disease (CVD) is still amongst the biggest killers worldwide and remains the leading cause of death in women (Lawless et al, 2023). 80% is believed to be preventative (WHO, 2023), this may be reduced through comprehensive risk factor management. There continues to be disparities between women and men at every stage of their care from diagnosis, treatment, follow up and prognosis (Holtzman et al, 2023). There continues to be a misconception that CVD is a disease of men (Lawless et al, 2023), one third of women in their 40's will develop some degree of coronary disease. There are multiple sex specific risk factors that affect both men and women. Yet there is little or no research on these, in particular looking at knowledge of healthcare professionals.

Aims & Objectives: To evaluate if there is indeed disparity amongst women's diagnosis, treatment and outcomes in CVD.

Methods: Literature review.

Outcomes: The evidence is clear that women are under diagnosed, under treated and under researched (Gulati, 2023). There is near clear research on how sex specific risks affect women. The recent ESC guidelines in prevention (Visseren et al, 2021) have included more sex specific risks, however we need to improve our screening tools to include these along with tradition risks. Education should include sex specific risk factor management for both healthcare professionals and patients.

Conclusion: Through education and a public awareness campaigns we can increase knowledge and hope to have more women engage in their cardiovascular health. We also need to encourage our research colleagues to include women equally and to look at sex specific risk factors and how hormones effect women CVD risk and on the treatment/medications we provide. To ensure that real change is achieved we need to engage with policy makers to focus on a new cardiovascular strategy.

P73 A Realist Synthesis of Dementia Education Programmes for Pre-Registration Nurses

Miss Aoife Conway¹, Dr Deirdre Harkin¹, Prof. Assumpta Ryan¹

¹*Ulster University, United Kingdom*

Abstract:

Objective: Many dementia education programmes have been developed and introduced specifically for student nurses. These interventions have been studied to examine their impact on student learning. However, there remains a need to understand the factors that influence their effectiveness. This realist review synthesizes the literature on dementia education and explores possible contextual factors, mechanisms, and outcomes (CMOs) shaping the success of dementia education interventions for nursing students.

Methods: A realist review was conducted with a search of Medline, CINAHL, Scopus, ProQuest Health and Medical databases using the terms “Dementia” and “Education” and “Nursing student” and related synonyms. Citation searching and hand searching were used in the identification of other studies. Following an assessment of relevancy, twenty-five studies remained and are included in this review. Key data were extracted from studies, and realist analysis was used to identify how contexts and mechanisms led to different outcomes.

Outcomes: This review found the need for face-to-face education with diverse modalities, emphasising personal narratives and emotional connections, alongside interventions featuring high fidelity, active engagement, reflective opportunities, knowledgeable instructors, and peer support. Analysis uncovered how this contributes to broader outcomes encompassing knowledge, attitudes, confidence, satisfaction, and empathy. This review highlights the need for aligned, standardised approaches within nursing curricula, while also addressing gaps in understanding long-term advantages and the impact on academic achievement.

Conclusion: The analysis of the reviewed studies yields key findings that can guide the development and enhancement of future dementia education initiatives, ultimately elevating the quality and influence of education for nursing professionals in dementia care. Further research directions highlighted in this review include investigating sustained benefits of dementia education, understanding practical knowledge application within intricate workplace contexts, evaluating academic recognition and curriculum alignment's impact, involving people with dementia and caregivers in curriculum design, and addressing challenges tied to mandatory education.

P74 The Impact of Affirmations Cards during Pregnancy, Birth and Postnatal

Miss Teresa McCreery¹, Ms Alice Hoffmester¹, Ms Katie Cosgrove¹, Ms Sharon Egan¹, Ms Amanda O'Connor¹, Ms Jean Doherty¹, Ms Sarah Cullen¹

¹*National Maternity Hospital, Dublin, Ireland*

Abstract:

Background: Pregnancy and childbirth is a profound psychological, physical and emotional experience. Physical and hormonal changes alongside the emotional strain of pregnancy may result in fear and anxiety around the pregnancy, birth and motherhood. These emotions will negatively impact the mother's experience and ability to feel in control. Affirmations are used as powerful tools to manage negative emotions and promote a feeling of self-control. Relaxation and guided imagery techniques are considered safe and useful health professionals to recommend to pregnant women (Gedde-Dahl and Fors, 2012). A Community Midwife, upon recognising the impact of spoken affirmations for women, during labour, designed a set of positive affirmation cards for pregnancy, labour and the postnatal period. These cards are available upon request, free of charge. Over 800 sets of cards were distributed in 2023.

