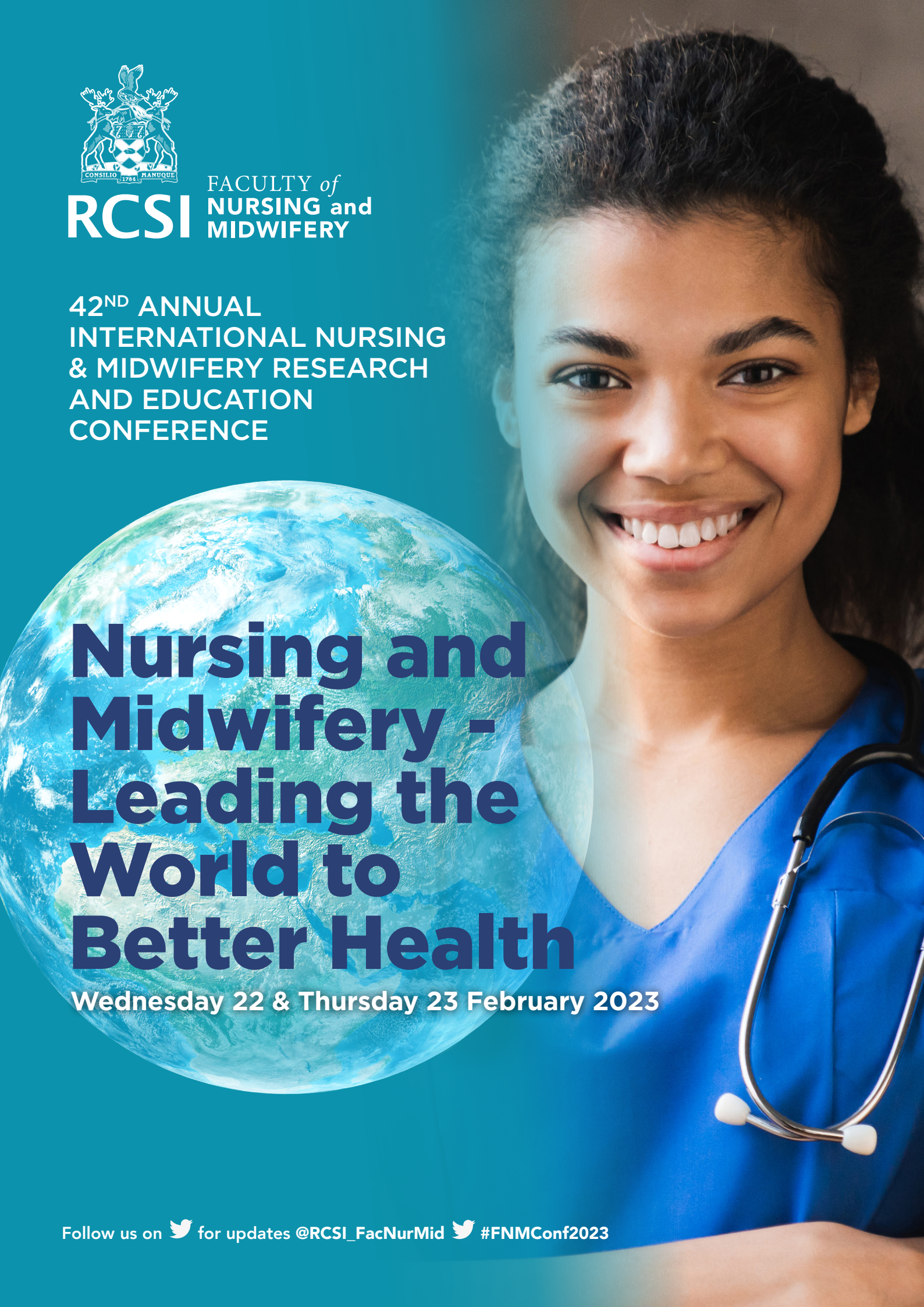




**RCSI**

FACULTY of  
**NURSING and  
MIDWIFERY**

**42<sup>ND</sup> ANNUAL  
INTERNATIONAL NURSING  
& MIDWIFERY RESEARCH  
AND EDUCATION  
CONFERENCE**



# **Nursing and Midwifery - Leading the World to Better Health**

**Wednesday 22 & Thursday 23 February 2023**

Follow us on  for updates @RCSI\_FacNurMid  #FNMConf2023

## CONTENTS

Page 3 - Programme

Page 7 - Oral Abstracts

Page 61 - Poster Abstracts

RCSI Faculty of Nursing & Midwifery would like to thank our sponsors who are supporting the 42<sup>nd</sup> Annual International Nursing & Midwifery Research and Education Conference.



People's Needs  
Defining Change  
HEALTH SERVICES CHANGE GUIDE



2023 Charity Partner



**RCSI GUEST WIFI**  
Select **RCSI-GUEST**  
Enter the password: **RC\$1guest**



	THURSDAY 23 FEBRUARY 2023	
TIME	EVENT	VENUE
07.45-08.55	Registration, Tea/Coffee, Poster & Exhibition Viewing	Examination Hall First Floor
<b>MORNING ADDRESSES</b> (O' Flanagan Lecture Theatre, Ground Floor) <b>Chairperson: Ms Mary Godfrey</b> , Vice Dean, Faculty of Nursing & Midwifery, RCSI		
09.00-09.05	<b>Welcome Address: Dr Mary Boyd</b> Dean, Faculty of Nursing & Midwifery, RCSI	O'Flanagan LT
09.05-09.20	<b>Opening Address: Ms Rachel Kenna</b> , Chief Nursing Officer, Department of Health, Ireland & <b>Professor Thomas Kearns</b> , Executive Director, Faculty of Nursing and Midwifery, RCSI	O'Flanagan LT
09.20-09.40	<b>Keynote Address: Professor Patricia M. Davidson</b> Vice-Chancellor and President, University of Wollongong, Australia and former Dean, Johns Hopkins School of Nursing, Baltimore, USA <b>Title: Embedding Person-Centred Care Within a Model of Health Systems Strengthening: A Better Future For All</b>	O'Flanagan LT
09.40-10.00	<b>Keynote Address: Dr Leslie Mancuso</b> President & Chief Executive Officer, Jhpiego, Maryland, USA <b>Title: Driving a Revolution in Health Care: Innovating and Adapting in Response to Challenges</b>	O'Flanagan LT
10.00-10.20	<b>Keynote Address: Dr Gillian Janes</b> , Associate Clinical Fellow (Leadership and Service Improvement), Manchester Metropolitan University, Manchester, England, UK & Co-Chair, GNLI Digital Project <b>Title: Exploring the Role of Nurses and Midwives in International Policy Development Using a Case Study in Digital Transformation</b>	O'Flanagan LT
10.20-10.50	Tea/Coffee, Poster & Exhibition Viewing	Examination Hall
10.55-11.15	<b>Keynote Address: Dr Katie Huffling</b> , Executive Director, Alliance of Nurses for Healthy Environments (ANHE), Mount Rainier, Maryland, USA <b>Title: Equity, Justice, and Climate Change: An Urgent Call to Action</b>	O'Flanagan LT
11.15-11.35	<b>Keynote Address: Ms Margrieta Langins</b> Nursing and Midwifery Policy Adviser, Health Workforce and Service Delivery Unit, Division of Country Health Policies and Systems, WHO Regional Office for Europe, Copenhagen, Denmark <b>Title: Nursing Policy Leadership in Nursing: Understanding Why it Matters and How to Get There</b>	O'Flanagan LT
<b>Panel Discussion: Nursing and Midwifery – Leading the World to Better Health</b> (O' Flanagan Lecture Theatre, Ground Floor) <b>Chairperson: Professor Thomas Kearns</b> , Executive Director, Faculty of Nursing and Midwifery, RCSI		
11.35-12.20	<b>Professor Patricia M. Davidson</b> , Vice-Chancellor and President, University of Wollongong, Australia <b>Ms Margrieta Langins</b> , Nursing and Midwifery Policy Adviser, WHO <b>Dr Leslie Mancuso</b> , President & Chief Executive Officer, Jhpiego <b>Dr Katie Huffling</b> , Executive Director of the Alliance of Nurses for Healthy Environments (ANHE), Mount Rainier, Maryland, USA <b>Ms Karen Greene</b> , Deputy Chief Nursing Officer, Department of Health, Ireland <b>Dr Gillian Janes</b> , Associate Clinical Fellow, Manchester Metropolitan University & Co-Chair, GNLI Digital Project <b>Professor Jonathan Drennan</b> , Professor of Nursing, School of Nursing, Midwifery and Health Systems, University College Dublin, Ireland	
12.25-12.45	<b>Faculty of Nursing and Midwifery Clinical Bursary Awards</b> Presented by <b>Dr Mary Boyd</b> , Dean, Faculty of Nursing & Midwifery, RCSI	O' Flanagan LT
12.50-13.55	Lunch, Poster & Exhibition Viewing	Examination Hall

## CONCURRENT STRANDS/ WORKSHOPS/ SEMINARS - 11 STRANDS

VENUE	O'Flanagan	Houston	Cheyne	Tutorial Room 4
CHAIR	Mr Paul Mahon	Dr Edward Naessens	Ms Mary Godfrey	Dr Maria Neary
STRAND	<b>Innovations in Nursing Education</b>	<b>Developments in Teaching and Learning</b>	<b>Leadership Transforming Change</b>	<b>Inclusion and Engagement in Healthcare Environments</b>
<b>14.00-14.20</b>	<b>1.1</b> Nurturing Inclusion Through Universal Design for Learning Within Midwifery Education. Dr Anita Byrne, Dundalk Institute of Technology, Dundalk, Co. Louth, Ireland.	<b>2.1</b> The Influence of Healthful (Supervisory) Relationships in Practice-Based Learning. Dr Maria Mackay, University of Wollongong, Australia.	<b>3.1</b> Political Engagement in Nursing: From Bedside to Boardroom. Dr Sylvain Brousseau, Université Du Québec En Outaouais, Canada.	<b>4.1</b> Getting it Right with LGBTQ+ Inclusion: Usualising and Specifising. Dr John Gilmore, University College Dublin, Dublin, Ireland.
<b>14.25-14.45</b>	<b>1.2</b> Transforming Clinical Skills in Nurse Education Utilising Blended Teaching Approach. Ms Mary Moylan, South East Technological University, Waterford, Ireland.	<b>2.2</b> CPD, Job Satisfaction and Intention-to-Leave in Newly-Qualified Nurses and Midwives. Ms Francesca Napolitano, RCSI University of Medicine and Health Sciences, Dublin, Ireland.	<b>3.2</b> Barrier and Enablers That Impact the Nurse Executive Role Internationally. Ms Cora Lunn, University of Limerick, Limerick, Ireland.	<b>4.2</b> A Multilevel Analysis of the Nursing Environment and Staff Outcomes. Dr Noeleen Brady, University College Cork, Cork, Ireland.
<b>14.50-15.10</b>	<b>1.3</b> Developing Nurses' Professional Identity by Using Narrative Medicine Program. Dr Mihaela Catalina Neculau, OAMGMAMR Iași, Romania.	<b>2.3</b> Psychometric Properties of the Albanian Version of the NSE Scale. Prof. Ippolito Notarnicola, Centre of Excellence for Nursing Scholarship, Rome, Italy.	<b>3.3</b> Development of a Critical Care Nursing Workforce Report. Mr Derek Cribbin, Health Service Executive, Dublin, Ireland.	<b>4.3</b> Doing the Little Things in Promoting Patient Participation. Ms Yin Wang, The University of Edinburgh, Scotland, United Kingdom.
<b>15.15-15.35</b>	<b>1.4</b> An International Perspective on Person-Centred Learning. Dr Michele Hardiman, Blackrock Health Galway Clinic, Galway, Ireland.	<b>2.4</b> Baseline Survey of Organisational Readiness to Meet Preceptorship Standards (England). Dr Jane Wray, University of Hull, Hull, England, United Kingdom.	<b>3.4</b> Integrating Sustainability/Climate Change, Safety and Equity in Health Policy. Prof. Charlotte McArdle, NHS England, United Kingdom.	<b>4.4</b> Falls Prevention and Management of Fall Risk. Ms Cristiana Carvalho, Cavan Monaghan Hospital, Co Cavan, Ireland.
<b>15.40-16.00</b>	<b>1.5</b> Academics Use and Adoption of Technology in Higher Education. Ms Eman Fateel, RCSI Bahrain, Kingdom of Bahrain.	<b>2.5</b> 'A Certainty For You, But Maybe Not For Science'. Ms Lara Cunha, ICBAS School of Medicine and Biomedical Sciences, University of Porto, Porto, Portugal.	<b>3.5</b> Discursive Positioning of the ANP in the Irish Healthcare System. Dr Wayne Thompson, University College Dublin, Dublin, Ireland.	<b>4.5</b> Psychometric Properties of the Connor-Davidson Resilience Scale in South America. Prof. Patrick Palmieri, Universidad Norbert Wiener, Peru.

## CONCURRENT STRANDS/ WORKSHOPS/ SEMINARS - 11 STRANDS

VENUE	Albert	Robert Smith	Tutorial Room 1	Tutorial Room 2
CHAIR	Professor Marie Carney	Ms Lisa Cadden	Ms Deirdre Lang	Professor Edna Woolhead
STRAND	Advanced Nursing and Midwifery Practice	Oncology, Palliative and End-of-Life Care	Care of Older Persons	Midwifery, Children's Nursing and Young Adult Care
<b>14.00-14.20</b>	<b>5.1</b> A Nurse-Led Family-Based Approach in Diabetes Care. Dr Khadija Ahmed Matrook, Royal College of Surgeons in Ireland Bahrain, Kingdom of Bahrain.	<b>6.1</b> Family Caregivers' Lived Experiences of Transitioning During End-of-Life Care. Ms Bríd McCarthy, University College Dublin, Dublin, Ireland.	<b>7.1</b> Access to Services for People in Nursing Homes in Ireland. Ms Deirdre Shanagher, Nursing Homes Ireland, Ireland.	<b>8.1</b> Participatory Action Research to Promote Practice Enhancement for Exclusive Breastfeeding. Dr Catherine Buckley, Northridge House Education & Research Centre & University College Cork, Cork, Ireland.
<b>14.25-14.45</b>	<b>5.2</b> Impact of cANP Led Menopause Clinics on Quality of Life. Ms Catriona Key, Scholarstown Family Practice, Dublin, Ireland.	<b>6.2</b> Men Undergoing Prostatectomy for Prostate Cancer: A Narrative Inquiry. Ms Catherine McGarvey, Mater Misericordiae University Hospital, Dublin, Ireland.	<b>7.2</b> Safe Nurse Staffing in Long-Term Residential Care Settings: Staff Outcomes. Dr Ashling Murphy, School of Nursing and Midwifery, University College Cork, Cork, Ireland.	<b>8.2</b> Lived Experiences of Mothers with Down's Syndrome Child Amidst Pandemic. Ms Trisha Nicole Samulde, St. Anthony's College, Philippines.
<b>14.50-15.10</b>	<b>5.3</b> Guidance in Developing ANP Grand Rounds in a Dublin Hospital. Ms Sarah Garvey, Beaumont Hospital, Dublin, Ireland.	<b>6.3</b> Integrating Community Care Pathways with Palliative Care in Advanced Dementia. Ms Donna Mills, Health Service Executive, Ireland.	<b>7.3</b> Long-Term Care Workforce Experiences with Continuing Professional Development Modalities. Ms Carmel Kelly, LHP Skillnet, Dublin, Ireland.	<b>8.3</b> Improving the Experience for Autistic Children Requiring Blood Tests. Ms Jacqueline Lyons, Children's Health Ireland at Connolly Hospital, Dublin, Ireland.
<b>15.15-15.35</b>	<b>5.4</b> Discovering ED Staffs' Experiences and Perceptions of the RAT Service. Ms Donaliza Cromar, Roscommon University Hospital, Co. Roscommon, Ireland.	<b>6.4</b> Factors Affecting the Advocacy Role of Nurses in End-of-Life Care. Ms Claudia Collado-Quezada, The University of Edinburgh, Scotland, United Kingdom.	<b>7.4</b> Meaningful Involvement of People with Dementia In Research. Ms Susan O'Reilly, Health Service Executive/Dublin City University, Ireland.	<b>8.4</b> Using Children's Art to Explore their Experience of Rare Diseases. Ms Niamh Buckle, University College Dublin, Dublin, Ireland.
<b>15.40-16.00</b>		<b>6.5</b> Trends in Cervical Cancer During COVID-19: Implications for Survivorship. Ms Sarah Belton, National Maternity Hospital, Holles St., Dublin, Ireland.	<b>7.5</b> Efficacy Implementing iNEWS in an Older Person Residential Care Service. Ms Florence Horsman Hogan, Leopardstown Park Hospital, Dublin, Ireland.	<b>8.5</b> A Rapid Realist Review of Post-stroke Rehabilitation for Young Adults. Dr Catherine Clarissa, The University of Edinburgh, Scotland, United Kingdom.

## CONCURRENT STRANDS/ WORKSHOPS/ SEMINARS - 11 STRANDS

VENUE	Tutorial Room 3	Newman	Nightingale
CHAIR	Dr Kevin McKenna	Dr Mark White	Ms Marianne Garvey McMahon
STRAND	<b>Mental Health Nursing Across the Lifespan</b>	<b>Digital Transformation &amp; Enhancements</b>	<b>Addressing Health &amp; Social Determinants</b>
<b>14.00-14.20</b>	<b>9.1</b> Implementing Safewards Across 5 Approved Centres in Galway Roscommon. Mr Ciaran Cuddihy, HSE Mental Health Galway Roscommon, Ireland.	<b>10.1</b> Factors Influencing Adoption of Mobile-Applications with People Living with Dementia. Ms Aoife Conway, Ulster University, Northern Ireland, United Kingdom.	<b>11.1</b> Supporting Survivors of Sexual Violence in Nursing Practice. Ms Claire Dosdale, Northumbria, University, Newcastle-upon-Tyne, United Kingdom.
<b>14.25-14.45</b>	<b>9.2</b> Do Mental Health Nurses Develop Physical Healthcare? A Qualitative Study. Dr Gearóid Brennan, University of Stirling, Scotland, United Kingdom.	<b>10.2</b> NEWS Clinical Decision TOOL: Exploration of Nurses Views and Experiences. Ms Nadia Finneran, Roscommon University Hospital, Co. Roscommon, Ireland.	<b>11.2</b> Exploring Challenges Experienced by General Nurses Working in Addiction Services. Ms Samantha Makiwa, Dublin Simon Community, Dublin, Ireland.
<b>14.50-15.10</b>	<b>9.3</b> Service User Experience of Remote Inpatient Mental Health Treatment. Mr Shane Kirwan, St. Patrick's Mental Health Services, Dublin, Ireland.	<b>10.3</b> Mobile Smartphone App Monitoring Hypertension Older Persons: Motivations to Participate. Mr Ismail Kusemererwa, Victoria University, Uganda	<b>11.3</b> Subjective Socioeconomic Status and Health in Adults with Intellectual Disability. Dr Martin McMahon, Trinity College Dublin, Ireland.
<b>15.15-15.35</b>	<b>9.4</b> Modifiable and Non-Modifiable Vulnerability Factors for Perinatal Stress and Anxiety. Dr Karen Matvienko-Sikar, University College Cork, Cork, Ireland.	<b>10.4</b> CREATE Project: The Health Passport Deployment in Intellectual Disability Services. Ms Anne Spencer, St. Michael's House, Dublin, Ireland.	<b>11.4</b> Identifying FREDA Principles in Allegations of Abuse from Residential Care. Dr Niall McGrane, Health Information And Quality Authority of Ireland, Ireland
<b>15.40-16.00</b>		<b>10.5</b> Telemedicine Service for Keratoconus Monitoring. Ms Diana Malata, Royal Victoria Eye and Ear Hospital, Dublin, Ireland.	<b>11.5</b> Muchness: Nurses' Subjective Experience of Well-Being - A Participatory Inquiry. Dr Kate Sanders, Foundation of Nursing Studies, London, England, United Kingdom.
<b>POSTERS, CLOSING ADDRESS AND AWARDS (O'Flanagan Lecture Theatre, Ground Floor)</b> Chairperson: <b>Professor Michael Shannon</b> , Dean Emeritus, Faculty of Nursing & Midwifery, RCSI			
<b>16.10-16.25</b>	<b>Poster Pitch Presentations</b>		O'Flanagan LT
<b>16.25-16.45</b>	<b>Closing Address: Professor Laura Serrant OBE</b> , Regional Head of Nursing and Midwifery Health Education England, UK & Professor of Community and Public Health Nursing at Manchester Metropolitan University, UK <b>Title: Diversity Leadership in Healthcare: A Question of Care, Quality and Safety</b>		O'Flanagan LT
<b>16.45-16.55</b>	<b>St. Luke's Cancer Research Fund Awards</b>		O'Flanagan LT

## Nurturing Inclusion Through Universal Design for Learning Within Midwifery Education

**Dr Anita Byrne<sup>1</sup>**

<sup>1</sup>*Dundalk Institute of Technology, Dundalk, Ireland*

**Introduction:** Recent years have witnessed significant growth in the diversity of learners entering higher education (HEA, 2022). This has required a re-imagining of how learning can be enhanced for all students. Universal Design for Learning is an inclusive, logical and meaningful approach to learning and teaching that recognises and responds to the wonderful variety of learners and learning modalities that exist. UDL adopts a principles based framework to support all students based on three core actions: i) provide multiple means of engagement, ii) provide multiple means of representation and iii) provide multiple means of action/expression (CAST, 2018). This presentation will report on how UDL is being implemented within midwifery education in one higher education institution in the South of Ireland. More specifically, in 2021 UDL was introduced into a final year module that aimed to enhance the knowledge and skills of student midwives with regard to their professional role as educators. In this way, UDL is utilised as a vision 'of, for and as' learning.

**Aims and Objectives:** The aim of the UDL intervention is to enhance the meaningfulness, manageability and comprehensibility of students' learning with respect to their role as educators. Student's views of their engagement, meaningfulness of resource representation and inclusivity of their demonstration of learning were appraised on module completion.