Aim: To assess the impact positive affirmation cards have when used during the antenatal, labour and postnatal period.

Methods: Anonymous online questionnaire, including ten tick-box questions plus an option to leave a comment/recommendation.

Results: Analysis from 160 responses are in the results which include the impact of the positive affirmation cards, the respondent's parity, birthplace, initial feelings of anxiety in relation to their pregnancy and/or birth and the point in the labour and birthing journey the respondents found the cards most useful. The results also include women's reaction to the size of the cards, the visuals used in the cards and if they would recommend the cards to a friend. The majority of respondents reported an increase in their confidence and alleviation of fears with the affirmation cards.

Conclusion: The long-term implications of a positive birth on a woman's health and wellbeing should not be underestimated. Positive affirmation cards were positively evaluated through increasing women's confidence and alleviating fears and therefore are recommended for use in pregnancy and beyond.

P75 Pedagogical Strategies to Improve Emotional Intelligence: a Systematic Review

Dr. Francesca Napolitano¹, Dr. Michela Calzolari¹, Dr. Nicola Pagnucci¹, Dr. Milko Zanini¹, Prof. Gianluca Catania¹, Dr. Guiseppe Aleo^{1,2}, Prof. Lisa Gomes³, Prof. Loredana Sasso¹, Prof. Annamaria Bagnasco¹

¹University Of Genoa, Italy; ²Faculty of Nursing and Midwifery, RCSI University of Medicine and Health Sciences, Dublin, Ireland; ³Nursing School, Minho University, Campus de Gualtar, Portugal

Abstract:

Introduction: Emotional Intelligence (EI) enhances individual ability to manage emotions and their repercussions within relational and social contexts (1). EI in nursing education should become a cornerstone.

Aims & Objectives: Identify and define the best pedagogical strategies to improve EI among undergraduate nursing students.

Methods: This systematic review followed the Joanna Briggs Institute (JBI) guidelines for systematic reviews of effectiveness (2) and was registered in PROSPERO. Studies based on educational programmes and/or activities based on development of EI in nursing students were included in the review. Searches were conducted across seven databases: MEDLINE, The Cochrane Library, SCOPUS, CINAHL, EMBASE, PsycINFO, and ERIC. Additionally, Open Gray were consulted. No time limits were set. The quality of studies was evaluated using JBI tools and Mixed Methods Appraisal Tool (MAAT) for mix-method study.

Outcomes: 19 articles were included in the review. The pedagogical strategies most used were the simulation and the role playing, and the lessons face-to-face. In some cases, studies combined two or three pedagogical strategies. The most effectiveness strategy was the simulation which improves EI levels, compassion, self-awareness, self-efficacy, empathy, critical thinking, clinical practice skills, and teamwork skills. Furthermore, the combination of lessons, simulations and exploration in literature was a lot effective and developed communication skills and improved students' satisfaction.

Conclusion: Implementing EI programme in nursing curriculum could improve nursing care, communication skills and nursing wellbeing.

P76 Endoscopy Nurse Trial with the use of FIT Tests

Miss Mary O'Sullivan¹

¹St Luke's General Hospital, Kilkenny, Ireland

Abstract:

The National Clinical Endoscopy programme was established in 2016 to coordinate several activities to improve endoscopy services. The endoscopy programme is housed within the Acute Operations Division of the HSE and the programme is overseen by the National Endoscopy Steering Group. The programme secured funding for nursing post across all hospital groups with particular emphasis on triage and validation of endoscopy referrals.

The endoscopy triage role is a nurse led service commenced in SLGH 2021. The triage CNM2 focus is on immediate comprehensive patient assessment for all GP referrals for gastro endoscopic procedures. This supports improvements to scheduling of patients for endoscopy procedures, or where appropriate to offer an alternative care pathway for patients.

My aims are to ensure appropriate and timely care for all patients.