**Methods:** A modest mixed methods evaluation that utilised a Likert survey with qualitative questions was used to appraise student views of UDL.

**Outcomes:** Findings revealed a strong preference for a UDL approach to learning and teaching.

**Conclusion:** UDL principles can be used by educators, curriculum developers, and researchers who wish to implement UDL within their learning environments. It offers a set of manageable educational interventions that can be applied to any discipline to ensure that all learners can access and participate in meaningful and comprehensible learning opportunities.

## Transforming Clinical Skills in Nurse Education Utilising Blended Teaching Approach

**Ms Mary Moylan**<sup>1</sup>, Prof Martina Gooney, Dr Sara Kennedy, Ms Ruth Maher, Dr Heather Jennings, Ms Geraldine Purcell

<sup>1</sup>*South East Technological University, Waterford, Ireland*

**Introduction:** Traditionally, interdisciplinary nursing skills have been taught face to face. However, the Covid-19 Pandemic created an opportunity to pivot how skills content had to be delivered. While the curriculum remained unchanged, clinical skill content needed to be taught, and learning outcomes had to be achieved.

**Aims and Objectives:** There was a requirement to deliver skills teaching in an effective way despite the enforced change due to the pandemic restrictions on face-to-face teaching.

**Methods:** A blended format was adopted, predominantly on-line. Online student engagement was a priority for the teaching team as active engagement has been shown to enhance students' motivation to learn and increase students' satisfaction in achieving their educational goals. Furthermore, positive student engagement can reduce the sense of isolation and lend itself to improved students' performance.

**Outcomes:** This presentation aims to provide an overview of how the skills teaching team, creatively met these challenges, through on-line delivery and a blended learning approach. Problem Based Learning (PBL) underpinned with a philosophical framework based on Critical Social Theory (CST) principles was adopted. An acronym was devised: RAPID (Recognise, Assessment, Plan, Interventions and Discuss) to frame the teaching approach. This enabled students to develop their problem-solving skills and apply them to real world problem-based patient case scenarios, enhancing student engagement and motivation. The students were supported to develop a Portfolio of Clinical Scenarios, to enhance their learning which empowered the students to further develop their critical thinking skills.

**Conclusion:** Future recommendations include the use of problem based learning and the interdisciplinary nursing approach to patient assessment, utilizing the newly devised acronym RAPID.



## Developing Nurses' Professional Identity by Using Narrative Medicine Program

**Dr Mihaela Catalina Neculau<sup>1</sup>**

<sup>1</sup>*OAMGMAMR Iasi, Iasi, Romania*

From a social constructionist perspective, the climate and culture in healthcare are highly influenced by the stories of people sharing professional or personal experiences in their workplace. But at the same time, both, the climate and culture are influencing the way people are constructing their stories and the way the stories are delivered to each other. Knowing that people who are getting medical care usually confront suffering it is not easy for nurses to manage patients' stories and their reactions as people working in nursing.

So, is it opportune to take into focus the stories that touch the nurses during their work with the patients? The answer can be given by what is called the Narrative Medicine Program (Charon, 2006) which opened space for other ways of looking at the stories from the medical area, helping the medical staff to get meaning from their experiences which otherwise might be very difficult to manage.

Starting from Charon's ideas and based on a study on future nurses' professional identity construction, developed using narrative approach practices, to understand how stories from clinical practice contribute to their sense of being nurses, it was noticed that moral identity and also the patient - future nurse relationship are the ones to shape their attitudes and behaviors in relationship with their profession. And even if the Narrative Medicine Program did not assume therapeutic aims, it proved that for the participants the conversations during the program, by getting a sense of their experiences, proved to be relieving, contributing to the development of what was called "stories to live by" (Clandinin & Cave, 2008, p. 769).

One of the most important questions arising from these ideas is how can The Narrative Medicine Program be used to help nurses in constructing stronger professional identities starting from their professional training.

## An International Perspective on Person-Centred Learning

**Dr Michele Hardiman<sup>1,2,3</sup>**, Dr Maria Mackay<sup>3,4</sup>

<sup>1</sup>*Blackrock Health Galway Clinic, Galway, Ireland*, <sup>2</sup>*Atlantic Technology Univerity, Castlebar, Ireland*, <sup>3</sup>*Queen Margaret University, Edinburgh, UK*, <sup>4</sup>*University Of Wollongong, Wollongong, Australia*

**Introduction:** Person-centred learning has been a core element of the development of person-centred cultures. Enabling person-centred cultures have been proven to enhance the experience of care receivers and care providers internationally. Creating the conditions where person-centred cultures emerge requires effective facilitation. Two interconnected PhD studies from Ireland and Australia provide the frameworks for the development of healthful relationships and facilitation to support the development of person-centred cultures.

**Aims and Objectives:** The presentation aims to explore the potential usefulness of using both frameworks, Facilitation on the Run and crafting Healthful Relationships in the context of person-centred learning. The research being presented had the objective of integrating two PhD studies to further develop them for application in practice and academia.

**Methods:** Using principles of person-centred research (Dewing et. al. 2020 p.3), methods of collaboration and critical dialogue have been utilised in a variety of settings and countries to further develop and integrate the two frameworks.

**Outcomes:** Working collaboratively as researchers and as members of an international community of practice of person-centred research (ICOP), the researchers have interconnected the frameworks and developed workshops that allow for the practical application and development. Both frameworks have been implemented internationally within the clinical practice environments a in Australia, Ireland, England, Scotland, Canada and Switzerland.

**Conclusion:** The ultimate goal for healthcare research is for it to translate into practice. The uptake of this research in both healthcare and academia has created new knowledge that informs practice. Overall, the combining of the two PhD studies has provided frontline workers with new skills in creating relationship and facilitating learning with nursing students and nursing staff in the practice setting.

### References

Dewing, J., McCormack, B., & McCance, T. (Eds.). (2021). *Person-centred Nursing Research: Methodology, Methods and Outcomes*. Springer. <https://link.springer.com/book/10.1007/978-3-030-27868-7>

## Academics Use and Adoption of Technology in Higher Education

**Ms Eman Fateel<sup>1</sup>**

<sup>1</sup>*RCSI Bahrain, Busiateen, Bahrain*

**Introduction:** Integrating technology affordances into teaching and learning, is a crucial yet a delicate step. The process requires the academic to have the content knowledge of the subject matter, technological skills to use digital tools, and pedagogic skills. Education programmes have adopted Mishra and Koehler (2006) Technological, Pedagogical, and Content Knowledge (TPaCK) conceptual framework to address technology integration in the education system. The framework provides valuable insight and an understating on the academic self-assessed knowledge domains, and considered an important facet of motivation, and a predictor of academics use and adoption of technology. Only few studies have examined the relative influence of TPaCK domains, and the iterative relationship of TPaCK based on other variables.

**Aims:** To measure the extent of the self-assessed TPACK among academics in higher education and explore its relationship between the participants' demographic and work-related characteristics. The study will also examine the instrument psychometric properties in the Bahraini population using confirmatory factor analysis and structural equation modeling.

**Methods:** A descriptive, correlational, cross-sectional, exploratory, non-experimental quantitative research design using structural equation modeling approach will be implemented. Data is being collected using Higher Education Teacher Technological Pedagogical Content Knowledge (HE-TPaCK) instrument; a modified version of TPaCK, via Google Forms. All seventeen higher education institutions in Bahrain including public and private sectors were approached to recruit academics. Data analysis will be carried using IBM SPSS V.26.

**Outcomes:** The study will provide an understanding of academics' self-perception of knowledge and competency about technology use. This could help to identify the type of support, professional development, and resources that are important to assist in technology integration and use in the classroom. This study is the first to be conducted in Bahrain.

### References

Mishra, P., & Koehler, M. J. (2006). Technological pedagogical content knowledge: A framework for teacher knowledge. *Teachers College Record*, 108(6), 1017-1054.

## 2.1

### The Influence of Healthful (Supervisory) Relationships in Practice-Based Learning

**Dr Maria Mackay<sup>1</sup>**

<sup>1</sup>*University of Wollongong, Wollongong, Australia*

**Introduction:** There is an emerging body of knowledge regarding the influence of person-centred pre-registration curricula, which is primarily classroom based. A gap exists in our current understanding regarding person-centred learning in the context of learning in practice.

**Aims and Objectives:** This research formed part of PhD study and aimed to explore how healthful relationships between students and clinical supervisors influence person-centred learning in clinical practice.

The objectives were to: develop an understanding of elements of a healthful (supervisory) relationship and to contribute to the person-centred learning knowledge base within a clinical non-classroom setting.

**Methods:** The blending of person-centred and transformational learning theories underpinned this research (McCormack et al., 2017; Mezirow, 2009). Methods included reflection on practice using emoji, the use of Dadirri as a form of contemplation, critical dialogue and interviews. A creative hermeneutic synthesis of the information collected was undertaken.

**Outcomes:** The findings from this research revealed the influence of healthful relationships on transformational learning in practice across three connected perspectives: personhood, belonging, and transformation. Two models were developed, the first informs the crafting of healthful relationships and the second outlines the frameworks for person-centred learning in the practice context.

**Conclusions:** This research concluded that there is a need to consider how we prepare nursing students for clinical practice to ensure that the supervisory or healthful relationship maximises learning opportunities.

#### References

McCormack, B., Van Dulman, S., Eide, H., Skovdahl, K., and Eide, T., eds. (2017) *Person-centred healthcare research*. Chichester UK: Wiley Blackwell.

Mezirow, J. (2009) *Transformative learning theory*. In J. Mezirow, and E. Taylor, eds.

*Transformative learning in practice: insights from community, workplace, and higher education*. San Francisco, CA: Jossey-Bass, pp. 18-31.



## CPD, Job Satisfaction and Intention-to-Leave in Newly-Qualified Nurses and Midwives

**Francesca Napolitano**<sup>1</sup>, Dr Giuseppe Aleo<sup>2</sup>, Prof. Thomas Kearns<sup>2</sup>, Dr Nicola Pagnucci<sup>1</sup>, Dr Mladen Samardžija<sup>3</sup>, Dr Jane Wray<sup>4</sup>, Dr Paul Mahon<sup>1</sup>, Dr Mario Gazić<sup>3</sup>, Prof. Annamaria Bagnasco<sup>1</sup>, Dr Catherine Fitzgerald<sup>1</sup>

<sup>1</sup>*Department of Health Sciences, University of Genoa, Genoa, Italy,* <sup>2</sup>*Faculty of Nursing and Midwifery, Royal College of Surgeons in Ireland, Dublin, Ireland,* <sup>3</sup>*Croatian Nursing Council, Croatia, Zagreb, Croatia,* <sup>4</sup>*Faculty of Health Sciences, University of Hull, Hull, UK*

**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 and Objectives:** The aim of this study was 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:** This was 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.

**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 or 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) thought of leaving the profession in previous 12 months.

**Conclusion:** Employers and CPD providers need to do more to support NQNMs during their transition. The next phase of this project will be to roll out this study among other European countries.

### Psychometric Properties of the Albanian Version of the NSE Scale

Phd Student Blerina Duka<sup>2,3</sup>, Prof. Alessandro Stievano<sup>1,2,3</sup>, PhD student Emanuela Prendi<sup>2,3</sup>, PhD Student Florian Spada<sup>2,3</sup>, Prof. Rosario Caruso<sup>2,4</sup>, Prof. Gennaro Rocco<sup>1,2,3</sup>, **Prof. Ippolito Notarnicola**<sup>1,2,3</sup>

<sup>1</sup>*Centre Of Excellence For Nursing Scholarship, Rome, Italy*, <sup>2</sup>*Catholic University "Our Lady of Good Counsel", Tirane, Albania*, <sup>3</sup>*University of Rome "Tor Vergata", Rome, Italy*, <sup>4</sup>*Health Professions Research and Development Unit, IRCCS Policlinico San Donato, Milan, Italy*

**Introduction:** Self Efficacy (SE) derives from Albert Bandura's (1986) socio-cognitive theory and is defined as a person's perception of their own ability to successfully perform a given task. According to Bandura, SE, by mediating the relationship between knowledge and behavior, could impact individuals' actions and thoughts. SE has been identified as a factor that can influence nursing activities and nursing performance. SE is therefore a fundamental aspect of the nursing profession, as it is closely linked to decisions taken in clinical nursing care.

**Aims and Objectives:** There are few tools to ascertain self-efficacy, which is a valuable component of nursing skills. This study has tested the psychometric properties of an Albanian translation of the Nursing Profession Self-Efficacy Scale (NPSES), which is based on Bandura's theory of social cognition.

**Methods:** Data were collected using questionnaires which were filled out by 423 nurses from the twelve provinces of the Albanian health system. The scale's content, face and construct validity were evaluated. Reliability was verified using Cronbach's  $\alpha$  and test-retest and by calculating the intraclass correlation coefficients.

**Outcomes:** The original NPSES has two factors; for the A-NPSES analysed in this study, four factors emerged from the factorial analysis of our reference sample: nursing care procedure situation, nursing research situation, nursing ethics situation, and nursing practice situation. Cronbach's  $\alpha$  was .91, indicating that the tool is reliable.

**Conclusions:** The results of this study demonstrate the validity and reliability of the Albanian version of the NPSES. This scale is a valuable tool for self-assessing nurses' self-efficacy. An adequate scale for measuring nurses' self-efficacy can be used to improve the quality of clinical nursing care.

## Baseline Survey of Organisational Readiness to Meet Preceptorship Standards (England)

**Dr Jane Wray<sup>1</sup>**, Ms Desiree Cox<sup>2</sup>

<sup>1</sup>*University of Hull, Hull, United Kingdom*, <sup>2</sup>*Praeceptor Consulting, Oxted, England*

**Introduction:** The nursing workforce is experiencing widespread recruitment and retention difficulties. Those newly registered and in early career stage are seen as a particular group at risk of early exit (Driscoll et al, 2022). High quality support in the form of preceptorship is advocated (NMC 2020), and the National Preceptorship Framework for Nursing in England, published in October 2022 set the standards expected of organisations.

**Aims and Objectives:** To present survey results of a baseline assessment of organisational readiness to meet the proposed standards in the Framework.

**Method:** The online survey was conducted in July 2022 and shared via seven regional preceptorship communities of practice. 254 organisations, from across all regions and sectors in England completed the survey.

**Outcomes:** 94% had a preceptorship programme, 69% had a preceptorship policy, and 53% were compliant with the core standards. Preceptorship was provided for NRNs (91%), International nurses (73%), and Nursing Associates (83%). 100% met the minimum requirement of six months, and 50% had a minimum supernumerary period of 2 weeks. Only 48% of preceptors had protected time – compared to 94% of preceptees. 67% provided preceptor development initial training and 37% provided ongoing support and development.

**Conclusion:** Delivery of high-quality preceptorship is central to sector wide commitments to improve retention, staff well-being, support, and professional development. Over half of organisations surveyed already met the core standards, however some implementation challenges remain. These include preceptor training, support and on-going development, monitoring, evaluation and reporting (governance) of preceptorship, and application of model to non-acute or non-NHS settings. The most significant issue for organisations was 'protected time' for preceptors; understandable given the current workforce challenges (Buchan et al 2022).

### 'A Certainty For You, But Maybe Not For Science'

**Ms Lara Daniela Matos Cunha**<sup>1,3</sup>, PhD Márcia Pestana-Santos<sup>2,3</sup>, PhD Lurdes Lomba<sup>2,3</sup>, PhD Margarida Reis Santos<sup>1,4</sup>

<sup>1</sup>ICBAS School of Medicine And Biomedical Sciences, Porto, Portugal, <sup>2</sup>Coimbra Nursing School, Coimbra, Portugal, <sup>3</sup>Health Sciences Research Unit: Nursing (UICISA: E), Coimbra, Portugal, <sup>4</sup>CINTESIS - Centro de Investigação em Tecnologias e Serviços de Saúde., Porto, Portugal

**Introduction:** Post-anaesthesia nursing care occurs in an uncertain and changing environment. Concomitantly, the post-operative nursing practice is complex, highly challenging and demands quick and efficient decision making through accurate clinical reasoning. To successfully navigate clinical reasoning uncertainty in this complex and ambiguous setting is essential for patient safety and high-quality healthcare.

**Aims and Objectives:** To describe and to analyse uncertainty management in clinical reasoning of nurses in the post-anaesthesia care units (PACU).

**Methods:** Fourteen nurses from a PACU were selected through convenience sampling. Data collection was through semi-structured interviews and thematic analysis were operationalized. Consolidated Criteria for Reporting Qualitative Research (COREQ) checklist was applied.

**Outcomes:** The extracted contents were classified into three themes: barriers, facilitators, and strategies. The first and second theme involved sub themes such as: intention to perform the behaviour, attitudes (behavioural beliefs and evaluations of behavioural outcomes), subjective norms (normative beliefs and motivation to comply), external variables (demographic, attitudes towards the event of uncertainty and individual traits). The deductive coding was encompassed with Theory of Reasoned Action. The third theme included agent, recipient, framework (policies, setting, time of day, humans and happenings), goal and means (skills, techniques, procedures and devices). This sub theme was deducted from Wiedenbach's prescriptive theory.

**Conclusion:** Our findings suggest that uncertainty in clinical reasoning has an important influence on clinical nursing practice. This research will contribute to provide practical insights to facilitate the management of uncertainty in the clinical reasoning of nurses in PACU through the understanding of the complexity of the phenomenon and identifying appropriate approaches that take into account the barriers and facilitating aspects.

**Keywords:** Clinical Reasoning, Qualitative Research, Post-anaesthesia Nursing, Post-operative Care, Uncertainty.



### 3.1

#### Political Engagement in Nursing: From Bedside to Boardroom

**Dr Sylvain Brousseau<sup>1</sup>**

<sup>1</sup>*Université Du Québec En Outaouais, Blainville, Canada*

**Introduction:** Many authors suggested that for some reason, few nurses seems to be indifferent about political nursing commitment and health care policy issues may be due to a lack of knowledge and preparation to assume their political engagement.

**Aims and Objectives:** The main objective on this oral presentation is to present how nurses need to be engaged and become politically savvy in order to lead the way in nursing policy, to lead the dialogue, decisions and actions needed in these times of transformations of the nursing profession and health care organization.

**Methods:** A review of the recent literature was performed based on the framework of Whittemore and Knafl (2005) according to which there are five stages for the review: problem identification, Literature Search, Data Evaluation, Data Analysis, and presentation. Both qualitative and quantitative studies, peer-reviewed published in the English and French language (2016-2021) were used for this integrative review.

**Outcomes:** The results will provided explanations on why nurses must be actively engaged in health policy issues and for the advancement of the nursing profession. In contrast, the integrative literature review inspired by Whittemore and Knafl's (2005) method seems to reveal, on the contrary, that nurses are leaders, and that they can become catalysts or agents of change to encourage transformations when the opportunity arises by engaging politically, which would lead to substantial progress within the profession and in health care in general.

**Conclusion:** This presentation will also show key elements for nurses working in different spheres of practice, from the bedside to the board of directors of their institution, to better understand health policy issues and advocate for all. We will propose recommendations to strengthen the political engagement of nurses by outlining how the political dialogue, decisions and actions of individual nurses are essential to the advancement of the profession.

### 3.2

#### Barrier and Enablers That Impact the Nurse Executive Role Internationally

**Ms Cora Lunn<sup>1</sup>**, Dr Claire O' Donnell<sup>2</sup>, Dr Sarah Mac Curtain<sup>3</sup>, Prof Alice Coffey<sup>4</sup>

<sup>1</sup>*Department of Nursing and Midwifery, University of Limerick, Limerick, Ireland,* <sup>2</sup>*Department of Nursing and Midwifery, University of Limerick, Limerick, Ireland,* <sup>3</sup>*Kemmy Business School, University of Limerick, Limerick, Ireland,* <sup>4</sup>*Department of Nursing and Midwifery, University of Limerick, Limerick, Ireland*

**Introduction:** Strong nurse executive leadership is essential for the sustainability of future healthcare environments. The greater the skill and endurance of the nurse executive the greater the association with better nurse-sensitive patient outcomes (Hader 2011; Wong 2015), hence identifying what enables or hinders this is central to success.

**Aims and Objectives:** The aim of this study was to identify in the literature the barriers and enablers that impact the nurse executive leadership role internationally.

**Methods:** A scoping review was undertaken guided by the latest work of (Peters et al. 2021; Peters et al. 2022). Factors that enable, hinder and impact the nurse executive leadership were identified from 25 studies.

**Outcomes:** Findings related to key enablers were identified as communication skills, preparedness for the role, personal and professional development and organisational support. Key barriers focused on the nature of the role, business acumen and lack of organisational support.

**Conclusion:** Investing in personal, professional and organisational supports for nurse executives strengthens their capacity to be effective. The findings of this review can inform future succession planning strategies and professional development opportunities for nurse executives.

#### References

Hader, R. (2011) 'The role of the corporate chief nursing officer', *Nursing Management*, 42(6), 45-47.

Peters, M.D., Godfrey, C., McInerney, P., Khalil, H., Larsen, P., Marnie, C., Pollock, D., Tricco, A.C. and Munn, Z. (2022) 'Best practice guidance and reporting items for the development of scoping review protocols', *JB I Evidence Synthesis*, 20(4), 953-968.

Peters, M.D.J., Marnie, C., Tricco, A.C., Pollock, D., Munn, Z., Alexander, L., McInerney, P., Godfrey, C.M. and Khalil, H. (2021) 'Updated methodological guidance for the conduct of scoping reviews', *JB I Evidence Implementation*, 19(1), 3-10, available: <http://dx.doi.org/10.1097/xeb.0000000000000277>.

Wong, C.A. (2015) 'Connecting nursing leadership and patient outcomes: state of the science', *J Nurs Manag*, 23(3), 275-278.

### 3.3

#### Development of a Critical Care Nursing Workforce Report

**Mr Derek Cribbin<sup>1</sup>**

<sup>1</sup>*HSE, Ireland*

Introduction: Critical Care has increased since 2016 in Ireland from 230 beds to 317 beds funded in 2022. This has been enabled by robust Critical Care Nurse Workforce Planning. The Government has committed to increase our Capacity further to 443 beds.

#### Aims & Objectives:

- To understand what our Critical Care Nursing workforce is
- To develop a Critical Care Nursing workforce plan to enable the safe opening of the additional critical care capacity
- To ensure that all Critical Care units input into the development of a Critical Care Nursing workforce report
- To empower this locally, in Hospital Groups and nationally

#### Methods:

- Annual Critical Care Nursing Workforce Census
- Development of Gap analysis of this with the Critical Care Nursing Quality requirements within the Model of Care for Adult Critical Care
- Development of a Career Pathway to understand the requirements for a sustainable structured workforce plan
- Development of a National Foundation Education Module to allow Critical Care Nurse educators to focus on the development of Clinical Competencies.
- Empower and enable additional Undergraduate and New graduate placement and entry structures into Critical Care
- Development of a National Steering Group for Critical Care Nurse Education & Workforce planning
- Integration of Hospital Group Critical Care Nursing Workforce planning Working groups into the newly developed National Critical Care Steering group.

Outcomes: Publication of National Critical Care Nursing Workforce report with key recommendations within for the development of a Short, Medium and long term Critical Care Nursing workforce to enable the opening of additional Critical Care capacity aligned with the correct critical care nursing workforce

Conclusion: In order to develop a workforce plan, it is essential that we understand what our critical care nursing workforce and have a clear definition of what the workforce should be. This enables the development of a workforce plan to bridge that gap.

## Integrating Sustainability/Climate Change, Safety and Equity in Health Policy

**Prof. Charlotte Mcardle<sup>1</sup>**<sup>1</sup>NHS, Belfast, United Kingdom, <sup>2</sup>FFNMRC SI, Dublin, Ireland

Introduction: Safety Strategies seek to create the conditions for the development of a safety culture, enable the design of safer systems of care, enable learning, and ultimately deliver safe and effective outcomes for people. The NHS Delivering Net Zero Strategy also aims to improve outcomes for our population through effective elimination of our carbon foot print, and our NHS public health policies also seeks to create an environment which ensures health equity for all. As with many policies and strategies there are often overlaps in strategic intent.

The aim of the session is to seek to explore the inter-relatedness and common purpose of these policies. There is a belief that now more than ever within our planning systems we must develop an integrative approach to policy implementation.

Methods: Outlining the following

1. Why the climate crisis is a critical patient safety issue.
2. How both patient safety and climate change exacerbate health inequalities.
3. The need to embed sustainability and health equity as core principle of patient safety, and quality improvement programmes

The session will argue that Climate Change is a critical patient safety issue, and that embedding Sustainability and Health Equity approaches within patient safety programmes is good for our patients, will improve our systems of work and deliver healthy outcomes for society. The reality is upon us there are over 13m avoidable deaths form environmental factors. 1 in 20 people in the UK die of air pollution related illness and 99% of us breath unclean air

Outcome: Focus on 5 key actions prevention, remodelling services, adapting to environment around us, innovation and quality improvement.

Conclusion

Patient Safety, Sustainability and Health Equity present moral, ethical, scientific, professional, and legislative imperatives, it is together we can do the right thing for our people and our planet.



## Discursive Positioning of the ANP in the Irish Healthcare System

**Dr Wayne Thompson<sup>1</sup>**, Prof. Martin McNamara<sup>1</sup><sup>1</sup>*University College Dublin, Dublin, Ireland*

**Introduction:** Ambiguity and confusion characterise debates about the Advanced Nurse Practitioners (ANP) role having a profound impact on ANP identity and how they realise their roles. Longstanding boundaries are becoming more porous, offering the possibility of a more liberated identity for ANPs that will allow them to reach their full potential.

**Aim:** To explore how ANPs are positioned within current nursing and health systems by making explicit the discourses that construct the ANP role and how they both enable and constrain it.

**Methods:** A critical discourse analysis design was used to explore participants' language-in-use. Data were collected through seven in-depth interviews and four focus groups. Participants included ANPs, nurses, doctors and allied healthcare professionals.

**Outcomes:** Language-in-use established that ANPs add value to the healthcare system both from a monetary and non-monetary perspective. Language-in-use constructs an identity for ANPs as medical substitutes, an inferior role, yet an innovative addition to the system and a challenge to existing structures. Language-in-use constructs tensions between independence and autonomy, on the one hand, and collaboration and control, on the other. Whilst nursing research and professional scholarship are seen as central to the ANP role, discourses related to these elements were not prevalent in this study. Instead, ANPs' time and energy is exhausted by the demands of the clinical aspect of the role.

**Conclusion:** To meet the demands of an ever-changing, dynamic healthcare system, ANPs must be supported and allowed to 'advance'. Where Conversations and Discourses disparage the ANP role, healthcare professionals should challenge them. We need to move away from positioning ANPs as a marginal and contested presence in the health system and instead see the role as an important and necessary addition. ANPs need to become more visible, vocal, and recognise the tremendous strength and rich diversity that is represented by their collective presence.

## 4.1

### Getting it Right with LGBTQ+ Inclusion: Usualising and Specifising

**Dr John Gilmore<sup>1</sup>**

<sup>1</sup>*University College Dublin, Dublin, Ireland*

**Introduction:** The visibility of LGBTQ+ people in society is more established than ever before, and there is a growing interest in including LGBTQ+ people in healthcare education and indeed service provision. LGBTQ+ people are part of every type of healthcare service, as delivery practitioners, service users and caregivers, but also have very specific healthcare needs related to health disparities and inequalities, evident in empirical research. There is a need to develop frameworks which will firstly address the broad inclusion of LGBTQ+ people within general education and service provision, but concurrently to address the very specific needs in challenging the health disparities faced in a way which doesn't stigmatise or discriminate based on stereotypes.

#### **Aims and Objectives:**

- To challenge health inequalities and disparities faced by LGBTQ+ people through healthcare education, service design and delivery.
- To present a framework for the inclusion of LGBTQ+ people in healthcare education and practice.
- To specifically address the specialist needs of these communities in a way which doesn't stigmatise or discriminate.

**Methods:** Through integrative literature search, curriculum audit and alignment and conceptual thought a framework of 'Usualising and Specifising' has been developed to address the intersectional needs of LGBTQ+ people accessing healthcare.

**Outcomes:** Usualising is a method originally applied in primary education which aims to raise awareness of the visibility of LGBTQ+ people in a general sense. Specifising is a method developed which addresses the specific healthcare needs of LGBTQ+ people in an integrated way which avoids stigmatising. Trans/Homo-obsessionism is a concept developed to highlight stigmatising behaviour in healthcare practice with LGBTQ+ people.

**Conclusion:** Through adopting a Usualising and Specifising Framework healthcare professionals are empowered to develop person-centred healthcare practice which is genuinely inclusive, but avoids a 'treat everyone the same' mentality which does not meet the needs of minoritised groups.

### A Multilevel Analysis of the Nursing Environment and Staff Outcomes

**Dr Noeleen Brady**<sup>1</sup>, Dr Selena O'Connell<sup>1</sup>, Prof. Eileen Savage<sup>1</sup>, Dr Aileen Murphy<sup>1</sup>, Prof. Peter Griffiths<sup>2</sup>, Prof. Christine Duffield<sup>3</sup>, Prof. Anne Scott<sup>4</sup>, Prof. Jonathan Drennan<sup>5</sup>

<sup>1</sup>University College Cork, Cork, Ireland, <sup>2</sup>University of Southampton, Southampton, United Kingdom, <sup>3</sup>University of Technology, Sydney, Sydney, Australia, <sup>4</sup>NUI Galway, Galway, Ireland,

<sup>5</sup>University College Dublin, Dublin, Ireland

**Introduction:** The nursing environment has been associated with nurses' levels of job dissatisfaction and intention to leave an organisation. There are few studies employing interventions for these outcomes.

**Aims and Objectives:** The aim of this study is to determine the impact of intentional changes to staffing based on the Framework for safe nurse staffing, on the nursing environment and outcomes.

**Methods:** This prospective pilot study was conducted in six medical and/or surgical wards across three acute hospitals measuring the nursing environment, using the Nursing Work Index (NWI), and job satisfaction and intention to leave on a 4-point scale. The intervention was intentional changes to staffing based on the Framework for Safe Nurse Staffing. Outcomes were measured pre and post implementation.

**Outcomes:** The implementation of the Framework resulted in changes to staffing levels, adjustments to skill-mix and movement to 100% supervisory role of the CNM2. A Multilevel model found significant increases ( $p < 0.01$ ) from Time 1 to Time 2 on three of the NWI subscales. Job satisfaction increased, however was not significant, while there was no change to intention to leave. Increased job satisfaction was significantly associated with Staffing and Resource Adequacy (OR = 5.98), Collegial Nurse Doctor Relations (OR = 3.49) and Nurse Manager, Leadership and Support (OR = 2.92). A decreased odds of intention to leave was associated with increased job satisfaction (OR = 0.158).

**Conclusion:** Following the implementation of the Framework, there were significant improvements in the nursing environment, which were significantly associated with job satisfaction, while job satisfaction is a predictor of intention to leave. This study indicates that intentional changes to staffing may lead to improved working environments which can have an impact on job satisfaction and furthermore, on intention to stay.

### Doing the Little Things in Promoting Patient Participation

**Ms Yin Wang<sup>1</sup>**, Dr Colin Chandler<sup>1</sup>, Dr Lissette Avilés<sup>1</sup>

<sup>1</sup>*The University of Edinburgh, Edinburgh, United Kingdom*

**Introduction:** Whilst the elements and process of patient participation (PP) have been explored there is a lack of clear agreement in the literature. Exploring PP in different nursing contexts may help to develop strategies to promote PP. This paper reports one element of a project with the overall aim of exploring nurses' and patients' experiences of PP in a Chinese healthcare setting.

**Aims and Objectives:** To explore the strategies for promoting PP in nursing care.

**Methods:** Focused ethnographic study. Nurses, patients, and families were recruited from a Neurology Department. Data from 81 hours of observation and 28 semi-structured interviews was analysed using thematic analysis.

**Outcomes:** One finding was the theme: the little things matter, as an important strategy promoting PP. The little things were depicted as nurses' small acts of kindness in the nurse, patient, and family interactions. Three sub-themes were identified.

- 1) Understanding the little things as a reciprocal gift: neither nurses nor patients considered these little things as a professional duty but as a gift: nurses demonstrated that they tended to do little things for patients who also showed kindness to them;
- 2) Emotional stress hindered doing the little things: nurses identified emotional stress as a barrier to doing the little things in an organisational environment that lacked compassion;
- 3) The little things made big differences: the impact of doing little things developed the nurse-patient relationships, led to more active PP in nursing care, and improved patient experience.

**Conclusion:** Acts of kindness cannot be minimised in care delivery, where nurses did little things to establish a caring relationship with patients and their families, contributing to quality improvement. The findings underline the importance of doing little things in nursing education. Policymakers should create a healthy and supportive environment encouraging nurses to undertake the little things.



#### 4.4

##### Falls Prevention and Management of Fall Risk

**Ms Cristiana Carvalho<sup>1</sup>**

<sup>1</sup>*Cavan Monaghan Hospital, Monaghan, Ireland*

Introduction: The impact of falls in acute healthcare is undeniable. Surgical 2 is a 32 bedded medical ward – between 2017 and 2021, 40 to 48 falls/year were reported (3.7 falls/month). Following analysis of falls incidents (Jan – July 2021) a new risk assessment tool was trialled - CANNARD was introduced in October 2021, supported by ongoing education and awareness.

##### Aims and Objectives:

- To reduce the number of falls to an average of 2/month in 2022.
- Analyse falls using a root cause analysis tool, which we have developed, and instigate change from the results.
- Increase staff awareness towards falls prevention and risk management.

##### Methods:

- Falls prevention education and the CANNARD tool led to falls becoming a daily discussion piece at safety pause and nursing handover.
- Bimonthly multidisciplinary teams supported to develop the project.
- Compliance audits were completed monthly. Results and other updates were posted on our new Falls board, which helped to engage staff.

Outcomes: By October 2022 the CANNARD risk assessment completion and reassessment was 100%.

From October 2021 until December 2021, falls reduced from an average of 3.7 falls/month to 3 falls/month. Since January 2022, falls reduced to an average of 1.3 falls/month - 64% reduction of falls.

No falls resulted in harm or SREs to patients since October 2021.

The root cause analysis has demonstrated patients' poor awareness – education is being implemented.

This initiative is being replicated across Cavan Monaghan Hospital and the risk assessment tool is featured in the nursing admission documentation.

Conclusion: Strong leadership and commitment to safe person-centred care provision resulted in a significant reduction in falls and harm to patients.

### Psychometric Properties of the Connor-Davidson Resilience Scale in South America

Dr Karen Dominguez-Cancino<sup>1,2</sup>, Ms Edith Choque-Medrano<sup>2,3</sup>, Dr Francisca Calderon-Maldonado<sup>2,4</sup>, **Prof. Patrick Palmieri**<sup>2,3,5,6</sup>

<sup>1</sup>Université de Sherbrooke, Longueuil, Canada, <sup>2</sup>EBHC South America: A JBI Affiliated Group, Lima, Peru, <sup>3</sup>Universidad Norbert Wiener, Lima, Peru, <sup>4</sup>Universidad Santiago de Chile, Santiago, Chile, <sup>5</sup>A.T. Still University, Kirksville, United States, <sup>6</sup>Texas Woman's University, Houston, United States

Resilience describes the ability of someone to adapt to adverse life experiences by adjusting to demands with behavioral flexibility. When encountering crisis situations, resilient people typically spring back emotionally with increased strength and internal composure. Measuring resilience is important for assessing the ability of adolescents to respond to adverse situations.

The objective of this study was to evaluate the psychometric performance of the Spanish version of the Connor-Davidson Resilience Scale (CD-RISC) © for South America (CD-RISC-25SA) in a population of Peruvian adolescents.

This study used a cross-sectional design to measure sociodemographic variables and resilience. Participants were 451 adolescents living in a shelter in Lima, Perú. Face and content validity were established by expert panel, construct validity was evaluated with exploratory and confirmatory factor analysis, and internal consistency was assessed with Cronbach's alpha.

The analysis resulted in a four-dimensional model with 22 items explaining almost 27% of the variance with a Cronbach's alpha of 0.90. The dimensions included self-confidence and self-trust from previous experiences, internal resources to cope with difficult situations, personal competence and tenacity, and self-regulation with external resources. Two of the 3 items eliminated from the instrument were related to the original dimension "spirituality influences" which may have been incorrectly translated and adapted without equivalence of meaning for cross-cultural research.

The CD-RISC-25SA is not a stable multidimensional instrument for measuring resilience across the cultures and contexts of countries. However, the instrument appears to be stable for measuring resilience as a single dimension. Variations in the psychometric properties of translated instruments may result from not establishing the equivalence of meaning for each item before performing cross-cultural research. Researchers need to search for a more precise understanding of resilience as a universal concept transferable across borders and through translations.

## A Nurse-Led Family-Based Approach in Diabetes Care

**Dr Khadija Ahmed Matrook Mohamed Hasan**<sup>1</sup>, Prof. Seamus Cowman<sup>2</sup>, Dr Maria Pertl<sup>2</sup>, Prof. David Whitford<sup>3</sup>

<sup>1</sup>*Royal College of Surgeons In Ireland, Adliya, Bahrain,* <sup>2</sup>*Royal College of Surgeons in Ireland Faculty of Medicine and Health Sciences, Ireland,* <sup>3</sup>*RCSI & UCD Malaysia Campus, Malaysia*

**Introduction:** Worldwide 537 million people are estimated to have diabetes in 2021 [1]. Nurses can deliver effective person-centered care [2] [3], and that families can play an essential role in supporting patients [4], thus, a nurse-led family approach may be effective, particularly in a family-oriented culture such as Bahrain.

**Aim:** Explore the views of patients, families, and nurses on a nurse-led family intervention for type 2 diabetes.

**Methods:** This seminal study adopted a qualitative, descriptive approach. The study site involved three diabetes clinics in Bahrain and took place from April to December 2018. Using purposive sampling, 16 participants completed semi-structured interviews. Data analysis consisted of qualitative inductive content analysis using manual coding [5].

**Outcome:** Resulted themes focused on: nurses' experiences with diabetes care, stakeholders' views on the development of a nurse-led family approach, and merging the nurse-led family aspects into diabetes care.

**Conclusion:** The study indicated that the key challenges are: the dominant medical model; nurses' busy schedules; lack of specialist nurses; and family time. The study suggests that the key facilitators are knowledge and social support.

## References

1. International Diabetes Federation, IDF Diabetes Atlas, 10th edn. Brussels, Belgium:International Diabetes Federation, 2021
2. Daly, B., C.J.L. Tian, and R.K.R. Scragg, Effect of nurse-led randomised control trials on cardiovascular risk factors and HbA1c in diabetes patients: A meta-analysis. *Diabetes Res Clin Pract*, 2017. 131: p. 187-199.
3. Jutterstrom, L., et al., Nurse-led patient-centered self-management support improves HbA1c in patients with type 2 diabetes-A randomized study. *Patient Educ Couns*, 2016. 99(11): p. 1821-1829.
4. Armour, T.A., et al., The effectiveness of family interventions in people with diabetes mellitus: a systematic review. *Diabetic medicine*, 2005. 22(10): p. 1295-1305.
5. Graneheim, U.H. and B. Lundman, Qualitative content analysis in nursing research: concepts, procedures and measures to achieve trustworthiness. *Nurse education today*, 2004. 24(2): p. 105-112.

## Impact of cANP Led Menopause Clinics on Quality of Life

**Ms Catriona Keye<sup>1</sup>**<sup>1</sup>*Scholarstown Family Practice, Dublin, Ireland, <sup>2</sup>RCSI, Dublin, Ireland*

**Introduction:** Research in Ireland suggests there is a lack of information and support around menopause. Almost 50% of women do not feel confident discussing menopause with their GP. A gap in the provision of specialist menopause care was noticed leading to the cANP setting up a specialist menopause clinic having completed relevant courses, sitting in on menopausal consultations and developing new evidence based guidelines including the implementation of the Greene Scale to evaluate patient symptoms and quality of life.

**Aims and Objectives:** To evaluate any change in QoL and menopause symptoms of patients pre and post initiation of menopause hormonal treatment (MHT) using the Greene Scale in a nurse-led menopause clinic.

**Method:** The patient database was searched to identify patients returning for the three monthly review post initial initiation of MHT (n=15). Data was collected on the modified Greene Scale instrument, which was completed at initial presentation and at 3 month review. Statistical analysis was based on utilising central tendency excel functionality. The statistical significance of the data was assessed using a two tailed paired t test. P values of less than 0.5 were considered statistically significant.

**Outcomes:** MHT, provided in accordance with the practice guidelines improved the overall quality of life to a statistical significance. In addition menopausal symptoms reduction occurred in all 20 symptoms noted on the modified Greene Scale, 19 of which to a statistical significance.

**Conclusion:** The audit revealed an improvement in quality of life and symptoms, in patients experiencing menopausal symptoms when managed in a nurse-led menopause clinic and MHT was initiated as part of the care plan. Further studies could build on this analysis by including other variables such as co-morbidities, demographics, patient's perspective and the implication of the advanced nursing practice role within menopause care.

## Guidance in Developing ANP Grand Rounds in a Dublin Hospital

**Ms Sarah Garvey<sup>1</sup>**, Ms Fiona Colbert<sup>1</sup><sup>1</sup>*Beaumont Hospital, Dublin 9, Ireland*

**Introduction:** Grand Rounds is associated with the medical community. In the 19th century John Hopkins Medical School introduced a novel way of clinical education – teaching at the bedside. (Beeson, 1986, Fishman, 1987). Participation increased, thus the learning environment had to change, hence the introduction of Grand Rounds in an auditorium (Sandal et al, 2013). Nursing Grand Rounds have only really been in existence since 1960's. There is limited literature published in this area (Armola 2010; Mercadante 1964).

**Aim and Objectives:** To develop an educational platform for Advanced Nurse Practitioners (ANPs) in a Dublin hospital. These sessions would include ANP speakers, service explanation, case studies, expert & guest speakers.

**Methods:** Having obtained approval from NMBI & the Director of Nursing. The sessions were done in the traditional lecture format accompanied with a virtual component to allow for social distancing. It meant colleagues that were off site the opportunity to attend. An email was sent fortnightly to all ANPs which included a TEAMS link. On arrival to each session a QR code was scanned by every attendee. Thus capturing attendee numbers and also allowed for ease of administering continuing educational credits (CEU) 6 monthly.

**Outcomes:** Grand Rounds commenced in March 2021 and has run fortnightly thereafter. The mean attendance record has been 45, which included a mean on line audience of 12. Feedback was positive from our ANP and CNS colleagues. On our year anniversary, 9th March 2022 we had a record attendance of 70 attendees and 25 virtual attendees. Later that month we extended an invite nationally, which was well received.

**Conclusion:** Almost eight out of ten nurses (77%) had their continuous professional development interrupted during the Covid -19 pandemic (Dean 2020). This platform proved to be a useful way to maintaining CPD.

## Discovering ED Staffs' Experiences and Perceptions of the RAT Service

**Ms Donaliza Cromar<sup>1</sup>**

<sup>1</sup>*Roscommon University Hospital, Roscommon, Ireland*

**Introduction:** A review of the literature, suggests that RAT facilitated timely access to physicians and investigations. These studies which predominantly utilized a quantitative methodology, indicated that in the emergency department (ED) the RAT service improved patient experience times (PET) and the number of patients who left without being seen (LWBS).

**Aims and Objectives:** The purpose of this descriptive qualitative study is to gain an understanding of Irish emergency nurses and doctors experiences and perspectives of the Rapid Assessment and Treatment (RAT) service.

**Method:** Purposeful sampling and snowballing was used to successfully recruit 12 participants from a single centre. Data was collected via semi-structured interviews. Braun and Clarke's thematic analysis framework guided the analysis process.

**Outcomes:** These discoveries were consistent with the findings of the only other qualitative study discovered. Findings of this inquiry were collated under 4 main themes: 'Expectations vs Reality', 'Achieving Standards in Care', 'Scope of Practice of the Rapid Assessment and Treatment team' and 'Recommendations for Service Improvement'.