I ensure standardisation of endoscopy triage in SLGH using approved methods and guidelines. Faecal Immunochemical Test (FIT Test) are offered for all colonoscopy referrals. Also, appropriate scheduling of patients to the endoscopy unit, out-patients department or return the referral to the GP with advice. This ensures earlier treatment for patients with symptomatic bowel disease and thus preventing them from progression to greater illness. The role encourages health promotion and the use of available resources such as Quit.ie and Bowel Screen. There is now improved communication between GPs and the hospital. Data on the pathway of each patient is collected on a monthly basis. This data is shared with the Acute Operation Steering Group in the RCPI Dublin and also locally with the Endoscopy Governance Group. This is discussed monthly and opportunities for continued quality improvement identified.

The first four months of FIT testing has shown our high FIT tests have a 72% pathology rate. All these patients had early treatment without a long wait thus preventing advancement of their bowel disease.

P77 Transforming the Experience of Women with Suspected Miscarriage

Miss Josie Scanlon¹, Ms Lisa O'Hanlon¹

¹*Our Lady of Lourdes Hospital, Drogheda, Ireland*

Abstract:

Introduction: The National Maternity Bereavement Experience Survey was conducted for the first time in 2022. Women and their spouses were given the chance to report their experiences with maternity bereavement care through this survey. The findings from this survey show that the majority of parents who lost a baby in the second trimester expressed satisfaction with the treatment they received, while a sizable portion did not (National Care Experience Programme, 2022). Care for the majority of these women and their partner begins in the Emergency Department (ED).

Aim: To improve the experiences of women presenting to the ED with suspected miscarriage up to 23 weeks gestation.

Method: Set up a private designated area within the ED that can facilitate both the woman and her partner/family member/friend while waiting to be seen and either admitted or discharged by the Obstetrics/Gynaecological Doctor.

Outcome: This sub-waiting area is separate from the main ED waiting area; it is located within the major's area of the ED. Women with suspected miscarriage who were stable at triage would have waited in the main ED waiting area prior to this quality improvement initiative. The sub-waiting area is suitable for women who are deemed stable at triage and do not require urgent resuscitation. Women who are brought to this sub-waiting area from triage will have a nurse assigned to care for them. Comfort packs that include sanitary products are available within this designated area. Nursing staff working within the ED have received education from a bereavement midwife on how to communicate with women who are experiencing pregnancy loss. There is a designated room within the ED where Obstetrics/Gynaecology patients are seen and assessed by the doctor.

Conclusion: Care received can take place in a quiet, comfortable environment, where privacy is ensured.

P78 Design of an Original Dementia Symbol

Miss Jenny Demetria¹, Ms Blanaid McCabe²

¹Our Lady of Lourdes Hospital, Drogheda, Ireland; ²RCSI Hospital Group, Dublin, Ireland

Abstract:

Introduction: The significance of Dementia symbol in acute care impact on physical, psychological and social well-being of the patient, family and healthcare provider. Majority of nursing and healthcare staff have a basic understanding of the complexities of caring for patients with Dementia (Tadd, 2011).

Aims & Objectives: To create a symbol and awareness of a person with dementia within acute hospital, leading to a trigger for Dementia pathway and care bundle as per the National Dementia Strategy. The symbol underpins person-centred care.

Methods: The symbol was created in line with Irish National Audit in Dementia Care (INAD) recommendation that all acute hospital must have a visual identifier of dementia. The dementia steering committees aim was to develop a discreet symbol. The possibility of adapting an established Dementia symbol was explored but cost incurred became prohibitive. The designed created is an innovative bespoke symbol. Both the blue Forget-me-not flower and a butterfly combined that represent transformation, rebirth, hope and bravery (Regan, 2021). The colour purple has a long-standing association with dignity and calming effect on mind and body (Braam, 2023).

Outcomes: A clear identifiable symbol representing patient with Dementia diagnosis within acute hospital system from admission until discharge. The steering committee were successful at Spark seed innovation campaign to support the symbol.

Conclusion: The new symbol received an instant positive response during World Alzheimer's Day awareness event. Currently waiting for the materials to properly launch and commencement of this successful quality initiative.