In this study, Irish ED nurses and doctors were well informed on the functions of the RAT service. The service was deemed beneficial since it improves ED Key Performance Indicators (KPIs) and safety. However, a few workplace issues were identified. Among other factors, a lack of resources was highlighted as a significant obstacle to providing the service. On the other hand, various professional and organizational opportunities in the RAT service were highlighted. There is a need for education and training for individuals responsible for delivering the service and those who collaborate with them.

**Conclusion:** Overall, this study discovered consistency in ED nurses and doctors' comprehension of this model of care, emphasizing what it is capable of offering and what it does not provide, as well as the changes that are needed.



## Family Caregivers' Lived Experiences of Transitioning During End-of-Life Care

**Ms Bríd McCarthy<sup>1</sup>**, Prof. Fiona Timmins, Ass Prof. Michael Connolly

<sup>1</sup>*UCD, Dublin, Ireland*

**Introduction:** For those who choose to spend their remaining weeks and days at home in the terminal phase of illness, the care and support of a family caregiver are usually needed. This role of caregiving can be highly stressful and emotional. During this time of caregiving, family caregivers respond or react to the deteriorating health of the person who is dying. These responses or reactions are known as transitions. From the time a terminal diagnosis is made to the moment of death, family caregivers, in this context, experience at least one and often multiple transitions.

**Aims and Objectives:** To gain a deeper insight into how family caregivers experienced transition during end-of-life care.

- To determine the various roles of family caregivers during this time.
- To identify phases of transitioning that family caregivers experienced during this time.
- To understand the meaning of being in transition to provide knowledge of this experience.
- To investigate any issues that arose during transitioning for family caregivers during this time.
- To identify any factors that enabled family caregivers as they transitioned during this period.

**Methods:** Hermeneutic Phenomenological Approach using one-to-one interviews to collect data from family caregivers.

**Outcomes:** Ethics approval has been obtained to carry out this study. Data collection will commence in January 2023 and will begin with a pilot study.

**Conclusion:** Preliminary findings of this study will be available to present at this conference in February 2023.

## Men Undergoing Prostatectomy for Prostate Cancer: A Narrative Inquiry

**Ms Catherine McGarvey<sup>1</sup>**, Dr Barry Kestell<sup>1</sup>, Ms Mary Raftery<sup>1</sup>, Mr Kiaran O'Malley<sup>1,2</sup>, Mr David Galvin<sup>1,2</sup>, Dr Melissa Corbally<sup>3</sup>

<sup>1</sup>*Mater Misericordiae University Hospital, Dublin 7, Ireland*, <sup>2</sup>*University College Dublin, Dublin, Ireland*, <sup>3</sup>*Trinity College Dublin, Dublin, Ireland*

**Introduction:** Prostate cancer requiring radical prostatectomy surgery, invariably affects many aspects of men's lives. Altered sexual and urinary function are two well documented aspects. Little is known about how men make sense of the whole experience, from diagnosis through to recovery or the language men use to articulate these experiences.

**Methods:** This study utilised narrative inquiry method to analyse men's life stories (narratives). Participants (N=18) were interviewed at three different time points: pre-operatively (n=13), three months post operatively (n=10), and six and nine months post operatively (n=11). In total, 34 interviews were undertaken. Men's narratives were examined individually to ascertain the elements of the unfolding story over time using Riessman's narrative analytic technique<sup>1</sup>. Structural and thematic analysis was subsequently undertaken.

**Results:** Whilst the experience of prostate cancer was an individualised one, masculine identity and narrative positioning underpinned every aspect of men's accounts. The fact that prostate cancer is unique to men invariably resulted in masculinised narrative expression. Subscription to and expression of a masculine identity underpinned all aspects of the men's narratives. Challenges and information needs for men varied according to time point. Issues relating to information, continence and erectile function were evident throughout, but the nature of these experiences varied over time.

**Conclusion:** Nursing practice in the area of survivorship should account for this uniquely masculinised experience, in being sensitive to the gendered expression men use in making sense of this life altering experience. Appropriately sequenced information and support are suggested as essential elements of future care pathways.

## References

Riessman, C. K. (2008). *Narrative methods for the human sciences*. Thousand Oaks, CA, US: Sage Publications, Inc

## Integrating Community Care Pathways with Palliative Care in Advanced Dementia

**Ms Donna Mills<sup>1</sup>**

<sup>1</sup>*Hse, CHO 7, Ireland*

**Introduction:** Palliative care in the context of dementia is a relatively new concept (Hanson et al. 2019). The Advanced Nurse Practitioner (ANP) led clinic utilising a care coordinated approach in the community setting through collaboration and integration with the Community Palliative Care Team (CPCT), improving optimal palliative care for people living with dementia.

**Aims and Objectives:** To improve optimal palliative care for people with dementia in the community. Individualised care coordination for older adults is known to improve high quality care and sets the objectives for this care-coordinated approach to achieve ageing in place and a peaceful death surrounded by family (Van der Steen, 2014).

**Methods:** Developing a robust care pathway in partnership with community palliative care services will enhance the support given to achieve optimal and quality driven palliative and end of life care outcomes. The pathway achieved involves a three-step integrated pathway structure. Step one involves care interventions by the ANP, step 2 a care coordinated approach with the ANP and Community palliative care team (CPCT) and step 3 CPCT and ANP collaborative interactions. Admission criteria to the pathway includes patients with end stage dementia who have reached a FAST scale of seven or over.

**Outcomes:** Outcomes to date have demonstrated how this pathway has achieved significant care interventions such as the right to live and die well in the environment of their choosing and a reduction in unnecessary transitions to other care settings. Additionally, families have indicated the overall satisfaction of the service with significant reductions in carer stress of 25-34% overall.

**Conclusion:** Individualised person-centred care coordination in the community is crucial to optimise quality care interventions, meeting the needs of people living with dementia at the end stages of their journey which this pathway achieves.

## Factors Affecting the Advocacy Role of Nurses in End-of-Life Care

**Ms Claudia Collado-Quezada<sup>1</sup>**

<sup>1</sup>*The University of Edinburgh, Edinburgh, United Kingdom*

**Introduction:** The advocacy role of nurses is part of the core of Nursing which requires to development of complex skills to perform it. My doctoral research addresses the phenomenon of end-of-life care (EoLC) planning in palliative care settings in Chile. In this presentation, I will share part of the preliminary findings focused on challenges faced by nurses in performing their advocacy role in EoLC contexts and their tensions with prevalent discourses in Chile.

The aim is to examine Factors Affecting the Advocacy Role of Nurses in End-of-life Care Settings, considering health professionals', patients' and families' perspectives. Additionally, to produce insights that be transferable to other ethical problems that involve autonomy and decision-making.

**Methods:** I have conducted an Institutional Ethnography (IE) based on Dorothy Smith's work. I used the IE approach for collecting and analysing the data. I carried out 32 online interviews with health professionals, patients, relatives and policymakers over nine months, as well as analysed ruling texts, such as legislative texts and institutional and academic discourses.

**Outcomes:** The advocacy role of nurses is a challenge in their daily practice. Family interactions are essential in the decision-making processes, teamwork dynamics, legislation in place and systems of belief are factors involved. These factors may be seen as barriers by nurses, increasing the patients' isolation at their EoL. Similarly, the relevance of the advocacy role is tied to their level of knowledge regarding Nursing Ethics.

**Conclusion:** EoLC contexts demand a more profound comprehension regarding ethics, the decision-making processes, communication and working with multi-professional health care teams. Highlighting the advocacy role of nurses would encourage them to learn skills to perform it.

### Trends in Cervical Cancer During Covid-19: Implications for Survivorship

**Ms Sarah Belton**<sup>1,2</sup>, Dr Kate Glennon<sup>2</sup>, Ms Louise Comerford<sup>1,2</sup>, Ms Aoife O'Mara<sup>2</sup>, Dr Donal O'Brien<sup>1,2</sup>, Dr Ruaidhri McVey<sup>1,2</sup>

<sup>1</sup>National Maternity Hospital, Dublin, Ireland, <sup>2</sup>St. Vincent's University Hospital, Elm Park, Ireland

**Introduction:** Cervical cancer screening was suspended as part of the HSE emergency response to the Covid-19 pandemic.

**Aims & Objectives:** An audit was conducted to examine cervical cancer diagnoses and stage of disease before and during the Covid 19-pandemic.

**Methods:** Gynae Oncology MDT database was interrogated to establish all cases of cervical cancer discussed at MDT in 2020 and 2021. Cases of recurrent cervical cancer and non-cervical cancer primaries were excluded. As the data management system changed in 2019, there was a potential for missing data, therefore MDT meeting agendas were reviewed to collate new diagnoses of cervical cancer for 2019. Original diagnostic and staging information was gathered from across hospitals sites and reviewed to validate the stage of disease, as per FIGO (2018).

**Results:** Total numbers of new cervical cancer diagnoses remained similar in 2019 (n=20) and 2020 (n=19). There was a 60% increase in new diagnoses of cervical cancer in 2021 (n=32). Cases of Stage 1 disease decreased from 60% in 2019 to 47% of cases in 2020, when cervical screening was suspended. Stage 2 diagnoses doubled in 2020, and reduced significantly in 2021. Through 2019 and 2020, Stage 3 cancers accounted for 10% of cases. This increased in 2021 to 22%, with a reduction also seen in the number of cases of Stage 4 cervical cancer. Overall, those with advanced disease (Stage 3 and Stage 4) account for 30 – 35% of all cases diagnosed over 3 years.

**Conclusions:** Covid-19 Pandemic resulted in a number of changes in trends seen in cervical cancer diagnoses. Stage 1 cancers decreased, while stage 2 cancers increased which has resulted in a larger cohort of women receiving radiotherapy as primary treatment than in previous years. This has important implications for survivorship services. Encouragingly stage 4 cancers have decreased.

## Access to Services for People in Nursing Homes in Ireland

**Ms Deirdre Shanagher<sup>1</sup>**, Ms Amy Hackett<sup>2</sup><sup>1</sup>*Nursing Homes Ireland, Dublin, Ireland*, <sup>2</sup>*NUIG, Galway, Ireland*

**Introduction:** Nursing homes are places with specialised clinical, health and social care services which is provided 24/7. The fair deal scheme is a public funding model designed to make residential care for older people more affordable, accessible and anxiety free. Under the current system nursing home residents are entitled to access community-based services available to other community dwelling peers in a similar manner.

**Aims:** To explore the interface between nursing home provision for older people and their continued access to primary and community care services.

**Method:** A qualitative descriptive approach was used. A focus group was carried out with 4 nursing home managers. This was followed by a survey circulated to private and voluntary nursing homes in Ireland.

**Outcomes:** Three categories were identified via the focus group: integration, quality of life and fair deal. Enhanced integration of private and voluntary nursing homes with the wider health and social care system is urgently required. Nursing Home residents need to feel connected to family and their communities. The fair deal scheme is outdated and doesn't adequately cover the cost of long-term care in Ireland.

**Conclusion:** Irish healthcare policy for older people needs to adequately reflect the needs of our older population as they age. The overall healthcare sector is inadequate and lacks integration. Nursing home residents are not prioritised and are subjected to significant delays when accessing services. This has led to many having to pay out of pocket for essential services. On a similar note, community-based care such as respite and day care are not widely available. The fair deal scheme needs to be updated to adequately reflect the cost of long-term care in Ireland.



### Safe Nurse Staffing in Long-Term Residential Care Settings: Staff Outcomes

**Dr Ashling Murphy<sup>1</sup>**, Prof. Jonathan Drennan<sup>1</sup>, Ms Rachel Linehan<sup>1</sup>, Dr Noeleen Brady<sup>1</sup>

<sup>1</sup>*School of Nursing and Midwifery University College Cork, Cork, Ireland*

**Introduction:** The relationship between staffing and patient, staff and organisational outcomes is well-established in acute settings; however, there is relatively little evidence on the relationship between nurse staffing and outcomes in long-term residential settings, in particular outside the US. This paper reports on the baseline results from a survey of nurses and HCAs.

**Aims and Objectives:** Examine baseline staff outcomes in long term residential care settings prior to the implementation of a safe staffing framework.

**Methods:** Cross-sectional, multi-site study of RNs and HCAs (n=243). Staff were asked to self-report on outcomes that we know are associated with staffing levels including, working environment, burnout, job satisfaction and intention to leave, care left undone and the impact of the Covid-19 pandemic.

**Outcomes:** Respondents consisted of HCAs (55.2%) and RNs (43.8%). The Nursing Work Index results were positive for foundations of quality of care and collegial relations. These results were mirrored in staff perceptions of the quality of care being rated as good or excellent (80.1% and 69.6%, respectively). A high proportion of staff reported at least one care left undone event (55.7%) or one item of care delayed (64.4%). Intention to leave varied, with 32% stating they would definitely or probably leave. Respondents reported low levels of emotional exhaustion, depersonalisation and high levels of personal accomplishment. Almost all respondents (87.9%) had worked with residents with Covid-19 and just over half (51%) had been quarantined due to contact with residents with Covid-19. The Impact of Events scale on Covid-19 demonstrated that 68.4% of staff were below the cut-off score for concern, while 31.6% scored at or above the level for clinical concern.

**Conclusions:** Overall the study provides a key insight into staff outcomes with regards to burnout, job satisfaction and intention to leave as well as the impact of the Covid-19 pandemic.

### Long-term Care Workforce Experiences with Continuing Professional Development Modalities

Dr Catherine Fitzgerald<sup>1</sup>, Dr Giuseppe Aleo<sup>1</sup>, Dr Nicola Pagnucci<sup>2</sup>, **Ms Carmel Kelly**<sup>3</sup>, Dr Tom Lordan<sup>3</sup>, Prof. Thomas Kearns<sup>1</sup>

<sup>1</sup>*Royal College of Surgeons In Ireland, Dublin, Ireland*, <sup>2</sup>*Department of Health Sciences, University of Genoa, Genoa, Italy*, <sup>3</sup>*Leading Healthcare Providers Skillnet, Ireland*

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

**Aims and Objectives:** Explore experiences of healthcare workers and managers with various teaching and learning modalities for continuing professional development (CPD) in the private long-term care (LTC) setting in the Republic of Ireland.

**Methods:** A mixed methods study, including four focus groups and a questionnaire to explore LTC workers' experience with: Synchronous (Live online); Asynchronous (Non-live) online; and in-person (Face-to-Face) teaching and learning. The focus group findings informed the development of a survey to assess LTC workers' experience with the three modalities. Ethical approval was obtained for this study.

**Outcomes:** Four themes were identified through focus groups: Flexibility, engagement, resources and support, and balancing online and face-to-face learning. Through these themes a questionnaire was developed; 232 participants responded, 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, childcare needs, etc.); 33.5% agreed that it makes them feel isolated and lose interest, 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.

**Conclusion:** Engagement in training and education should be considered when planning CPD activities, ensuring that teachers know how to interact with learners and keep them engaged. This could be encouraged through more flexibility, adopting a mix of online and face-to-face learning activities that ensure a better work-life balance.

### Meaningful Involvement of People with Dementia in Research.

**Ms Susan O'Reilly<sup>1,2</sup>**, Professor Kate Irving<sup>1</sup>, Dr. Mark Philbin<sup>1</sup>, Dr Therese Leufer<sup>1</sup>

<sup>1</sup>*Dublin City University, Dublin, Ireland*, <sup>2</sup>*Health Service Executive, Dublin, Ireland*

**Introduction:** There is a growing awareness both nationally and internationally that people with dementia (PwD) must be involved in research that impacts their lives. Yet many of the documented challenges faced by PwD transfer into engagement in research, including stigma, paternalism, preconceived assumptions, issues of consent, tokenism, communication difficulties and reliance on others for support, potentially impeding meaningful involvement.

**Aims and Objectives:** Explore innovative and flexible solutions at each stage of the research process to enhance involvement.

**Method:** The project discussed is a Grounded Theory study exploring the perspectives of PwD relating to autonomy. Engaged research, specifically Public and Patient Involvement (PPI) is incorporated to offer a framework for ensuring purposeful involvement.

**Outcomes:** Flexible solutions include recruiting PwD and their carers as contributors in the research process as distinct from as study participants (PPI). This process is invaluable not only to ensure meaningful involvement of PwD, through review of research processes but also crucially to challenge preconceived assumptions.

Using a process model of rolling consent (Dewing 2007), incorporating the principles of assent and dissent and a tripartite approach to consent, rather than reliance on a one-time assessment to determine capacity promotes self-determination and voluntariness. A “knowing me” document, developed by the researcher, enhances involvement of people with more advanced dementia. Additionally, reflective person-centred interview techniques, with the use of communication aids, helps build rapport and trust with the PwD and their carer and allows them relate their perspectives and experiences in their own way.

**Conclusion:** This presentation gives examples of the need for flexibility to the abilities, circumstances and needs of participants with dementia and their families. I will demonstrate how I incorporate engaged research principles and PPI to achieve openness in addressing my own preconceived assumptions and continuously adapt and explore innovative solutions to promote meaningful involvement.

### Efficacy Implementing iNEWS in an Older Person Residential Care Service

**Ms Florence Horsman Hogan<sup>1,2</sup>**, Mr Adrian Ahern<sup>1</sup>, Ms Rajini Benish<sup>1</sup>

<sup>1</sup>Leopardstown Park Hospital, Dublin, Ireland, <sup>2</sup>Royal College of Surgeons, Dublin, Ireland

**Introduction:** We are a 100 bed Care of the Older Person facility. Approximately 50% of Sepsis cases occur in this demographic (1). The Irish National Early Warning System (iNEWS) is a means to assist staff recognise and respond appropriately to clinical deterioration in a timely manner. Currently there is no iNEWS for Older Person Residential Services (OPS). Challenges to implementing this include timely access to a G/P and we don't I.V antibiotics thus residents have to be transferred out for treatment.

**Aims and Objectives:** An ethical dilemma exists transferring an older person, particularly with dementia to hospital. Unfamiliar environments and lack of specialised dementia care can lead to increased distress. Where an infection is caught in time for treatment with oral antibiotics the dilemma of transferring out can be avoided.

**Method:** We used the National Clinical Guideline iNEWS Version 2 (2020) to develop a clinical monitoring and escalation protocol. This was rolled out December 2021. An audit in September 2022 using the hospital protocol parameters to determine if the monitoring and escalation were in compliance with hospital the hospital protocol.

**Outcome:** N= 26. Compliance with getting the resident reviewed by the G/P in a timely manner for treatment was achieved. Non-compliant with correct calculation of EWS, escalation for GP review, including use of oxygen in score, transferring the resident out where indicated by score, recognising new confusion as a significant trigger and using the EWS when monitoring vital signs.

**Conclusion:** The scoring system proved effective for detecting and monitoring deterioration. Challenges with compliance of the escalation protocol for transferring out exist. As this applied to a small sample, further studies and research are required. Results indicate that a considerable variation of the iNews escalation protocol would be required for Older Person Residential Care facilities. Practice sessions calculating EWS also recommended.

## Participatory Action Research to Promote Practice Enhancement for Exclusive Breastfeeding

**Dr Catherine Buckley**<sup>1,2</sup>, Dr Elaine Lehane<sup>2</sup>, Dr Helen Mulcahy<sup>2</sup>, Dr Michelle O'Driscoll<sup>2</sup>, Dr Margaret Murphy<sup>2</sup>, Dr Rhone O'Connell<sup>2</sup>, Ms Liz Cogan<sup>2,3</sup>, Prof Patricia Leahy-Warren<sup>2</sup>

<sup>1</sup>*Northridge House Education & Research Centre & St. Lukes Home, Castle Rd, Mahon, Ireland,* <sup>2</sup>*School of Nursing and Midwifery, University College Cork, Cork, Ireland,* <sup>3</sup>*University Hospital Kerry, Rathass, Co Kerry*

**Background:** Breastfeeding rates in Ireland are amongst the lowest in Europe and incongruous with the high level of population education and economic prosperity that exists. Consistent beneficial modifiable factors include support from healthcare staff that meet a woman on her pregnancy and postnatal journey. Participatory action research (PAR) offers a systematic and intentional approach to bring about change and facilitate implementation and application of evidence-based theory to Practice to Enhance Exclusive Breastfeeding (PEEB). PAR advocates that those being researched should be involved in the process and thus researchers and participants were full collaborators in the process of implementing and evaluating the practice change using Work Based Learning Groups (WBLGs).

**Aim:** Participatory Action Research (PAR) using WBLGs to generate and guide change in policy and practice.

**Methods:** Nine WBLGs were undertaken which involved mothers (N=3), multidisciplinary staff from GP Practice, maternity hospital and community settings (N= 63). Ethical approval for the study was granted by the local ethics committee. Facilitators and participants generated data derived from the WBLGs including: feedback from participants on work-based learning activities; facilitator field notes and reflections after each WBLG. Data generated from WBLGs were analysed using a critical hermeneutic approach to explore the use of participatory action research to support the implementation of PEEB.

**Outcomes:** Five themes were identified: Empowerment, Ethos, Personal Experience, Vision and Journey as areas that require interventions for the successful promotion of PEEB.

**Conclusions:** This study adds to the body of knowledge that emphasises the value of using Work based learning as a participatory action research approach to identify, implement and evaluate breastfeeding strategies by healthcare staff to ensure sustainability going forward.

### Lived Experiences of Mothers with Down's Syndrome Child Amidst Pandemic

**Ms Trisha Nicole Samulde**<sup>1</sup>, Ms Charlene Mae Totanes<sup>1</sup>, Ms Hershey Vediosas<sup>1</sup>, Ms Khate Melxes Veñegas<sup>1</sup>, Mr Edyn Michael Suganob<sup>1</sup>

<sup>1</sup>*St. Anthony's College, San Jose, Philippines*

**Introduction:** Mothers raising a child with Down's syndrome (DS) play a significant role in ensuring that the child will meet his or her needs while coping with the disorder, especially during the pandemic. The emergence of the COVID-19 pandemic had impacts on mothers raising a child with DS. To better understand the challenges and experiences of mothers, it is therefore essential to explore their lived experiences raising a child with Down's syndrome during this time of the pandemic.

**Objective:** To explore the lived experiences of mothers raising a child with Down's syndrome during the COVID-19 pandemic.

**Methods:** This study used a descriptive phenomenology design. Purposive sampling was used to select the co-researchers and data saturation was achieved with six (6) co-researchers. Researchers used an in-depth semi-structured interview to gather data that were analyzed using Colaizzi's method.

**Outcomes:** Based on the researchers' analysis of the data, four major themes emerged, namely: (1) Difficulties of Mothers Raising a Child with Down's syndrome (2) Positivity towards Life, (3) Getting through the Obstacles, and (4) Worries on the Unpredictable Future of the Child. These four themes highlight the burden, fear, happiness experienced, and coping strategies adopted by the co-researchers all throughout their journey during the pandemic.

**Conclusions:** The research findings revealed the mothers' experiences with the difficulties they experienced during the COVID-19 pandemic. Furthermore, their ways of embracing the changes and coped up with the situation were also discussed. Despite the frightening experiences of living during the pandemic, the six (6) mothers exhibited enormous resilience towards the threat and fear of the illness. The COVID-19 pandemic promoted their personal growth and motivations for better lives in the future. The findings of this study will help guide the formation of relationships between mothers of children with Down's syndrome and healthcare professionals in addressing their challenges.



## Improving the Experience for Autistic Children Requiring Blood Tests

**Ms Jacqueline Lyons<sup>1</sup>**, Ms Janet Carter Callanan<sup>1</sup>, Ms Caroline Chawke<sup>1</sup>, Dr Una Murtagh<sup>1</sup>, Ms AnneMarie Dowling<sup>1</sup>

<sup>1</sup>*Children's Health Ireland, Blanchardstown, Ireland*

**Introduction:** Autistic children can have difficulties accessing essential phlebotomy services that suit their sensory and additional needs. It was recognised that many children were not able to have their blood test done without significant restraint or trauma or had to be admitted as a day patient for this procedure which caused significant delays in commencing medications.

Following discussions and a small pilot project a need was identified to provide additional supports to children and their families including additional time, a quiet supportive environment, a desensitisation program, use of Nitrous Oxide 50% and a flexible approach. A successful application was submitted requesting funding to provide an Autism Friendly Phlebotomy Clinic within CHI at Connolly. The funding provided a part-time play specialist dedicated to the service for 18 months. We provided an alternative pathway to alleviate stress and provide an improved experience and service to this cohort of children.

### Aim and Objectives:

- To provide an Autism friendly clinic for children who require blood sampling with a clear pathway of referral.
- Appointments scheduled and tailored to individual needs.
- Clinic resourced and staffed by a Staff Nurse, Play Specialist, phlebotomist and Consultant Paediatrician.

### Methods/Interventions:

- Focus groups with parents, staff and key stakeholders
- Continuous PDSA cycles to ensure continuous improvement
- Feedback from parents and children following every successful and unsuccessful intervention
- Staff Debriefing following every clinic

Referral > Phone Consult > Desensitisation appointments as required > Phlebotomy appointment with or without Nitrous Oxide > Home

### Outcomes:

May 2022 – October 2022

- 51 children referred to clinic
- 29 children had successful blood sampling
- 6 children did not meet criteria of referral
- 4 families DNA

### Conclusion:

- Improved staff resources
- Increased efficiency of phlebotomy clinics

**Recommendations/ Future Plans:** To explore use of this model to support Autistic service users and provide the service to the wider Autistic community.

### Using Children's Art to Explore their Experience of Rare Diseases

**Ms Niamh Buckle<sup>1</sup>**, Ms Aimee O'Neill<sup>2</sup>, Prof Thilo Kroll<sup>1</sup>, Prof Lisa Gibbs<sup>3</sup>, Dr Suja Somanadhan<sup>1</sup>  
<sup>1</sup>*University College Dublin, Dublin, Ireland*, <sup>2</sup>*School of Psychology, Trinity College Dublin, Dublin, Ireland*, <sup>3</sup>*University of Melbourne, Melbourne, Australia*

**Introduction:** The use of children's drawings in qualitative research has been increasing as a means to understand children's experiences and worldview. Drawing has been used often when exploring children's perceptions of illness. Despite this, there are few studies using children's drawings to understand their experience of living with rare diseases (RDs).

**Aims and Objectives:** This study aimed to examine the drawings of children with rare diseases in an attempt to gain insight into their experience living with their condition. This study was conducted as part of the SAMPI Project (Children's Health Ireland implements at Temple Street Children's University Hospital, RPAC17-05), which aims to enable children and young people living with RDs to express their experience of living with a RD and help to identify the factors that enhance, inhibit and impact their lives through sand play, arts, music, photovoice and interviews.

**Methods:** Seven children aged between 7-13 years participated in the Art modality. All of the participants had a RD. All sessions were facilitated by an Art Therapist and recorded. Participants were asked to draw what it is like to live with their RD, then explain and title their drawing. As drawing is an 'open' visual medium (Literat, 2013), a loose framework influenced by Furth (2002) was developed to analyse the drawings. Themes were drawn iteratively from this analysis.

**Outcomes:** The themes that emerged from the drawings were 'Normal vs Different', 'Family: Present vs Hidden', and 'Friends'. The themes highlight the contradictory experience of living with a RD and the role of family and friends in influencing the participants' experiences.

**Conclusion:** The art modality is effective in aiding health researchers to understand children's lived experiences of RDs. The development of an art analysis framework, used with the art therapist's reflective journal, benefitted the thematic analysis of the participants' drawings.

## A Rapid Realist Review of Post-stroke Rehabilitation for Young Adults

**Dr Catherine Clarissa<sup>1</sup>**, Dr Arcellia Farosyah Putri<sup>2</sup>, Dr Colin Chandler<sup>1</sup>, Dr Larry Doi<sup>1</sup>, Ms Emily Hennessy<sup>1</sup>

<sup>1</sup>*The University of Edinburgh, Edinburgh, United Kingdom*, <sup>2</sup>*Indonesian Emergency and Disaster Nurses Association (IEDNA), Jakarta, Indonesia*

**Introduction:** Stroke is a significant global burden of disease. Despite the increased risk with age, there is an increasing prevalence trend of stroke in individuals under 65. With a growing rate of stroke survival in young adults, recovery and rehabilitation has become important aspect of stroke management. Previous studies suggest that post-stroke rehabilitation is more suited to older adults and not to be age-appropriate for young adults, resulting in their unmet needs. Little is known about post-stroke rehabilitation provision for young adults.

**Aims and Objectives:** A rapid realist review was conducted to understand post-stroke rehabilitation for young adults aged between 18 and 45: what works (or not), for whom, why and in what circumstances?

**Methods:** We followed Saul et al (2013)'s rapid realist review methodology. The literature search had two stages: (1) An initial search of nine databases (2000-2022): CINAHL, MEDLINE, EMBASE, PsycINFO, ASSIA, AMED, PEDro, Cochrane Library and Web of Science, (2) A secondary search to find relevant literature or documents that could illuminate the development of the realist causal explanations. Extracted data were analysed using retroductive reasoning to establish programme theories in form of context-mechanism-outcome (CMO) configurations.

**Outcomes:** Thirty-two articles were included as a final result. We identified three theory areas overarching five CMO configurations that can explain how stroke rehabilitation works (or not) for young adults, including (1) the relationship between young adults and their therapists/peer supporters, (2) person-centred approach in goal setting, and (3) returning to 'new normal'. An understanding of age-appropriate needs and person-centred approach in rehabilitation delivery are required to enable post-stroke rehabilitation that works for young adults, leading to desirable outcomes.

**Conclusion:** This review highlights the complex factors involved in post-stroke rehabilitation for young adults. Evidence on how employers can support young adults returning to work post-stroke is lacking and warrants further exploration.

## Implementing Safewards Across 5 Approved Centres in Galway Roscommon

**Mr Ciaran Cuddihy<sup>1</sup>**

<sup>1</sup>*HSE Mental Health Galway Roscommon, Galway, Ireland*

**Background:** The aim of Safewards is to minimise the number of situations in which conflict arises between healthcare workers and patients that lead to the use of coercive interventions (restriction and/or containment). Violence and aggression towards staff and between service users are seldom but can occur and have a negative impact on the therapeutic alliance between service users and staff in mental health units. Safewards takes a positive view that communities and individuals can change for the better. Therefore working together with service users can bring change that meets everyone's expectations.

**Description:** Safewards consists of 10 interventions

- Clear Mutual Expectations
- Mutual Help Meetings
- Calm Down Methods
- Talk Down
- Reassurance
- Discharge Messages
- Know Eachother
- Bad News Mitigation
- Soft Words
- Positive Words

Research has shown that introducing these interventions can have an effect on the number of conflict and containment events experienced on inpatient units (Bowers 2014).

**Implementation:** A project was initiated in 2021 to introduce Safewards to the inpatient units in Galway Roscommon Mental Health Services. A Steering Group to oversee the project was assembled with membership from senior nurse managers, service users and practice development. A plan was put in place to begin introducing the 10 Safewards Interventions to the inpatient units with local implementation groups created responsible for the introduction. These local groups consisted of staff from all disciplines and grades and included service user representation. All staff in the Galway Roscommon Mental Health Services received training in the Safewards Interventions through face to face sessions. Service Users were informed of the interventions and took part in their implementation.

**Conclusion and Impact:** We are measuring the effects of Safewards initially through Fidelity Checking that the interventions are present and through service user and staff surveys to elicit views and ideas on the project.

## Do Mental Health Nurses Develop Physical Healthcare? A Qualitative Study

**Dr Gearóid Brennan<sup>1</sup>**

<sup>1</sup>*University of Stirling, Stirling, United Kingdom*

**Introduction:** People with serious mental illness experience higher rates of physical co-morbidities. These include HIV infection, cardiovascular disease, metabolic disorders and certain types of cancer. There appears to be ambiguity surrounding nursing roles in addressing these unmet needs. There has been much focus on pre-registration education, at the expense of exploring how mental health nurses develop and maintain practice in this area once qualified.

**Aims and Objectives:** The aim of this study was to examine how mental health nurses working in one UK service understood their role in providing physical healthcare to people of working age with serious mental illness. In particular, in what way do educational experiences and competencies assist them in this area of practice.

**Methods:** Registered mental health nurses (n=7 inpatient, n=7 community) were purposefully recruited from one UK NHS service. Data was collected using semi-structured 1:1 qualitative interviews. The study was informed by theoretical lens of Pierre Bourdieu's Theory of Practice. Data analysis was informed by Braun and Clarke (2006, 2021).

**Outcomes:** Participants voiced gaining knowledge through four ways once qualified; via experience, formal learning, informal learning from peers and role modelling. Post-registration learning was viewed more favourably than pre-registration learning, though was difficult to access. It was felt that short courses were helpful in being able to apply skills to practice. Participants voiced issues of not being able to maintain skills if there was not adequate exposure. Informal learning from peers held high-value. There is also an issue of maintaining confidence and how this can contribute to competency.

**Conclusion:** These findings have implications for how we best support nurses to maintain key skills and develop practice. This may impact on professional identity. There is a conflict between the mandate of maintaining competency and the realities of this in practice.

## Service User Experience of Remote Inpatient Mental Health Treatment

**Mr Shane Kirwan<sup>1</sup>**

<sup>1</sup>*St Patricks Mental Health Services, Daingean, Ireland*

**Introduction:** In response to the COVID-19 coronavirus outbreak, SPMHS introduced a homecare service, offering all the elements of the inpatient programmes, but provided to the service user (SU) remotely in their own home. This service is delivered via phone, video and online channels. This service involves one-to-one mental health support, delivered remotely through daily or more frequent contact over videocall and other technological channels.

**Aim:** To explore and evaluate service user experience of receiving Remote Inpatient Mental Health Treatment via the homecare service.

**Objectives:**

1. To explore patients' experiences of accessing mental health services using online/phone methods of delivery videocall and other technological channels
2. To examine the factors that assist or hinder the process of remote online delivery of a mental health service.
3. To evaluate patient satisfaction levels with the service.

**Methods:** Quantitative approach to capture SU satisfaction of using the homecare service.

All people who availed of the homecare service between December 2020 and March 2021 were sent out a link to an anonymous survey by the gatekeeper via Qualtrics.

Quantitative data was inputted into SPSS for analysis

Qualitative data was collected via open ended questions relating to what participants felt worked well, what didn't work well and other comments they wanted to make in relation to their experience. This data was analysed thematically.

**Outcomes:** 88 responses

- 87% felt The technology options provided to me for remote inpatient treatment were adequate for treatment
- 64% were satisfied with the way my remote care ended
- 86%I were happy with how the admission process was conducted
- 51% were happy with therapy group using remote methods

**Conclusion:** The results indicated general service user satisfaction for remote admission to hospital. 3 themes emerged

1. A viable alternative to inpatient care
2. The importance of relationships
3. Technology



## Modifiable and Non-Modifiable Vulnerability Factors for Perinatal Stress and Anxiety

**Dr Karen Matvienko-Sikar**<sup>1</sup>, Ms Willeke van Dijk<sup>2,3</sup>, Dr Samantha Dockray<sup>4</sup>, Prof Patricia Leahy-Warren<sup>5</sup>

<sup>1</sup>*School of Public Health, University College Cork, Cork, Ireland,* <sup>2</sup>*Department of Clinical, Neuro and Developmental Psychology, Faculty of Behavioural and Movement Sciences, Vrije Universiteit Amsterdam, Amsterdam, The Netherlands,* <sup>3</sup>*Amsterdam Public Health Research Institute, VU Medical Center, Amsterdam, The Netherlands,* <sup>4</sup>*School of Applied Psychology, University College Cork, Cork, Ireland,* <sup>5</sup>*School of Nursing and Midwifery, University College Cork, Cork, Ireland*

**Introduction:** Perinatal maternal stress and anxiety have important implications for women and children. Developing appropriate perinatal mental health supports for women requires a comprehensive, up-to-date understanding and framework of risk and protective factors.

**Aims and Objectives:** The aim of this umbrella review was to identify modifiable and vulnerability factors related to stress and anxiety across the perinatal period and up to two years postpartum, and develop a framework of factors informed by the social ecological and diathesis-stress models to inform future intervention development.

**Methods:** MEDLINE, CINAHL, PsycINFO, and Maternity and Infant Care databases were searched from inception to September 2022. Papers were eligible for inclusion if they 1) included women pregnant and/or up to 2 years postpartum 2) examined factors associated with perinatal maternal stress and/or anxiety, and 3) reported a quantitative or qualitative systematic review or meta-analysis. Review quality was evaluated using the AMSTAR-2 tool.

**Outcomes:** Thirty-six reviews were included. Factors related to maternal stress and anxiety were identified across social-ecological levels. The strongest evidence for modifiable factors was identified for existing mental health issues and for interpersonal factors, such as social support. There was moderate evidence for modifiable factors including social norms and stigma, health behaviours, and expectancies. Important non-modifiable vulnerability factors identified included sociodemographic factors, life history, maternal health, and birth-related factors, interpersonal factors and child-related factors.

**Conclusions:** Addressing identified modifiable factors across multiple ecological levels, with consideration of vulnerability factors that impact on stress and anxiety outcomes, is essential to reduce perinatal maternal stress and anxiety.

## Factors Influencing Adoption of Mobile-Applications With People Living With Dementia.

**Ms Aoife Conway<sup>1</sup>**, Prof Assumpta Ryan<sup>1</sup>, Dr Deirdre Harkin<sup>1</sup>, Dr Claire McCauley<sup>1</sup>

<sup>1</sup>*Ulster University, Co. Derry, United Kingdom*

**Introduction:** There is a growing interest and availability of health-related mobile applications (apps) for people living with dementia. Research has demonstrated the benefits of providing intervention through this medium. This study provides a broader insight into factors that enable or impede adoption of apps for people living with dementia by exploring their views and experiences of using mobile apps.

**Aims and Objectives:** The aim of the study was to explore factors influencing adoption of apps for people living with dementia.

**Methods:** Recruitment of participants (n=15) was facilitated through a dementia advocacy group of people living with dementia. A focus group design was applied to elicit discussion and explore divergent views on the topic. Data was analysed according to Braun & Clarke's (2006) thematic analysis.

**Outcomes:** Data analysis revealed the following distinct themes; (Theme 1: Living with dementia)- "That's the difficulty there even with apps or anything else." (Theme 2: Motivation)- "It makes me feel good. I feel a little with it, that it's not all gone in there" (Theme 3: Fears and Concerns)- "Can somebody else get into your personal memories?" (Theme 4- Support)- "So it's important that we have that support". Together these themes encapsulate the most influential aspects.

**Conclusion:** The population of people living with dementia who are using apps are a diverse user group and the variables that influence acceptance and adoption are plentiful. Participants in this study explained how they would have increased motivation to use and accept an app if they perceived that it was more advantageous and meaningful in their daily life. They explore challenges, fears and concerns that can impact the adoption of apps. Support that is delivered, presented, and received in a manner that promotes confidence and empowers the individual is paramount. These findings highlight important considerations for practice and future research.

## NEWS Clinical Decision TOOL: Exploration of Nurses Views and Experiences

**Ms Nadia Finneran<sup>1</sup>**<sup>1</sup>*Roscommon University Hospital, Roscommon, Ireland*

**Introduction:** Early Warning Scores (EWS) have been developed internationally in the last decade in response to an increased focus in introducing effective and efficient track and trigger systems. These systems facilitate frontline healthcare workers to recognise and respond to deteriorating hospitalised patients and ultimately improving patient outcomes. There is a dearth of studies, especially from an Irish context, pertaining to nurse's perceptions and experiences of using the NEWS.

**Aims and Objectives:** The focus of this study was to explore and understand nurse's perceptions and experiences of using the National Early Warning Score (NEWS) in clinical practice.

**Methods:** A descriptive phenomenological research approach was adopted underpinned by Husserl's philosophy. Data was collected from a purposive sample of registered nurses (n=15) through individual interviews.

**Outcomes:** Data was analysed by thematic analysis revealing three overarching themes: reassurance in a validated tool; challenges and recommendations for improvement; and clinical judgement versus over reliance on a tool.

**Conclusion:** Participants revealed a sense of security and support in using a national standardised tool, providing clear guidelines and protocols to act upon for which nurses and doctors are accountable and responsible. Concerns regarding healthcare support workers carrying out vital sign monitoring were raised along with fears of inappropriate physiological parameter adjustment in response to raised early warning scores (EWS). Participants highlighted the need for further education and training for all NEWS users and recommended stricter guidelines in relation to parameter threshold setting. The NEWS inapt use in some patient cohorts was revealed illuminating it is not a panacea despite the ubiquity of such a track and trigger tool. Participants highlighted the importance of critical thinking processes in decision making and advocate for interpretation of EWS scores along with contextual data gleaned from holistic assessment to avoid taking the NEWS as being too prescriptive.

### Mobile Smartphone App Monitoring Hypertension Older Persons: Motivations to Participate

**Mr Ismail Kusemererwa<sup>1,2</sup>**, Dr. Isaac Ddumba<sup>1,2</sup>

<sup>1</sup>Victoria University, Kampala, Uganda, <sup>2</sup>African Research Centre 4 Ageing & Dementia, Kampala, Uganda

**Introduction:** Cardiovascular Disease (CVD) risk factors such as hypertension and diabetes are more prevalent among older persons. The CVD risk factors contribute to over 60% of NCD-related deaths in later years. Therefore, an urgent need for strategies to optimally monitor and control CVD risk factors is paramount in averting morbidity and mortality among older persons. A mobile smartphone App focusing on monitoring hypertension could be an innovative tool to encourage. The study aimed at exploring older person's motivates for participating in eHealth monitoring of blood pressure.

**Methods:** A cross-sectional research using a qualitative approach (HTN SmartApp Study) **Setting and Participants:** It's a nested study from the prospective study of "Testing the use of Smartphone App in control of CVD risk factors among older persons in Uganda". A total of 45 interview guides and 4 focus group discussions were conducted. The study included older persons with Smart phone, diagnosed with hypertension and he/she is on treatment. We employed semi-structured questionnaires for data collection.

**Results:** Eager to know about their Blood pressure numbers, benefits from other CVD risk reduction strategies, reminders to take medications, being functionally independent, daily check up their BP numbers, presence of individuals at home, and being the first cohort to participate in this trial, were some of the prominent motivators to participate in this trial. Although the design of the study could have influenced the reasons to participate in the trial, physical navigating of Mobile SmartApp independently could have been a great motivator.

**Discussion:** Individual benefits and social networks motivated seniors to participate in this trial; such features should be put into consideration while conducting recruitment for older persons for future trials. Additionally, maintenance of the level of independence and optimal control of hypertension emerged as a great concern among older people living alone.

## CREATE Project: The Health Passport Deployment in Intellectual Disability Services

**Ms Anne Spencer**<sup>1</sup>, Ms Grainne Bourke

<sup>1</sup>*St Michael's House, Lusk, Ireland*

**Introduction:** St. Michael's House (SMH) is a community based organisation providing person centred services to people with an intellectual disability in the greater Dublin area. SMH has an established track record of implementing Assistive Technologies (AT) to support the service users and funding has been received from the CREATE Project to partner with the National HSE Health Passport Team.

**Aims & Objectives:** The aim of the HSE Health Passport is to help healthcare staff know all about the individual abilities and needs of people with an ID whom they come into contact with. Thereby enabling services to offer better, safer care by providing reasonable personalised adjustments before undertaking any assessment, examination or treatment.

**Method:** The CREATE Project will implement and evaluate an app version of the Health Passport for People with an Intellectual Disability with a cohort of services users within adult respite services (n=140) over a 12 month timeline. Specifically this CREATE project is an interdisciplinary programme for advancement of integrated care and will support adults with a disability who attend respite services to demonstrate their will and preference in regards to their healthcare needs. Thus ensuring that the needs of each individual client and their communication pathways can be shared with a range of healthcare professionals in a manner best suited to the individual clients preferred communication style.

Adopting a service improvement agenda in line with national policy and HSE NCCD, CREATE uses a mixed method exploratory sequential design approach to data collection with agreed and defined (PRO's) outcomes and key performance indicator's. CREATE evaluates the deployment of the Health Passport by reporting and detailing the value proposition from three viewpoints the service user, Organisation and NCPPD.