[illegible]

P79 Developing and evaluating a wellbeing programme for students with ADHD

Dr Louise Kavanagh McBride¹, Dr Margaret McLafferty^{1,2}, Mr James Sweeney¹, Dr Elaine Murray²,
Ms Natasha Brown¹, Dr Gail Cummins¹

¹*Atlantic Technological University, Donegal, Ireland;* ²*Ulster University, United Kingdom*

Abstract:

Background: The college years can be difficult, with many students struggling with their mental health and wellbeing during this time. It can be particularly challenging for students living with ADHD and it is important therefore to provide support in the college setting. The main aim of the Irish Student Wellbeing and ADHD Project (ISWAP) was to develop, deliver and evaluate a novel wellbeing and mental health literacy programme for students living with ADHD.

Methods: I-SWAP was conducted in Ulster University and in ATU Donegal in Spring 2023. Students, over the age of 18, who screened positively for ADHD, through the use of the Adult ADHD Self-Report Scale (ASRS-v1.1) were invited to participate. Mental health literacy and wellbeing sessions were developed and delivered by trained facilitators over an 8-week period. Sessions lasted an hour each week and were delivered in-person, on the various campuses. Weekly online sessions were also available. Questionnaires were completed pre- and post-sessions by participants (N=48) and an evaluation form was completed after each session. Focus groups were also conducted to gain insight into the unique factors associated with the delivery, adherence to, and success of the programme (N=15). Interviews with the facilitators (N=2) were also conducted.

Results: Students who availed of the mental health literacy and wellbeing sessions found them to be very beneficial and recommended that the programme should be continued. Both positive and negative themes were identified, and a number of recommendations were made in relation to the programme by both participants and facilitators. Pre and post session and 4-month follow up surveys revealed that depression scores decreased while self-esteem and help-seeking behaviour increased among this cohort.

Conclusions: The findings from this pilot study highlight the importance of developing tailored interventions and cost-effective strategies to support the wellbeing of students living with ADHD.

P80 Nursing Literature Mapping in Neurodegenerative Diseases: A Scoping Review Protocol

Ms. Mariarosaria Gammone^{1,2}, Prof. Gianluca Catania¹, Prof. Milko Zanini¹, Mrs Saba Motta³, Mrs Giacomina Clara Moreschi², Prof. Loredana Sasso¹, Prof. Annamaria Bagnasco¹

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Abstract:

Introduction: Neurodegenerative diseases (NDs), such as dementia or Parkinson's disease, represent a public health problem worldwide (Erkkinen et al., 2018). There is a need to establish research priorities (RPs) in the NDs' nursing care to ensure targeted and quality care for these patients. Even though there are many approaches for setting RPs, there is yet to be a standard method to conduct them.

Aims & Objectives: To explore topics and themes covered in the nursing literature about NDs and to discuss research gaps and future directions.

Methods: This scoping review protocol follows the Joanna Briggs Institute guidelines (Peters et al., 2020) and the PRISMA-Scr Checklist for reporting (Tricco et al., 2018). According to Viergever et al.'s work (2010), this protocol represents the first step in setting RPs, the "preparatory work." CINAHL, PubMed, Embase, and Open Grey databases were queried. The research team will include articles published from 2013 to 2023 to assess the trend over the past ten years. Adapting the Child Health and Nutrition Research Initiative (CHNRI)' standardized method (Rudan, 2016) (Rudan et al., 2008) for addressing the research priority process, every research question of the included studies will be extracted and categorized in a specific Nursing Data Matrix.

Outcomes: Currently, the title/abstract screening phase is in progress. Based on the Nursing Data Matrix analysis, the research team will explore the most addressed topics and themes and discuss the nursing-care gaps identified in the literature about NDs. Through this review, it will be possible to map the literature and identify research gaps to determine new nursing RPs in NDs, which will be validated in a second phase through the involvement of experts/stakeholders.

Conclusion: The nursing research priorities will aim to guide future nursing research to improve patient outcomes in NDs, promoting the best possible, most effective, and efficient care.

P81 Effectiveness of Simulation on Nursing student

Mrs. Milan Tirwa¹

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Abstract:

Introduction: Simulation is an educational strategy; a technique that can be used to replicate or amplify the real-life experiences with guided experiences that evoke significant aspects of the real work in an interactive manner. No studies have been done in assessing & managing patients as per ATLS guidelines by the nursing students.

Aims & Objectives: To evaluate the effectiveness of simulation on improvement of knowledge, skill & its retention among Nursing students in initial assessment & management of multiple injured patients as per ATLS guidelines:

1. To assess baseline knowledge & skills of students related to initial assessment & management of multiple injured patients as per ATLS guidelines
2. To assess the post intervention knowledge & skills of students
3. To assess the pre and post intervention confidence of students

Methods: Quasi experimental study was conducted on 70 participants. Knowledge, skills and confidence were assessed by giving an intervention including simulation based video, case scenarios along with hands on skill. The knowledge & skill scores were assessed as good, average & poor by determining the knowledge scores & observation checklist. Confidence was assessed by Likert scale. Statistical analysis included descriptive statistics, repeated measure ANOVA, Friedman's test & post-hoc analysis.

Results: There was a statistically significant ($p < 0.05$) improvement in the mean knowledge scores at baseline, post-test 1 & post-test 2. There was a statistically significant ($p < 0.05$) improvement in the mean skill scores at baseline, post-test 1 & post-test 2. The confidence of the participants after the intervention in post-test 1 was 78.70 \pm 7.75 and post-test 2 70.75 \pm 7.96. There is a statistically significant difference in the confidence of the participants before & after the intervention ($p < 0.05$).

Conclusion: Simulation training sessions should be encouraged for the students.

P82 Intellectual Disability Nurses experiences of Audit-Feedback in Clinical Practice

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Abstract:

Aims of the study: The aim of the study is to ascertain the experiences of intellectual disability nurses of audit and feedback in clinical practice.

Method: This study was conducted using a phenomenological research design using data collected from two focus groups with a purposive sample of four participants in each group. The data was analysed using (1) framework which consists of six phases. Five themes emerged from the analysis. These include; characteristics of audit, feedback issues, fear arising from audit and the feedback process, benefits of audit, and strategies to improve the effectiveness of audit and feedback process.

Results: The study revealed that there were a number of issues relating to the audit and feedback process that hindered its application and effectiveness in clinical practice. In addition, strategies to improve the process were identified by the participants. Despite the many challenges in conducting effective audit cycles, the nurses did acknowledge and appreciate the benefits of the process which contributed positively to the care given within the ID service and to their professional development.

Conclusion: Recommendations to improve the quality of audits within ID services include; reviewing the manner in which feedback is designed and delivered, reviewing the frequency of audits, ensuring that staff receive adequate training on audit and feedback; and finally, developing the role of 'Audit Champion' within the service. Although this study involved only two small groups of intellectual disability nurses in one site in Ireland, the findings may have relevance for nurse practitioners, nurse educators, nurse managers, and others elsewhere who work within the Intellectual Disability services.

[illegible]

P83 Intention-to-leave among nursing home directors – A cross-sectional study, Ireland

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Abstract:

Background: According to 'Projections of Demand for Healthcare in Ireland: 2015-2030', the demand for resident places projected to increase from 29,000 to 44,600. A recent Irish report 'Experiences of Directors of Nursing in Preparing for and Managing Covid-19 in Care Homes for Older People', found "that almost one fifth (19%) of Directors of Nursing (DONs) were actively seeking other work, while a further 28% admitted to thinking of leaving their post.

Aim: The aim of the study was to understand the quality of the working environment, and the impact on burnout and turnover intention for DONs and Assistant Directors of Nursing (ADONs) in residential Long-Term Care (LTC) settings in the Republic of Ireland.

Method: Participants were asked to complete a 93 item anonymous online survey. Survey items included demographic questions, the Nurse Manager Work Environment Scale (NMWES), the Maslach Burnout Inventory and the Utrecht Work Engagement Scale (UWES).

Findings: A total of 195 respondents completed the survey, which included 142 (72.8%) DONs and 53 (27.2%) ADONs. Of the respondents, 49.2% (N=96) had a Master's degree or higher, and 51.8% (n=101) had a postgraduate qualification in gerontology. The great majority (85.5%; n=165) of the respondents reported considering leaving their position in the past year. Just over half the participants (50.8%; n=99) agreed/strongly agreed that their workload has increased and has become less manageable, while only 33.6% (n=64) agreed/strongly agreed that they have enough budgeted staff to meet operational demands.

Conclusions: Staffing issues and increasing workload can have a significant negative impact on the work environment and of DONs and ADONs. A high intention to leave their role may indicate reduced job satisfaction. These issues could be mitigated with adequate staffing levels and a review of the workload and work environment of DONs and ADONs.