**Outcomes:** This oral presentation will describe the progress on phase one of the project.

## Telemedicine Service for Keratoconus Monitoring

**Ms Diana Malata<sup>1</sup>**, Dr Katja Iselin<sup>1</sup>, Mr Barry Quill<sup>1</sup>, Prof Billy Power<sup>1</sup>, Prof. Conor Murphy<sup>1</sup>

<sup>1</sup>*Royal Victoria Eye And Ear Hospital, Dublin, Ireland*

**Introduction:** The Nurse-led keratoconus (NLKC) virtual clinic was set up in RVEEH in May 2020 in response to the Covid-19 pandemic. The keratoconus monitoring clinic was converted to a virtual clinic using telemedicine in the form of telephone or video consultations.

**Objective:** The objective of the service is to prevent a disruption in care during the pandemic.

**Method:** The patient attends the Eye outpatient department for diagnostic visit which includes a visual acuity (VA) test and corneal tomography. Then the patient receives an appointment by text or email to attend the virtual clinic. The virtual consultation is conducted by the Advanced Nurse Practitioner either over the phone or using medical video consultation software (TPro) on the patient's smartphone, tablet or computer. Keratoconus patients enrolled in the virtual service between 1 June and 31 July 2020 in individual structured telephone interviews were assessed using Likert questions.

**Outcome:** Of the 88 patients enrolled, the opinions of 69 patients could be evaluated (78.4%). Compared to previous in-person visits mean waiting times for diagnostic examinations dropped from 43 minutes (range 5 – 180 minutes) to 4 minutes (range 1-14 minutes). The majority of patients (n=68; 99%) were satisfied or very satisfied with the overall service irrespective of the communication channel (telephone or video). A majority also indicated a desire to continue attending the virtual keratoconus clinic after the pandemic and supported the idea of decentralized sites for future diagnostic measurements.

**Conclusions:** This study demonstrates that keratoconus patients managed very well the conversion from in-person to virtual care. A solid majority of keratoconus patients also supported further expansion of the virtual consultations to a completely decentralized telemedicine model.

## Supporting Survivors of Sexual Violence in Nursing Practice

**Ms Claire Dosdale<sup>1</sup>**<sup>1</sup>*Northumbria University, Newcastle Upon Tyne, United Kingdom*

**Introduction:** Sexual assault is a form of sexual violence, it is a deeply violating experience for the survivor resulting in both immediate and long-term health implications. Research demonstrates experiencing sexual assault leads to serious public health concerns of epidemic proportions yet the number of people seeking support from healthcare remains low. Nurses roles are continually evolving, leading to increased responsibility, indicating nurses are significantly more likely to receive disclosures and/or support those that have experienced sexual assault.

**Aim and Objectives:** The aim of this research is to address this gap in knowledge and gain an understanding of the experiences of sexual assault disclosure to nurses, through the perspectives of both survivors and nurses.

**Methods:** A phenomenological approach was used to carry out this research exploring the lived experience. Descriptive phenomenological methods were sought to capture the experience for both sets of participants. Seventeen participants taking part in this study (9 survivors/8 nurses) using non-dyadic interviews. Data was analysed using the descriptive phenomenological psychological method.

**Outcomes:** Three phenomenological concepts are identified: authenticity, empathy and embodiment. Survivors struggled to face their authentic self, resulting in a lack of acceptance of the assault. Whilst all participants experienced empathy they were often not aligned, eg. survivors were searching for empathy at the same time the nurse turned away from their empathetic response (to compartmentalise). Facing the authentic self and the empathetic engagement result in an experience that embodied both sets of participants.

**Conclusion:** This study demonstrated nurses must be trauma informed in their care and practice, only then will they be able to fully support survivors of sexual assault. Both sets of participants' experiences are entrenched with underlying rape myth and victim blaming assumptions resulting in bias that impacts communication.



## Exploring Challenges Experienced by General Nurses working in Addiction Services

**Ms Samantha Makiwa<sup>1</sup>**<sup>1</sup>*Dublin Simon Community, Dublin, Ireland*

**Introduction:** The misuse of substances has increased significantly over the past few years which have resulted in addiction to such substances as opioids, benzodiazepines, marijuana, methamphetamines and cocaine (Department of Health 2016, Irish Medical Organisation 2015). Consequently, addiction to these substances has a negative impact on the physical and mental wellbeing of the affected individuals; hence they may require admission to an addiction treatment service. However, addiction nursing is a rare specialty with very few nurses specialised in that field particularly in Europe. Therefore, in most addiction treatment services, nurses with a general nursing (GN) background are employed (Public Health England 2017).

**Aim:** The aim of this study is to explore the challenges that General Nurses working within the addiction services experience.

**Objective:** The main objective of the study is to establish some of the challenges and barriers to retention of GNs in an addiction setting.

**Methodology:** A structured methodological review of relevant articles by searching for qualitative research papers in databases such as CINHAL, Cochrane library, Wiley library, OVID, Psyc-Info and Science Direct. An evidence approach will be used for the systematic review. The search terms will be experiences of general nurses working in the addiction treatment services, general nurses working with client with substance use disorder (SUD), alcohol and other drugs disorder (AOD).

Findings will be analysed to come up with themes.

**Conclusion:** The findings of the study will show the challenges that are experienced by GNs working at addiction services. This will be the foundation of developing interventions to mitigate the challenges thereby retaining nurses and improving the quality of care at the addiction's services.

## Subjective Socioeconomic Status and Health in Adults with Intellectual Disability

**Dr Martin McMahon<sup>1,2,4</sup>**, Prof Chris Hatton<sup>2,3</sup>, Prof Nancy Preston, Dr Claire Hardy<sup>2</sup>

<sup>1</sup>Trinity College Dublin, Dublin, Ireland, <sup>2</sup>Division of Health Research, Lancaster University, UK,

<sup>3</sup>Faculty of Health, Psychology & Social Care, Manchester Metropolitan University, UK, <sup>4</sup>Health and Community Services, Government of Jersey, UK

**Introduction:** Subjective socioeconomic status (SSS), the perception of one's socioeconomic standing within society, is reliably associated with physical health indicators in the general population. To date, this association has not been investigated in the intellectual disability population.

**Aim & Objectives:** To examine if SSS is related to self-rated and objective indicators of physical health in people with and without intellectual disability.

**Methods:** Participants were 217 adults with, and 2350 adults without, intellectual disability in Jersey. The MacArthur Scale of Subjective Social Status was used to measure SSS and the Euro-Qol EQ-5D-5L was used as a generic health measure. A five-point scale ranging from 'poor' to 'excellent' health was used to measure self-rated health. Proxy respondents participated where adults with intellectual disability could not consent to participate. Binary logistic regression was undertaken to examine the association of subjective and objective socioeconomic status and demographic characteristics with self-rated health (good to excellent vs. poor to fair self-rated health) in people with and without intellectual disability. Multiple regression using the stepwise procedure was used across stratified groups to determine the relationship between subjective and objective socioeconomic status and demographic characteristics with EQ-5D-5L index values.

**Outcomes:** Our results indicate that individuals with intellectual disabilities have poorer self-rated health and lower SSS than the general population. However, after accounting for objective socioeconomic status and demographic factors, SSS was not related to self-rated health or objective indicators of health for people who consented to participate independently. Being employed was associated with higher EQ-5D-5L index values for all intellectual disability groups.

**Conclusion:** Individuals with intellectual disability report poorer self-rated health and lower SSS than the general population. Although higher SSS, being employed and younger age were significant predictors of self-rated health in the general population this was not the same for all people with intellectual disabilities.

## Identifying FREDa Principles in Allegations of Abuse From Residential Care

**Dr Niall McGrane<sup>1</sup>**, Ms Celine Dignam<sup>2</sup>, Dr Laura M. Keyes<sup>1</sup>

<sup>1</sup>*Health Information and Quality Authority Of Ireland, Dublin 7, Ireland*, <sup>2</sup>*Student Summer Research Awards program, UCD School of Medicine, Belfield, Ireland*

**Introduction:** Upholding the human rights of residents of residential care facilities (RCF) must be a priority for RCFs, especially during adverse events, such as, incidents of abuse.

**Aims and Objectives:** To identify evidence of the human rights of residents being violated or upheld in RCFs through analysis of notifications of allegations of abuse submitted to the health and social care regulator in Ireland.

**Methods:** A sample of notifications of allegations of abuse received by the regulator in 2020 and 2021 (n=114) stratified by service-type, risk rating and year, was drawn from the Database of Statutory Notifications from Social Care in Ireland<sup>1</sup>. Content analysis of the sample was conducted independently by two researchers. Occasions where FREDa principles (fairness, respect, equality, dignity and autonomy)<sup>2</sup> were upheld or violated during the incident and/or its management by the RCF, were identified.

**Outcomes:** Examples of violations of respect and of dignity during the incident were the most common violations of the FREDa principles identified, and the most common codes identified. The overwhelming majority of these occurred in peer-to-peer incidents. Examples of respect and dignity being upheld during the management of incidents were the second most common codes identified. This often took the form of staff comforting residents in the aftermath of alleged abuse.

**Conclusion:** The vast majority of violations of FREDa principles evident in our sample were from relatively minor violations of respect and dignity, largely during peer-to-peer incidents. There was evidence of residents' rights being upheld by staff in the management of incidents. Monitoring for patterns of these interactions and taking preventative action would help ensure resident human rights are upheld in RCFs.

### References

1. Database of Statutory Notifications from Social Care in Ireland, <https://www.hiqa.ie/sites/default/files/2021-02/Database-of-statutory-notifications-from-social-care-in-Ireland-2013-2020.csv>
2. Curtice, M.J. and Exworthy, T., 2010. FREDa: a human rights-based approach to healthcare. *The Psychiatrist*, 34(4), pp.150-156.

## Muchness: Nurses' Subjective Experience of Well-Being - A Participatory Inquiry

**Dr Kate Sanders<sup>1</sup>**

<sup>1</sup>*Foundation of Nursing Studies, London, United Kingdom*

**Introduction:** I discovered the concept of muchness when reading a blog that considered quotes from Alice in Wonderland to identify what meaning they could offer healthcare. One of these quotes was:

'You used to be much more "muchier". You've lost your muchness', said the Mad Hatter.

Reflecting on my experiences of working with nurses who reported feeling overworked, undervalued and undermined, I questioned whether some nursing staff had lost their muchness - their subjective experience of well-being.

**Aim:** The research aimed to work with nurses to explore the concept of muchness and how it could be nurtured.

**Methods:** An innovative research method was developed – Virtual Picture Voice, enabling nurses internationally to create and share 'stories of muchness' to generate understanding about muchness; and to participate in analysing and synthesising the stories contributing to the creation of the Muchness Model Version 1. This model was further refined through a metasynthesis process drawing upon wider philosophical and theoretical understandings, resulting in the development of the Muchness Model Version 2.

**Outcomes/findings:** Situated within virtue ethics, the findings of this research, as represented in the Muchness Model V2, advocate for a 'full-life' understanding of well-being, that is a balance between the pursuit of feeling fulfilled and feeling good. Critical reflection on self, our relationships and the contexts within which we work can generate knowledge to inform actions towards experiencing muchness and flourishing in the workplace.

**Conclusions:** A holistic approach to the facilitation of well-being should be used, including individuals and organisations, working at micro, meso and macro levels, to enable nurses to identify what is important/matters to them both personally and professionally. This knowledge can be used to inform actions relating to their nursing work, their relationships and their workplace context to enhance their muchness or subjective experience of well-being.

Poster Number	First Name	Last Name	Poster Title
P01	Lulwa	Albuainain	ICU nurse's role in reducing ICU patient relatives' psychological burden
P02	Nasser	Aldosari	South Asian communities and the use of digital health
P03	Poster Withdrawn		
P04	Amna	Al-Muhandes	Parenthood and Societal-Understanding of Child-Services after Participating in a Parenting-Program
P05	Abeer	Alnoaimi	The Effectiveness of BLS Training on Nursing Students' CPR Quality
P06	Poster Withdrawn		
P07	Manar	Alsulimani	Factors Influencing Exclusive Breastfeeding Among Working mothers: A Critical Review
P08	Shooq	Asheer	The Impact Of Shift Work On Sleep Quality Among Nurses
P09	Lisette	Aviles	Developing Nursing Leadership in Neurorehabilitation: A Qualitative Programme Evaluation
P10	Theresa	Barry	Birth of Pregnancy Wellbeing Classes
P11	Mary	Bedding	Deteriorating Older Person - Which Early Warning System to Use?
P12	Laura	Behan	Examining serious injury in residential facilities in Ireland
P13	Sarah	Belton	Increasing Cancer Surgery activity in a Gynaecology Oncology service
P14	Sarah	Belton	Establishing a Nurse Led Gynaecology Oncology Family History Clinic
P15	Ashitha	Bhaskaran	Nursingstudents experience of working during COVID19 Pandemic: A qualitative descriptive study
P16	Anna	Bovo	Nurses' Embodied Emotion While Working in Overwhelming Contexts: Trauma-informed Inquiry
P17	Gearóid	Brennan	Therapeutic Relationship/Physical Healthcare: A mental health nursing intersection
P18	Adriana	Cârnu	Developing a Professional Resilience Competencies Curriculum

<b>P19</b>	Claudia	Casafont	Mortality factors in people with dementia undergoing hip fracture surgery
<b>P20</b>	Daniela	Castillo - Mansilla	"Empowering Me": Compassionate Care In Paediatrics
<b>P21</b>	Yuan	Chu	Post-intensive care syndrome:a concept analysis
<b>P22</b>	Kumaresan	Cithambaram	Cancer Screening Needs of Disabled People- A Qualitative Evidence Synthesis
<b>P23</b>	Vanessa	Clarke	Qualitative Online Interviewing - Lessons Learned During the Covid Pandemic
<b>P24</b>	Márcia	Coelho	Clinical Supervision of the Caregiver in the Community: Nursing Interventions
<b>P25</b>	Andrea	Collins	Integrated Care Pathway Diabetic Foot: Community Podiatry and PHN Initiative
<b>P26</b>	Breda	Connaughton	Education of Family Carer's to Care for their Child's Tracheostomy
<b>P27</b>	Catherine	Connolly	Nurse-Led Simulation for ED nurses in an Irish Emergency Department
<b>P28</b>	Catherine	Connolly	Introducing a Virtual Education Platform for ED Nurses
<b>P29</b>	Louise	Creighan	IEHG Core Competency Framework for Postgraduate Nurses/Midwives in the OT
<b>P30</b>	Derek	Cribbin	Nursing input into a Critical Care Major Surge Working Group
<b>P31</b>	Derek	Cribbin	Development of a Critical Care Nurse Career Pathway
<b>P32</b>	Coca-Stela	Crismaru	The Impact of Nursing Care of Newborns with Heart Defects
<b>P33</b>	Ciaran	Cuddihy	Anytime Anywhere Learning. Creating a Podcast for Safewards
<b>P34</b>	Sarah	Daly	Discharge Care Bundles Reduce Readmission Rates for Exacerbating COPD Patients
<b>P35</b>	Lisa	Donaghy	Establishing a PFO Pathway for Stroke Patients
<b>P36</b>	Ann	Everitt-Reynolds	Compassion within an academic setting: Experiences of student nurses.
<b>P37</b>	Ann	Everitt-Reynolds	Nursing students' competencies in aneroid (manual) blood pressure measurement

<b>P38</b>	Alison	Fagan	The Influence of Social Factors on Longevity in Irish Centenarians
<b>P39</b>	Denise	Gatti	Patient Engagement in Organizational Change to Improve Healthcare Outcomes
<b>P40</b>	Poster Withdrawn		
<b>P41</b>	Tracey	Harrington	Adoption of e-portfolio for Registration & Revalidation in Ireland
<b>P42</b>	Aileen	Hetherton	Implementing a Falls Prevention Programme in the RCSI Hospital Group
<b>P43</b>	Martina	Higgins	Streamlining A Zoledronic Acid Service To A Level Two Hospital
<b>P44</b>	Rachel	Howe	Pet Visitation to Oncology Patients at the Children's Hospital
<b>P45</b>	Junting	Huang	The Effects of Rapid Rehabilitation Nursing in Total Knee Arthroplasty
<b>P46</b>	Ioana Anca	Irinca	How I Did My First Audit, Without Knowing
<b>P47</b>	Jessica	Ivory	The Development of an Alkaptonuria Clinic for Adults in Ireland
<b>P48</b>	Jennifer	Kehinde	The Effectiveness of Prenatal Breastfeeding Education on Breastfeeding Uptake Postpartum
<b>P49</b>	Lorraine	Kelly	The Circle of Compassion
<b>P50</b>	Poster Withdrawn		
<b>P51</b>	Laura	Keyes	Development of a Lexicon for Social Care
<b>P52</b>	Princy	Kuriak	Implementation of VSA: Digital INEWS- Step towards Digital Healthcare
<b>P53</b>	Ismail	Kusemererwa	Gender differences for unintentional falls among older persons in Uganda
<b>P54</b>	Corina	Laffey	Mental Health Nursing Staff in Galway Roscommon Mental Health Services
<b>P55</b>	Patricia	Larkin	Managing Traumatic Wounds in Minor Injury Unit: Retrospective Cohort Study
<b>P56</b>	Róisín	Lawless	Impact of an Education WhatsApp Group to Support Oncology/Haematology Nurses



<b>P57</b>	Rachel	Linehan	Development of Safe Nurse Staffing Tool: The RUG-IV Tool
<b>P58</b>	Anjan	Lobo	Intentional Rounding Preventing Falls in Our Lady of Lourdes Hospital
<b>P59</b>	Sinead	Maher	Forensic Nursing in Ireland- Where we stand today
<b>P60</b>	Annalyn	Mantala	Efficiency is the Key to do Things Better!
<b>P61</b>	Debbie	Marshall	PREP, 2 Nurses,1 Pandemic & a Baby.....oh & a Cyber-attack
<b>P62</b>	Paula	Mc Brearty	Measuring Outcomes for Patients Discharged to a Virtual Fracture Clinic
<b>P63</b>	Helen	McAneney	Young people's creative responses during COVID19: COVISION Study findings
<b>P64</b>	Sharon	McCabe	Lived experiences of patients physically restrained in a psychiatric setting
<b>P65</b>	Ashling	McCoy	Examining impactful factors on CPD for RNIDs in Southeast Ireland
<b>P66</b>	Claire	McElroy	'Our First Year': The Complex Menopause Service
<b>P67</b>	Margaret	McGuigan	Laid-back Breastfeeding Not Routinely Suggested in Irish Hospitals
<b>P68</b>	Imelda	McKenna	Breast Pump Loans: Report on a Quality Initiative
<b>P69</b>	Kevin	McLaughlin	The Effects of Covid-19 on a Community Mental Health Team
<b>P70</b>	Kevin	McLaughlin	The Impact of Patient Suicide on an In-patient MDT
<b>P71</b>	Melinda	Meeker	Nursing Education Autonomy. A Comparison Of Ireland & The USA
<b>P72</b>	Sarah Jayne	Miggin	Inclusion Health Nursing Service One Year Service Review
<b>P73</b>	Sarah Jayne	Miggin	Inclusion Health service response to COVID19
<b>P74</b>	Sarah Jayne	Miggin	Complex Discharge of a Patient with TB to Homeless Services
<b>P75</b>	Ursula	Morgan	Can a Major Hospital Reconfiguration actually improve Nursing?
<b>P76</b>	Dearbhla	Moroney	Interoperability of Patient Portals with EHR: a Scoping Review

<b>P77</b>	Mauro	Mota	Assessing Immobilization Discomfort in Trauma Victims: an objective judgment scale
<b>P78</b>	Stephanie	Murray	Breastfeeding Snakes and Ladders
<b>P79</b>	Margo	Noonan	Helping Adolescents to Navigate Sexual Violence with an Education Program
<b>P80</b>	Ippolito	Notarnicola	Psychometric validation of the NPCS among Italian contexts
<b>P81</b>	Aileen	O'Brien	HSE Policy and Procedure for Safe Surgery 2022
<b>P82</b>	Noreen	O'Brien	The impact of pressure ulcer prevention education for HCA's
<b>P83</b>	Aoife	O'Neill	The Introduction of "What To Know on The Go"
<b>P84</b>	Kate	Pleace	Homeless in their Healthcare, Women's Experience of Primary Ovarian Insufficiency
<b>P85</b>	Jessica	Power	Supporting Local Providers to Adapt Health Interventions During Scale-Up
<b>P86</b>	McClaire	Quirante	Self-Directed Learning Readiness and Academic Performance among Nursing Students
<b>P87</b>	Nemet	Ramona Maria	Quality Improvement in Patient Care in Satu Mare County Ambulance
<b>P88</b>	Poster Withdrawn		
<b>P89</b>	Grace	Reidy	Implementation to Operationalisation -Transforming Theatre Journey Across a Hospital Group
<b>P90</b>	Poster Withdrawn		
<b>P91</b>	Poster Withdrawn		
<b>P92</b>	Kim	Ryan	MN-CMS Dashboard - Bringing Care to Life for All Staff
<b>P93</b>	Lilia Jannet	Saldarriaga Sandoval	Nursing Actions for Safety in Newborn Neuromotor Development: Integrative Review
<b>P94</b>	Sujatha	Sanjeevi	Retrospective Chart Review of Screening and Rates of Metabolic Syndrome
<b>P95</b>	Kawthar	Shaheen	Caring for a Patient with Ischemic Stroke
<b>P96</b>	Shannon	Sinnott	Music in Paediatric Rare Disease Healthcare Settings: a Scoping Review

<b>P97</b>	Daniela Elena	Spanu	Food Allergies - Molecular Diagnosis
<b>P98</b>	Monica Rodica	Suciava	Nurse's role in Quality Management Department – Cluj Rehabilitation Hospital
<b>P99</b>	Wayne	Thompson	The Advanced Nurse Practitioner in Context: Systemic Processes
<b>P100</b>	Princess Nicole	Torrechilla	Nursing Students' Lived Experiences During the Resumption of Clinical Duty
<b>P101</b>	Sarah	Turner	The Experiences of Males During the Transition to Fatherhood
<b>P102</b>	Niamh	Vickers	Evaluating Public Health Nursing Students engagement with Virtual Learning Platforms
<b>P103</b>	Judy	Watkin	"Happy, excited, terrified", experiences of graduate nurses' transition to RN
<b>P104</b>	Lian	Zhu	Family Members' Visiting Experience in an ICU: Being an Outsider

## ICU Nurse's Role in Reducing ICU Patient Relatives' Psychological Burden

**Ms Lulwa Albuainain<sup>1</sup>**<sup>1</sup>*Mohammed Bin Khalifa Cardiac Center, Hamad Town, Bahrain*

**Background:** A family member of the ICU patient, have numerous needs to be met and implemented by the ICU staff. Multiple research studies reporting negligence of the family needs and this unsupportive practice by the ICU team reported remarkable numbers of distressed families with psychological illness. The ICU nurses can make a difference, through their competent nursing practice with the patients and their relatives, as the support provided by the nurses to the family members with various needs aspect; play a major role in maintaining the well-being of the patient's relatives.