P84 How cross-cultural challenges affect migrant nurses/midwives' acculturation and retention

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Abstract:

Background: In the face of severe shortage of nurses and midwives, global recruitment and migration of nurses/midwives has grown increasingly in recent years. Countries in Europe and other rich income countries, are increasingly relying on the contributions of migrant nurses and midwives as a vital element of their health workforce; however, there is a growing concern on the cross- cultural experiences of migrant nurses and midwives in their host countries that might impact acculturation and retention.

Objective: To systematically review qualitative studies that explore the cross-cultural challenges experienced by migrant nurses and midwives working abroad, as well as how these challenges affect acculturation and retention.

Method: We searched several databases for qualitative studies that explored cross-cultural challenges experienced by migrant nurses / midwives in their host countries and how these challenges impact acculturation and retention. We used a predefined search strategy and inclusion criteria to identify relevant studies. We then extracted data from the studies and synthesized the findings.

Results: We identified 12 studies that met our inclusion criteria. The studies were conducted in different countries in a variety of settings and with different populations. The findings suggest that Cultural adaption for migrant nurses/midwives is unavoidable while travelling between different countries. Hence increased attention to cultural aspects of migration, such as acculturation programs, is crucial for easier transitions for migrant nurses and midwives.

Conclusion: Migrant nurses and midwives have the capacity to thrive in a culturally sympathetic and professional sociocultural context. Nevertheless, considerable progress in several areas is needed if this workforce is to be properly retained over the long run.

P85 WITHDRAWN

P86 Establishment of the Adult Multispecialty Lysosomal Storage Disorders Clinic

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Abstract:

Introduction: Lysosomal Storage Disorders (LSDs) are a group of rare Inherited Metabolic Disorders resulting to progressive multisystemic disease. These disorders often require multiple medical appointments in different centres. Almost 200 patients diagnosed with LSDs in the Republic of Ireland > 18 years old attend the National Centre for Inherited Metabolic Disorders (NCIMD).

Aims & Objectives: 1. To design and implement a unified framework of care. 2. To link different clinical services across the hospital, to allow a personalised treatment plan on a single hospital visit.

Methods: On July 25, 2023, we launched the first Multispecialty LSD Clinic as a shared service between the following teams:

1. NCIMD (Medicine, Specialist Nursing, Genetic Counselling, Psychology, Social Work)
2. Cardiology Consultant and Cardiac Investigations
3. Nephrology Consultant
4. Phlebotomy and Laboratory
5. Audiology
6. Centre for Liver Diseases

Outcomes: 12 patients were invited nationally. Every patient was reviewed by appropriate services and underwent investigations as planned. The clinic ran over a 5-hour period. The average number of professionals/services each patient attended during the clinic was 6. Verbal feedback from both patients and professionals on the day was positive.

Conclusion: Launching this clinic allowed for both precision and holistic medicine in an outpatient setting. This also facilitated education and up-skilling of multidisciplinary staff across the hospital to manage patients with LSDs. The patients felt that it was an "efficient way" of facilitating hospital appointments. The professionals who were present rated the clinic as excellent and described the multispecialty model as a "rich learning environment".

Following the successful implementation of the first Multispecialty LSD Clinic, NCIMD intends to conduct the next one in 6 months with a number of other specialist teams involved and with the intention of it becoming a biannual clinic.

P87 Transforming Nursing Practice By Understanding Aggression In Older Person Settings.

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Abstract:

Introduction: Whilst it has been well documented that the risk of aggression whilst delivering personal care in this field is high, a number of incidents occur in communal areas, with the presumption that this is symptomatic of the person's illness.

Aims and Objectives: This study explored environments at the time of incidents in facilities to establish if current training in managing aggression recognises the complex needs of the older person. Whilst exploring if newer purpose-built homes experienced less aggression, with similar staffing ratios as older homes. It examined the activities residents engaged in if they were sufficient, and the effect they had on the environment, and how understanding this may transform nursing practice.

Methods: Ethical approval for this quantitative study was Via DKIT and the Nursing Home Ireland National Nursing Committee. Incidents of aggression in all private and voluntary sector homes in Ireland were studied via an anonymous online survey, comparing design eras, size, staffing ratios, dynamic environment at the time of an incident, and staff training in the management of aggression and violence. Data was analysed using SPSS and Braun and Clarke's thematic analysis.

Outcomes: The results revealed that rooms were used as multi-function rooms, with multiple activities taking place in one room often due to staffing levels. Signage in these areas to toilets was often missing and access to the outside environment was poor. Incidents increased in the afternoons and evenings with fewer activities. The thematic analysis highlighted that this was expected behaviour because of the diagnosis and the misconception that medication is the solution.

Conclusion: Transformation of nursing practice through education and training should be specific to the residents' and care homes' complex needs. Further research increasing staff's awareness of the need to participate in research in order to improve practice is needed in this area.

P88 A Quantitative Analysis: Nurses/Midwives' Attitude and Perception towards Open Disclosure

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Abstract:

Introduction: Open disclosure (OD) involves transparent, truthful, empathetic, and timely communication among patients, families, and healthcare professionals (HCPs) affected by adverse events. Nurses and Midwives play a crucial role in identifying, addressing, and reporting healthcare errors. However, knowledge regarding their views on disclosing errors to patients and attitudes toward OD practices is limited. This analysis focuses on Nurses' and Midwives' attitudes and perceptions in OD.

Aim and Objectives: To explore Nurses/Midwives' attitudes and perceptions regarding the OD of patient safety incidents.

Methods: A mixed-method approach with a sequential explanatory design was employed. Data collection involved a cross-sectional survey of 417 healthcare professionals (HCPs), including 282 nurses and midwives drawn from the RCSI hospital group. Differences in nurses' attitudes and perceptions of OD according to general characteristics were examined using the Kruskal-Wallis 'H' test and Mann-Whitney 'U' test. Canonical Correlation Analysis (CCA) was performed to assess the shared multivariate relationship. Hierarchical regression assessed how demographics, OD training, and safety incident involvement uniquely contributed to nurses' attitudes. Ethics approval was secured from respective clinical sites.

Outcomes: The study highlights age-related variations in attitudes and perceptions related to Values, Ethics, role responsibilities, and Interprofessional Communication concerning OD ($p < 0.005$). Notably, significant differences emerged in nurses' justification of OD based on age and OD training status, while years of experience shape their perspectives on OD consequences ($p < 0.005$). CCA reveals a positive relationship between high-quality ethics, Teams and Teamwork, and OD across harm levels. Additionally, negative correlations exist between Interprofessional Communication and the negative consequences of OD, as well as between the justification of OD and Teams/Teamwork.

Conclusion: Recognising and fostering a culture that appreciates nurses' contributions to ethical decision-making, teamwork, emphasising tailored communication for patient safety is essential. Implementing these insights from qualitative exploration is vital to improving overall patient outcomes.

P89 EMER (Early Motherhood Expectations versus Reality) Study

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Abstract:

Introduction: Becoming a parent is one of the most challenging transitions in any human being's life. The postnatal period is a time when women adapt to their new identity as 'woman and mother'. To do this, it is important to women that they strive to achieve competence and self-esteem as a mother, as well as re-gaining their own, and her baby's, health and wellbeing. Little is known about women's expectations of early motherhood. Even though women expect a certain level of change within their everyday life, research has shown most women are unprepared for the degree to which their life was transformed (Staneva and Wittkowski, 2013). Educational and information preparation is key to bridging this expectation-reality gap.

Aims & Objectives: To ascertain new mothers' experiences of early motherhood, and how their experiences differed to their expectations of motherhood.

Methods: This is a qualitative study. A focus group was conducted of women, 2-6 months postnatal, analysed using Reflexive Thematic Analysis (Braun and Clarke, 2014).

Outcomes: One focus group was conducted with six first-time mothers. Four main themes were identified, incorporating 2-4 sub-themes each. Each theme will be presented in detail. Social expectations and the women's own internal expectations did not appear to match the reality of their transition to motherhood. For these women, many factors impacted the gap between what they expected of early motherhood and the reality of their 'return to normal' and new family dynamics. Partner support played a significant role in participant's experiences of motherhood. Most participants received very little information about the postnatal period prior to birth and most of their information came from family, friends and google.

Conclusion: This study found gaps in women's experiences of motherhood compared to their expectations. Midwives have an opportunity to bridge the expectation-reality gap by offering more information, antenatally, to pregnant women.



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