**Study aim:** This systematic review conducted to explore what is the ICU nurse's role in supporting ICU patients' relatives to reduce their psychological burden and stress.

**Methods:** This systematic review was conducted using six primary research papers two of them presented as qualitative and four quantitative studies. Wong et al., 2015 , Chiang et al., 2017, Naef, Massarotto, and Petry, 2020, Meneguín et al., 2019, Carlson et al., 2015 and Alsharari, 2019. Indeed, Strengthening the Reporting of the Observational Studies in Epidemiology guidelines was applied to critically summarize and analyze the research papers, besides following research scholarly guidelines.

**Findings:** All studies agreed that there is a direct obvious relationship between improvement and elevation of psychological stress and burden due to being in a hard situation as a family member of an ICU patient and between the supportive care provided by the ICU nurses with supportive professional communication, emotional empathy and considering the family as an integral part of the health care system.

**Conclusion:** To sum up, the finding of this systematic review can be effectively applied to the improvement and enhancement of clinical practice, education, and research in relation to the nursing role in supporting ICU patient relatives. As well effectively guided me in my own studies conduction pathway.

## South Asian Communities and the Use of Digital Health

**Dr Nasser Aldosari<sup>1,2</sup>**, Dr Saima Ahmed<sup>1</sup>, Jane McDermott<sup>1</sup>, Dr Emma Stanmore<sup>1</sup>

<sup>1</sup>*University of Manchester, Manchester, United Kingdom*, <sup>2</sup>*King Abdullah Medical City, Makkah, Saudi Arabia*

**Background:** South Asian individuals experience a higher burden of chronic diseases and limited access to healthcare services compared with their Caucasian peers. Digital health interventions are suggested to enhance the delivery of healthcare, minimise health inequities and consequently improve health status among minority ethnic groups.

**Objective:** To identify South Asian individuals' experiences and attitudes of digital health, and explore the barriers and facilitators affecting their use of digital health services.

**Design:** Arksey and O'Malley methodological framework for scoping reviews.

**Methods:** Five electronic databases were examined for pertinent papers, which were augmented by searching bibliographies of the retrieved articles and grey literature. Each paper of the initial inclusion list was independently reviewed, leaving 15 papers to be included in the review.

**Outcomes:** Data were analysed thematically leading to the development of two overarching themes: 1) Barriers to uptake of digital health; 2) Facilitators for use of digital health services. There was a general consensus that South Asian communities still struggle with an inadequate access to digital health technologies. Some studies suggest multiple initiatives to improve accessibility and acceptability of digital health services within South Asian communities in order to mitigate health disparities and develop a more inclusive healthcare system. These include the development of multiple-language and culturally sensitive interventions and digital skill development sessions. Most studies were conducted in South Asian countries, focusing on measurable outcomes of digital health interventions. Few explored the experiences and views of South Asian community members as a minority ethnic group residing in the West, e.g., British South Asians.

**Conclusion:** Literature mapping proposes that South Asian people frequently struggle with a healthcare system that may limit their access to digital health services, and at times, fails to consider social and cultural needs.

P03

Poster Withdrawn

## Parenthood and Societal-Understanding of Child-Services After Participating in a Parenting-Program

**Ms Amna Al-Muhandes<sup>1</sup>**

*<sup>1</sup>Royal College of Surgeons in Ireland Medical University of Bahrain, AL LAWZI, Bahrain*

**Background:** Parental programs can yield positive impact on parental role and awareness of the societal context. To date, little is known on the perceptions of migrant parents partaking in parenting programs, and how it influences their parenting role and societal understanding.

**Aim:** To gain awareness of the perceptions of Arabic speaking parents on their parenthood and their societal understanding on child-related services, after participating in Parenthood in Sweden.

**Setting:** The study is part of a larger evaluation research on the nation-wide program “Parenthood in Sweden”.

**Method:** A qualitative study was conducted including thirteen semi-structured interviews with Arabic speaking parents having children (0-18 years) residing in Sweden and who partook in the program “Parenthood in Sweden”. Purposive sampling was used to yield appropriate data and include information-rich cases. Thematic analysis was performed to identify patterns within the data set by generating codes, sub-themes and an overarching theme.

**Result:** Parental perceptions on their parenthood and societal understanding on child-related services, formed an overarching theme “the woven journey of across-the-board parent”, including five sub-themes: “acculturation in the domain society”, “parental self-efficacy”, “developing understanding and relationship with child”, “striving for sense of belonging” and “parent trust in broader social context”.

**Conclusion:** Parents perceived that the program strengthened their self-competency and understanding of child-related services. Parents expressed that the program guided them towards improving parental-child relationship, the meaning of child’s rights and their rights’s over their child. It helped shaping their awareness of the different local systems served in Sweden and the resources provided for children.



## The Effectiveness of BLS Training on Nursing Students' CPR Quality

**Ms Abeer Alnoaimi<sup>1</sup>**

<sup>1</sup>*Mohammed Bin Khalifa Bin Salman Al Khalifa Specialist Cardiac Centre (MKCC), Awali, Bahrain*

**Introduction:** Cardiopulmonary arrest (CA) is a medical emergency that requires immediate cardiopulmonary resuscitation (CPR). Nurses are usually the first responders to a CA, initiating basic life support (BLS) until the advanced cardiac life support team arrives. Likewise, nursing students frequently work in clinical placements, spending most of their time at the patient's bedside. Students who lack adequate skills in BLS may experience anxiety and low self-esteem, preventing them from delivering high-quality CPR or, performing it at all. Students' knowledge, skills, self-efficacy, and confidence during CPR are improved through periodic up-to-date, evidence-based BLS training, thus improving the quality of the CPR.

**Aims & Objective:** To highlight the effectiveness of BLS training on nursing students' CPR knowledge, skills, and quality.

**Methods:** The research question was divided into the following keywords: BLS, CA, knowledge, attitude, nursing students, and CPR. The inclusion criteria were peer-reviewed English articles that were published within the past 10 years which included the keywords. The exclusion criteria were studies that were published in a language other than English and didn't focus on nursing students. The six main articles were retrieved from PubMed and Proquest databases. A critical appraisal tool was used to analyse and critique the articles based on the research question, which was then broken down into the data extraction sheet.

**Outcomes:** A statistically significant positive correlation between BLS education/training satisfaction and CPR self-efficacy was found in the studies. It was established that after BLS training with corrective feedback devices, the level of knowledge and practical skill scores among nursing students were higher compared to pre-training scores. An evident increase in students' self-esteem and self-efficacy during a CPR situation was noted upon completing their training.

**Conclusion:** The reviewed studies indicated that providing ongoing, up-to-date, evidence-based BLS training/education is effective in improving nursing students' self-efficacy in delivering high-quality CPR.

P06

Poster Withdrawn

## Factors Influencing Exclusive Breastfeeding Among Working Mothers: A Critical Review

**Ms Manar Alsulimani<sup>1,2</sup>**, Dr Mary Hughes<sup>1</sup>, Dr Louise Gallagher<sup>1</sup>

<sup>1</sup>*School of Nursing & Midwifery, Trinity College Dublin, Dublin, Ireland,* <sup>2</sup>*Faculty of Nursing, Umm Al-Qura University, Makkah, Saudi Arabia*

**Background:** According to the World Health Organisation, exclusive breastfeeding is recommended for up to six months; continued breastfeeding is then recommended, along with appropriate complementary foods up to two years of age or beyond. There are some obstacles that affect a woman's choice to complete breastfeeding duration as recommended such as work. Many studies found that a mother's work is a significant factor affecting the continuation of exclusive breastfeeding duration due to an increase in women in the workforce in many countries. Therefore, this a comprehensive systematic search of the existing literature and critical review aimed to identify the factors that impact the continuation of exclusive breastfeeding among working mothers.

**Methods:** PubMed, CINAHL, ProQuest, PsycInfo, The Cochrane Library, and Saudi Digital Library (SDL). Grey Literature, WHO, and the International Labour Organisation were systematically searched for articles and academic papers published between January 2010 and August 2021 using the keywords "factors" and "impact" and "exclusive breastfeeding" or "breastfeeding" and "working mothers".

**Findings:** After an initial screening of 1921 records, 66 full-text academic papers were assessed for eligibility, and 34 of these met the inclusion criteria. The findings were summarised under the two main themes which are breastfeeding experience among working mothers and factors affecting breastfeeding duration and working mothers. Only three studies clearly defined exclusive breastfeeding and recorded a low rate. There are mixed findings on factors that impact breastfeeding among working mothers.

**Conclusion:** Most studies concluded that short maternity leave and lack of breastfeeding facilities are the main reasons affecting working mothers' ability to continue breastfeeding at their workplaces.

## The Impact of Shift Work on Sleep Quality Among Nurses

**Ms Shooq Asheer<sup>1</sup>**

<sup>1</sup>*Mkcc Hospital, Muharraq, Bahrain*

**Introduction:** Poor sleeping quality among nursing staff is a major issue, especially for those who are under duty shifts, in which this systemic review of literature includes a general view of this subject, by looking into nurse's role in hospitals which lead to lack of sleeping hours, prevalence, and risk factors. Number of studies have been shown high risk of decline in clinical performance which keep this matter a big attention.

**Aims:** To look at the effect of shift work on sleep quality among nurses.

**Methods:** The literature review has been performed by using some databases from the RCSI library which are CINAHL, PubMed, and ProQuest. Major keywords have been used: nurses AND sleeping and shift. by using inclusion and exclusion criteria, In CINAHL 35 results were found, In ProQuest 3,524 results, and from PubMed 225 results.

**Results:** The literature review of six studies focused on the matter that most nurses complain of which is discomfort with their sleeping schedule, which results at the end with low job satisfaction, health issues, and studies have shown the importance of having enough rest to avoid any practical issues or accidents toward nurses to themselves or toward patients.

**Discussion:** From six selected studies, results shown that nurses who work as shift duties are at major risk to have inadequate sleeping hours, some studies mentioned solutions such as changing duty hours. However, the six studies mostly discussed the impact of shift duties on nurses physically, psychologically and socially.

**Conclusion:** In general, all current and future nurses will encounter this type of problem, which is a poor sleeping pattern, in which nurses will be prone to many critical side-effects might appear after years of practice in which will lead nurses to feel defeat toward the job attention should consider for improving nursing staff satisfaction and wellness.

## Developing Nursing Leadership in Neurorehabilitation: A Qualitative Programme Evaluation

**Dr Lissette Aviles<sup>1</sup>**, Dr Colin Chandler<sup>1</sup>, Prof. Aisha Holloway<sup>1</sup>, Dr Stephen Malden<sup>1</sup>

<sup>1</sup>*University of Edinburgh, Edinburgh, United Kingdom*

**Introduction:** Nurses have a pivotal role in providing specialised care in the neurorehabilitation field. Although the demand for specialist nurses is increasing, few postgraduate nursing programmes which focus on young people and the psychosocial aspects of care exist in the United Kingdom (UK). A novel online postgraduate certificate (PG Cert) in neurological rehabilitation nursing programme was developed and funded in partnership with a higher education institution and third-sector organisations.

**Aim:** To explore students' perceptions of undertaking the online programme as an opportunity to develop their leadership.

**Method:** Qualitative programme evaluation. Qualitative online interviews and feedback provided by the students were analysed using inductive thematic analysis.

**Results:** Five students were interviewed and eight provided written feedback. All interviewees were women, currently working as nurses either within the UK or internationally. They had successfully completed and graduated from the PG Cert programme. The themes developed were 1) student's experience, 2) supportive learning environment, 3) support from employers, 4) impact on practice and 5) impact on current workplace/colleagues.

**Conclusion:** The programme improved nurses' confidence, knowledge, and ability to implement and lead principles of person centred-care with both neurological rehabilitation patient populations and through self-reflection and self-care while working in stressful environments. Although the long-term impact in terms of patient outcomes are not yet available, the programme appeared to develop nursing leadership in the neurorehabilitation field as well as to serve as a model promoting postgraduate nursing education.

## Birth of Pregnancy Wellbeing Classes

**Ms Theresa Barry**<sup>1</sup>, Ms Sinead Curran<sup>1</sup>, Ms Eleanor Durkin<sup>1</sup>, Ms Judith Nalty<sup>1</sup>, Ms Ciara Ryan<sup>1</sup>, Ms Aine Toher<sup>1</sup>

<sup>1</sup>*The National Maternity Hospital, Holles St, Dublin 2, Ireland*

**Introduction:** Traditionally, the multidisciplinary “Early pregnancy” class was a weekly, drop-in-face-to-face class with poor attendance. The Covid-19 pandemic allowed a move to a monthly online format, resulting in increased attendance and longer sessions. Evaluations highlighted that women found it difficult to absorb the class information.

### **Aims and Objectives:**

- redesign this class to improve learning and flexibility for participants and facilitators
- promote women’s access to other members of the multidisciplinary team
- expand the multidisciplinary team

**Methods:** A brainstorming session reviewed the potential to improve the current structure, the challenges and opportunities for improvement, assess scope for inclusion of the wider multidisciplinary team and plan the implementation strategy. Clear communication lines were established to help with a six-week quality improvement agenda in this radical redesign and rebrand. The administrative team ensured correct information and class links were included in patient bookings. Posters were designed to ensure effective communication through in-hospital display, social media channels and virtual class communication. These changes were disseminated throughout the hospital and clinics. The Rolfe et al (2001) reflective model assisted the team to further analyse, revise and improve.

**Outcome:** A set of three separate pregnancy classes was designed to run consecutively over three weeks: midwife and pharmacist (week 1), the physiotherapist (class two) and the dietitian (class 3). The new name “Wellbeing in Pregnancy” now reflects wellbeing in pregnancy and beyond. Continuing this theme, the perinatal mental health team have launched “Healthy Minds in Pregnancy and Beyond” to complement the portfolio of classes available.

**Conclusion:** Sustainability plans include re-assessing this revision and attendance rates using a quality improvement framework and the digital evaluation tool (survey monkey). Communications have been established with the Social Work Department to assess their availability to further contribute to this set of classes ensuring inclusion for all.

## Deteriorating Older Person - Which Early Warning System to Use?

**Ms Mary Bedding<sup>1</sup>**

*<sup>1</sup>HSE Deteriorating Patient Improvement Programme, Ireland*

**Introduction:** A HSE project is underway to identify an early warning system (EWS) to aid early detection of deterioration in older persons in a residential care setting.

**Aim:** Identify a suitable EWS or model of care to standardise early detection of deterioration in older person (residential care) for piloting to test efficacy and effectiveness.

**Objectives:** The implementation of an effective EWS/model of care would prevent avoidable transfers or hospitalisations to acute care settings, affording the opportunity for patients to be treated insitu.

**Methods:** PDSA QI methodology will be used to undertake the project.

**Plan:** Stakeholder engagement. Robust examination of the evidence to identify a system/model of care to test in pilot sites. Identify evidence of enablers and barriers to implementation. Establish data for baseline measurement and future benchmarking. Identify pilot sites and develop an education programme.

**Do:** Education of staff and supported testing of EWS/model of care in pilot sites.

**Study:** Gather data on: project objectives (number of unplanned ED transfers and admissions to acute care), staff evaluation of training, implementation process and usability, enablers and barriers and identification of any unintended consequences.

**Outcomes:** The Act part of PDSA which will examine the data to: assess the effectiveness of implementation, whether the objectives have been met, to identify any barriers to successful implementation and identify any amendments required for wider implementation. If the project is successful in achieving the aims it is hoped that it would be rolled-out nationally.

**Conclusion:** It is envisaged that the implementation of an evidenced-base EWS/model of care will improve the detection of early deterioration in older persons in a residential care setting so that care can be delivered in the residential care setting and avoidable transfers to ED or acute care hospitalisations can be decreased.



## Examining Serious Injury in Residential Facilities in Ireland

**Dr Laura Behan<sup>1</sup>**, Mr Paul Dunbar<sup>1</sup>, Ms Tashley Kee-Woon Yin<sup>1</sup>, Ms Aileen Keane<sup>1</sup>, Ms Carol Grogan<sup>1</sup>, Dr Laura Keyes<sup>1</sup>

<sup>1</sup>*Health Information and Quality Authority, Cork, Ireland*

**Aims and Objectives:** Statutory notifications for serious injury are a regulatory requirement for nursing homes and residential disability services (collectively referred to hereafter as designated centres) in Ireland. Limited population level data however, are available on serious injuries within designated centres. This study aims to describe the characteristics of serious injury notifications in designated centres in Ireland.

**Methods:** A sample of 800 serious injury notifications received in 2021 was extracted from a comprehensive national level dataset representative of all active designated centres in Ireland: the Database of Statutory Notifications from Social Care (n=3,693)(1). Categorical content analysis was conducted on narrative or free text elements of the notifications to support the categorisation of the type and proximate cause of injuries. All notifications were coded independently by two researchers. Both researchers then met to compare codes and agree on the coding framework.

**Outcomes:** Of the serious injury notifications, 48% were determined to be non-serious injury and were subsequently coded as such. These included soft tissue injuries (bruising, swelling, inflammation and pressure injuries <grade 2), and notifications that were a result of illness, seizure and infection. The remainder (52%), fulfilled the criteria for serious injury and included open wounds, skeletal injuries, and soft tissue injuries (necrosis, pressure injury >grade 2, joint effusion and strain). Cause of such serious injuries were categorised as accidental (82%), behavioural (7%), negligence (1%), and other (9%). Accidental injuries were mostly a result of falls (94%) and behavioural injuries a result of self-injurious behaviour (83%). Of the serious injuries reported, 58% (n=242) of incidences in the sample were unwitnessed.

**Conclusions:** These findings on serious injury notifications will act to facilitate transparency, management, future prevention and ongoing regulatory oversight in designated centres across Ireland and elsewhere.

### Increasing Cancer Surgery Activity in a Gynaecology Oncology Service

**Ms Sarah Belton**<sup>1,2</sup>, Ms Louise Comerford<sup>1,2</sup>, Dr Donal O'Brien<sup>1,2</sup>, Dr Ruaidhri McVey<sup>1,2</sup>, Prof. Donal Brennan<sup>2</sup>, Ms Mary Brosnan<sup>1</sup>

<sup>1</sup>National Maternity Hospital, Dublin, Ireland, <sup>2</sup>St. Vincent's University Hospital, Ireland

**Introduction:** Referral processed for cases of new or suspected gynaecological malignancies was varied across two Dublin hospital sites. Previous dataset was not accessible.

**Aims and Objectives:** New processes were required to establish dataset for Gynaecology Oncology service across three hospital sites; to expand the role of the nurse specialist in the pathway; to optimise the MDT; and, to apply for European Society of Gynaecology Oncology (ESGO) accreditation.

**Methods:** In collaboration with the IEHG, a Value Stream Analysis was conducted, mapping out current state and future state. New referral pathway was fully implemented, which included the appointment of a Gynaecology Oncology MDT Co-ordinator. Initial triage of gynaecological oncology referrals undertaken by the CNS, in conjunction with Consultant Gynaecological Oncologist. Patients are offered nursing support from point of referral.

**Results:** While overall gynaecology surgical activity in the cancer centre decreased by 16.5% in 2021, due to the Covid-19 pandemic, there was an increase of 82.6% in Gynaecological Oncology surgical cases undertaken, compared to 2019 [2021 – 95 cases, v 52 cases in 2019]. Gynaecology Oncology MDT case discussions grew by 70% from 2019 to 2021; 356 cases discussed in 2019, compared to 513 in 2021. ESGO accreditation awarded.

**Conclusion:** By improving referral process and resourcing the front line of the pathway, patients with new or suspected cases of gynaecological malignancies were triaged promptly, received support from the Gynaecology Oncology ANP early in their journey and cancer surgery activity increased within current capacity.

## Establishing a Nurse Led Gynaecology Oncology Family History Clinic

**Ms Sarah Belton**<sup>1,2</sup>, Ms Louise Comerford<sup>1,2</sup>, Dr Donal O'Brien<sup>1,2</sup>, Dr Ruaidhri McVey<sup>1,2</sup>

<sup>1</sup>National Maternity Hospital, Dublin, Ireland, <sup>2</sup>St. Vincent's University Hospital, Dublin, Ireland

**Introduction:** The National Cancer Control Programme (NCCP) Health Needs Assessment for Persons Diagnosed with BRCA 1 and BRCA 2 in Ireland (2022) identified that BRCA patients should have designated pathway with adequate support from specialists.

**Aims and Objectives:** In 2022, a new virtual ANP led Gynaecology Oncology was established using framework for service improvement.

**Methods:** During the Covid-19 pandemic, cohorts of patients suitable for virtual follow up were identified as a measure to reduce hospital attendances. Patients with a genetic predisposition were seen in a variety of Gynaecology clinics without formal nursing support. Using the HSE Model for Improvement and process flow, a new virtual ANP led, Gynaecology Oncology clinic was established.

**Results:** Since May 2022, 22 patients have been enrolled in the clinic. Most patients (60%) were already seen within the Gynae service and 40% have been referred from other specialties such as Breast and Clinical Genetics. As per HSE QI improvement, stakeholder support ensured that Phase 1 was completed at the end of 2021. Phase 2 planning ensured that potential challenges to the pathway could be identified and the clinic was established. Phase 3 was implemented in May 2022 and a number of issues have been logged and acted upon such as; allocation for a clinic code, application for funding for Video Enabled Care to offer better quality consultation, implementing Plan, Do, Study, Act to measure outcomes from patient perspective and ensure their voice is heard as the service grows. To enable Phase 4, present findings and sustainability plan, the ANP participates in a number of local and national groups that provide care to this population.

**Conclusion:** Anecdotal feedback from patients has been positive. Continuation of Phase 3 and Phase 4 of the project will better inform practice. Areas for further study have been identified.

## Nursing Students Experience of Working During Covid19 Pandemic: A Qualitative Descriptive Study

**Ms Ashitha Bhaskaran<sup>1,2</sup>**, Ms Susan Thomas, Ms Sara Paul<sup>1</sup>, Ms Amy Wilkinson<sup>1</sup>

<sup>1</sup>St James's Hospital, James's Street, Ireland, <sup>2</sup>Trinity College Dublin, Dublin, Ireland

**Introduction:** The coronavirus (COVID-19) pandemic is an unprecedented emergency that has affected all global industries, including education (Ayittey et al., 2020). The impact of COVID-19 with regards to the experiences of nursing students working as front-line workers during the COVID 19 pandemic in the Irish health care setting has not been explored much. Hence, it is significant to explore the challenges, coping strategies and overall experience of nursing students during the pandemic.

**Aims and Objectives:** The research aims to investigate and document the experience of nursing students during the COVID-19 pandemic with a view to review current practice and ensure optimal clinical learning environment for the students.

**Methods:** 27 second year nursing students who were on placement in St James's Hospital completed a reflective assignment on their experience on nursing in the frontline during the COVID-19 pandemic. A qualitative descriptive design was used to analyse these reflective accounts in depth.

**Analysis:** The data was analysed using thematic analysis to unearth common themes using the Braun and Clarke model.

**Findings / Results:** Seven main themes emerged.

1. Professional growth and advancement as a student nurse
2. Personal growth and empowerment
3. Feeling of pride and contentment from working during challenging situations
4. Feelings of fear, isolation, and uncertainty
5. Anger and distress resulting from gaps in communication
6. Struggle from working in a high-pressure work environment and attempt to cope
7. Economic implications of COVID.

**Conclusion:** The findings of this study can provide valuable guidance in assisting with protocols and policy development related to nursing students' clinical placements in the future as we continue to live with COVID-19. It can also provide an insight into nursing student's challenges and needs in the event of another unforeseen crisis in future years.

## Nurses' Embodied Emotion While Working in Overwhelming Contexts: Trauma-Informed Inquiry

**Ms Anna Bovo<sup>1</sup>**

<sup>1</sup>*University of Edinburgh, Edinburgh, United Kingdom*

**Introduction:** The increasing nursing workload in acute care settings, due to the SARS-CoV-2 pandemic, has intensified emotional demands while causing nurses to experience uncertainty, fear, and helplessness, leading to meaning-related professional shock and profound changes in their practice. Across the globe, nurses are experiencing emotional exhaustion at risk of developing secondary trauma. Nurses talk about their emotions in a state of hypervigilance, being stuck in survival mode, not allowing space for nurture and care, at greatest risk for nurses being technically-focused on their practice.

**Aims and Objectives:** This study aims to explore embodied emotions to understand how nurses experience their affect in overwhelming patient-related events.

**Methods:** Although statistics have been collected to quantify datasets of burnout, acute nursing has been scarcely considered when researching on affect and trauma. Particularly, embodied inquiries driven by neuroscientific and trauma-based theories, have not yet been designed. Addressing this gap, the current study explores the experience of emergency and critical care nurses who work in overwhelming contexts of care. Within six months, interviews and audio-diaries will be collected, being prompted by workshops engaging with participants beyond cognition, through post-qualitative research inquiry, in an embodied encounter and bottom-up exploration of affect. My conference presentation aims to present innovative theoretical lenses by applying embodiment and trauma-informed inquiry to my research design and data collection. Focusing on how I intend to open a dialogue with nurses through such lenses, meeting theory with practice.

**Conclusion:** In-depth understanding of nurses' neurophysiology of safety, bodily, and emotional responses has the potential to impact positive change in real life contexts of care amongst nursing professionals. Why not giving space to nurses' voice in such turbulent times?

## Therapeutic Relationship/Physical Healthcare: A Mental Health Nursing Intersection

**Dr Gearóid Brennan<sup>1</sup>**<sup>1</sup>*University of Stirling, Stirling, United Kingdom*

**Introduction:** People with serious mental illness experience higher rates of physical co-morbidities. These include HIV infection, cardiovascular disease, metabolic disorders and certain types of cancer. There appears to be ambiguity surrounding nursing roles in addressing these unmet needs. The building, maintaining, and ending of therapeutic relationships and therapeutic use of self to aid recovery is seen as the cornerstone of mental health nursing. How this interacts with mental health nurses' remit for physical healthcare has not been explored.

**Aims and Objectives:** The aim of this study was to examine how mental health nurses working in one UK service understood their role in providing physical healthcare to people of working age with serious mental illness.

**Methods:** Registered mental health nurses (n=7 inpatient, n=7 community) were purposefully recruited from one UK NHS service. Data was collected using semi-structured 1:1 qualitative interviews. The study was informed by theoretical lens of Pierre Bourdieu's Theory of Practice. Data analysis was informed by Braun and Clarke (2006, 2021).

**Outcomes:** While it is traditionally viewed that mental health nurses use their skills to respond to distress, data suggests these same skills are utilised to provide various physical healthcare interventions including health promotion. Therapeutic relationships were considered a key form of 'capital' in delivering physical healthcare and allowed nurses to broach sensitive topics such as lifestyle factors. Community participants discussed the importance of the longitudinal nature of such relationships in achieving long-term and realistic goals.

**Conclusion:** Findings suggest that mental health nurses are providing physical healthcare and using therapeutic relationships as a vehicle for this. This may mean that their physical healthcare practices are invisible as they are bound within the therapeutic relationship. This may serve to perpetuate stereotypes that mental health nurses don't 'do' physical health. The findings would dispute this negative stereotype

## Developing a Professional Resilience Competencies Curriculum

**Ms Adriana Cânu<sup>1</sup>**

<sup>1</sup>*The Order of Nurses and Midwives of Romania, Bucuresti, Romania*

**Introduction:** In the context of work, developing resilience competencies for nurses is viewed to be highly important in overcoming the adverse effects of stress on nurses caused by work overload, complex contexts, criticism, difficult interpersonal relationship issues with physicians and other colleagues, lack of support from supervisors or bureaucratic constraints.

**Aims and Objectives:** Developing a new curriculum to strengthen resilience among nursing professionals within the Romanian continuous education framework.

**Methods:** Designing and developing the initial study that aimed to give a first insight regarding the level of stress of nurses and how this affected their performance in relationship with the patient and within the team with which they work. 45 participants were invited from a group of nurses who are performing in three different public hospitals and a study was carried out using the following measurement tools: the Endler scale for multidimension I scale of Anxiety and level of stress, the Belbin test and a validated interpersonal communications skills test.

**Conclusion:** The level of stress and interrelation skills were measured at baseline (in order to design an accurate session, based on the current needs of participants) and now a one year re-evaluation is planned in order to process the impact of the session delivered to the 45 nurses. The results will reveal the impact of the knowledge and skills and will bring more insights on the quality and length of the intervention. Should it prove beneficial and with added value to the working lives of nurses, the session will be validated and introduced in the portfolio of courses for nurses.



## Mortality Factors in People With Dementia Undergoing Hip Fracture Surgery

**Ms Claudia Casafont**, Ms Marta Ancín Pagoto, Ms Mercè Piazuelo Pont, Mr Jose Luis Cobo Sánchez, Dr Montserrat Solís, Ms Ana Marañón Echeverría, Ms Maria Josefa González García, Ms Irache Casadamón Munarriz, Ms María Bravo, Dr Adelaida Zabalegui

<sup>1</sup>*Hospital Clinic Barcelona, Barcelona, Spain*

**Introduction:** People with dementia have a higher risk of getting hip fractures due to age, reduced gait, psychotropic medications, visual impairment or osteoporosis representing a high burden for the healthcare system. After hospitalization, these patients have a higher mortality risk due to cardiovascular, respiratory and cerebrovascular issues, age or delay to surgery over 48 h. Surgery remains to be the choice treatment for hip fractures.

**Aims and Objectives:** To analyze mortality factors in PwD with a hip fracture undergoing surgery

**Methods:** This is a multicenter observational design comparing the mortality and non-mortality participants in three traumatology units at high technology public hospitals. Participants were people with dementia or cognitive impairment (n=174) hospitalized with a proximal femur fracture undergoing surgery over 65 years. Data collection took place between August 2018 and December 2019 within 24 hours of ward admission including sociodemographic and clinical data, Functional status (Barthel Index), comorbidities (Charlson Comorbidity Index); pain (PAINAD); and nutritional status (MNA).

**Outcomes:** The mortality group (n=31) was 2 years older ( $92.2 \pm 6.8$ ) than the non-mortality (n=143) ( $90.4 \pm 6.1$ ), 74.2% were females. Deceased patients had a higher comorbidity status ( $2.7 \pm 1.7$ ); a lower overall nutritional status, 16.6 on the MNA score versus 17.5 from the non-deceased group; 41.9% of deceased participants were malnourished vs 35.7% of non-deceased. They also had more pressure ulcers, 22.6% of the deceased presented ulcers on admission, versus 2.8% in the non-mortality group and a lower functional status 46.1 vs 55.2 on the Barthel Scale.

**Conclusion:** Comorbidity, pressure ulcers, malnutrition and a low functional status are associated with a higher risk of mortality in hospitalized with a hip fracture undergoing surgery. This frail group should receive specialized care empowered by nurses in order to determine the best outcomes of care.

“Empowering Me”: Compassionate Care in Paediatrics

**Ms Daniela Castillo - Mansilla<sup>2</sup>**

<sup>1</sup>*University of Edinburgh, Edinburgh, United Kingdom,* <sup>2</sup>*Universidad de Chile, Santiago, Chile*

**Introduction:** Despite compassionate care has been widely described as one of the central constructs in quality of care (Cavanagh et al., 2020; Malenfant et al., 2022), there is a lack of paediatrics studies that show how to put into practice compassionate care. Similarly, the literature has underexplored how the agency of both children and their families is expressed and facilitated as part of compassionate care (Altimier, 2015; Azevedo et al., 2018).

**Aims and Objectives:** In the frame of my doctoral studies, one of my research aims is to explore the key elements that condition the child-parent(s) dyad an increased sense of agency in the context of compassionate care in a Chilean paediatric hospital.

**Methods:** This online qualitative research design involves three groups of participants, namely children with chronic illnesses, their parents, and nurses in a Chilean paediatric hospital. 12 children, 16 parents and 10 nurses participated in this study. Both children and parents are considered experts. The interviews with the children were based on a creative method using a storytelling strategy. Reflexive thematic analysis with a realist lens was used to analyse the data.

**Outcomes:** Facilitating the expression of agency appears to be one of the main compassionate actions to alleviate dyads suffering. For children to exercise their agency, they must perceive a personal sense of agency observed by accessing and understanding the information and embodying their voices in environments that enhance the opportunity to exercise their agency. For parents, the expression of agency is shown in their desire to co-produce care through making decisions, collaborating, and feeling empowered about their childcare.

**Conclusion:** New approaches to developing compassionate care around a real child and family presence and empowerment in paediatric healthcare are encouraged.

## Post-Intensive Care Syndrome: A Concept Analysis

**Ms Yuan Chu<sup>1</sup>**, Dr Fiona Timmins<sup>1</sup>, Dr David R Thompson<sup>1,2</sup>

<sup>1</sup>*University College Dublin, Dublin, Ireland,* <sup>2</sup>*Queen's University Belfast, Belfast, UK*

**Introduction:** Post-intensive care syndrome is associated with high morbidity among patients discharged from intensive care units. Nonetheless, its complexities, embracing physical, psychological, cognitive, and social impairments, hamper understanding of the exact nature of this condition.

**Aims and Objectives:** To define the characteristics of post-intensive care syndrome, and to provide empirical referents for its measurement.

**Methods:** The Walker and Avant approach to concept analysis.

**Outcomes:** 3948 articles were identified, and 24 met inclusion criteria. The defining attributes of post-intensive care syndrome were 1) new or worsening multidimensional impairments; 2) physical dysfunction; 3) psychological disorder; 4) cognitive impairment; 5) failed social reconstruction, and 6) persistent impaired multidimensional symptoms extending beyond intensive care and hospital discharge. Antecedents were pre-existing impairments and critical illnesses. Consequences were the establishment of coping, decreased quality of life, and caregiver burden.

**Conclusion:** This operational definition of this syndrome will assist in comprehensiveness and inform the design of preventative strategies. Future research is needed to develop a validated and reliable instrument, serving to detect this syndrome.

## Cancer Screening Needs of Disabled People- A Qualitative Evidence Synthesis

**Dr Kumaresan Cithambaram**<sup>1</sup>, Dr Sean Haly<sup>1</sup>, Ms Kristie Egere<sup>1</sup>, Dr Liz Hartnet<sup>1</sup>, Dr Deirdre Corby<sup>1</sup>, Dr Joyce David<sup>1</sup>

<sup>1</sup>*Dublin City University, Dublin, Ireland*

**Background:** Cancer is a worldwide public health problem due to its high prevalence and higher mortality; it affects everyone irrespective of their physical, social and economic status. The Irish Cancer Society (2020) reported that there are 120 people diagnosed with cancer every day, accounting for 44,000 people annually. Even though no database captures the prevalence of cancer among disabled people, it is reported that the prevalence of cancer among the disabled population is higher than in the general population (Iezzoni et al., 2020). Meeting the needs of this population while accessing cancer screening requires a significant service redesign based on the individual's disability, current patterns of service delivery and usage, and the development of accessible support (Department of Health, 2019b).

**Aim:** This systematic review aimed to identify the specific views and experiences of disabled people, professionals and their family members when accessing cancer-screening services from the available literature.

**Method:** The review commenced in March 2022 and was updated in November 2022. A systematic search of four electronic databases was undertaken. In addition, the EPPI quality assurance checklist was used to review all selected papers. Thirty-one studies from a total of 590 were deemed suitable for inclusion in the review as the voices of disabled people, professionals, and their family members were present. Data were extracted from the included studies and employed a framework analysis using the Lévesque health care access model.

**Outcome:** The result indicates that reading and health literacy of disabled people, their dependency and vulnerability, ability to travel, lack of knowledge and perception influence their uptake of screening services. In addition, the barriers to accessing the screening services were the lack of accessible information, professional attitude, previous negative experiences, lack of accommodation, and issues around consent.

**Conclusion:** Evidence indicates the demand for improved access to cancer screening services.

## Qualitative Online Interviewing - Lessons Learned During the Covid Pandemic

**Dr Vanessa Clarke<sup>1,2</sup>**, Dr Elaine Lehane<sup>2</sup>, Dr Patrick Cotter<sup>2</sup>, Dr Helen Mulcahy<sup>2</sup>

<sup>1</sup>*Nursing and Midwifery Planning and Development, Health Service Executive North East, Ardee, Ireland,* <sup>2</sup>*School of Nursing and Midwifery, University College Cork, Cork, Ireland*

**Introduction:** The aim of qualitative research interviewing is to capture the participant experience in their own words and to understand the context and the meaning of that experience. Face to face interviewing is regarded as the “gold standard” for qualitative interviewing as it allows for the development of intimacy and rapport and facilitates sharing of participant experiences, thoughts and feelings. In March 2020, in part completion of a Doctor of Nursing degree the author was conducting a qualitative research study and had commenced data collection using semi-structured face to face interviews. However, with the onset of the Covid pandemic and the subsequent introduction of social distancing and travel restrictions, face to face interviewing was suspended and all other interviews conducted using a secure online video platform.

**Aim:** To optimise the learning from the experience and develop an action plan for future online qualitative interviewing.

**Methods:** As part of the research supervision process reflective practice was undertaken using the six stages of Gibb’s Reflective Cycle namely description; feelings; evaluation; analysis; conclusion; and action plan.

**Outcomes:** An action plan for preparing for and conducting future online interviews was developed which included:

- Ensuring the participant has a stable internet connection, the necessary hardware and digital skills to conduct the interview.
- Advising on the use of a private space
- Becoming familiar with the recording equipment
- Developing participant rapport through written and telephone communications in advance of the interview
- Development and use of a pre-interview checklist
- Having a plan to deal with any technical difficulties that arise during the interview
- Paying particular attention to the tone of voice, facial expressions and upper body language of participants during the interview

**Conclusion:** Adequate preparation and attention to verbal and non-verbal cues during online interviews will ensure rich data is captured.

## Clinical Supervision of the Caregiver in the Community: Nursing Interventions

**Ms Márcia Coelho<sup>1,2</sup>**, Ms Inês Esteves<sup>3,4,5</sup>, Mr Mauro Mota<sup>4,6,7,8</sup>, Prof. Márcia Santos<sup>6,9,10</sup>, Prof. Regina Pires<sup>1,4</sup>, Prof. Margarida Santos<sup>1,3,4</sup>

<sup>1</sup>Nursing School of Porto, Porto, Portugal, <sup>2</sup>Baixo Vouga Hospital Centre, Aveiro, Portugal, <sup>3</sup>Institute of Biomedical Sciences Abel Salazar - University of Porto, Porto, Portugal, <sup>4</sup>CINTESIS@RISE (Center for Health Technology and Services Research), Porto, Portugal, <sup>5</sup>University Hospitals Bristol and Weston NHS Foundation Trust, Bristol, United Kingdom, <sup>6</sup>Health Sciences Research Unit: Nursing (UICISA: E), Coimbra, Portugal, <sup>7</sup>Viseu Higher School of Health, Viseu, Portugal, <sup>8</sup>Local Health Unit of Guarda, Guarda, Portugal, <sup>9</sup>Nursing School of Coimbra (ESENFC), Coimbra, Portugal, <sup>10</sup>Portugal Centre for Evidence-Based Practice: a JBI Centre of Excellence, Coimbra, Portugal

**Introduction:** A rise in chronic diseases and hospital readmission rates has increased the need for long-term care. In most cases, long-term care is provided by caregivers who lack the necessary knowledge to perform their roles. Providing clinical nursing supervision to caregivers can empower them and improve quality of care.

**Aims and Objectives:** To identify and list the supervisory strategies used by nurses in the community to promote the quality of care provided by caregivers.

**Methods:** A Scoping following the Joanna Briggs Institute guidelines (1,2). Published and unpublished studies in English, Portuguese and Spanish since 1993 were analysed. No geographical limitation was applied.

**Outcomes:** Of 7663 results analyzed by two independent reviewers, 34 records were included. The main supervisory strategies were health education and emotional support. Nurses provided information, support, demonstrated and taught techniques and trained skills. Health education was implemented through face-to-face sessions or telephone contacts. Face-to-face sessions lasted between 30 minutes and four hours over a period of up to 22 weeks. Telephone contacts took place up to one year after the beginning of the intervention. In most frequent context was the person's home.

**Conclusion:** Although the results are still preliminary, we believe that by supervising caregivers, nurses implement various interventions aimed at improving the quality of care provided. The context and the duration of these interventions are changeable according to the characteristics of the cared person.

### References

1. Peters MDJ, Marnie C, Tricco AC, Pollock D, Munn Z, Alexander L, McInerney P, Godfrey CM, Khalil H. Update methodological guidance for the conduct of scoping reviews. JBI Evidence Synthesis [Internet]. 2020
2. McGowan J, Straus S, Moher D, Langlois EV, O'Brien KK, Horsley T, Aldcroft A, Zarin W, Garitty CM, Hempel S, Lillie E, Tunçalp Ö, Tricco AC. Reporting scoping reviews-PRISMA ScR extension. Journal of Clinical Epidemiology [Internet]. 2020

## Integrated Care Pathway Diabetic Foot: Community Podiatry and PHN Initiative

**Ms Andrea Collins<sup>1</sup>**, Ms Angela Ferris<sup>1</sup>

<sup>1</sup>HSE CHO DNCC, Dublin 15, Ireland

Integrated Care Pathway for Diabetic Foot: A Community Podiatry and Public Health Nursing initiative:

Background: 2,400 people were hospitalised in 2015 as a result of diabetes related foot care complications in Ireland, 451 requiring lower limb amputation surgery. The average time spent in hospital is 14.5 days, the combining cost to the HSE €71m. A 10% reduction of patients requiring inpatient treatment would save around €7m per annum. The management requires a collaborative, multi-disciplinary approach.

Aim: The podiatry and PHN service worked collaboratively to create an integrated plan of care for patients with diabetes at high risk of foot ulceration.

Objectives:

1. Reduce the number of lower limb amputations
2. Reduce the average length of stay, allowing earlier discharge from Acute to Primary Care settings
3. Reduce the readmission rate
4. To work within the National Standards for Safer Better Health Care HIQA (2012), the Chronic Disease Guidelines and the Diabetic Model of Care ensuring safe, effective, holistic, and proactive patient-centred care
5. To facilitate better health and wellbeing through empowerment and engagement, encourage self-care and reducing demand for services.

Methods: A inclusion criteria was followed. From the onset of care, a shared vision and goal was created between the podiatrist, nurse and client. Upon wound closure, clients entered the remission portion of their recovery, and were empowered to self-care.

Outcomes: 8 patients were assessed and seen by the Podiatry/PHN service from Sept 2021 to Jan 2022. Of those 8, 5 were completely healed within the 4 month timeframe, 2 clients are receiving ongoing Shared Care and 1 was readmitted post MI.

Conclusion: Integrated care plays a most important role in patients with complex chronic disease. We offered holistic, patient-centred care, around the complex continuum of our patients' needs, and played to practitioners' strengths and this resulted in overall desirable outcomes.

## Education of Family Carer's to Care for their Child's Tracheostomy

**Ms Breda Connaughton<sup>1</sup>**

<sup>1</sup>*UCD, Dublin, Ireland*

**Introduction:** Children with complex respiratory or ENT conditions frequently require tracheostomy tubes to assist with breathing. While such tubes are lifesaving, they may also be life threatening if blocked or accidentally dislodged. Education of family carer's by nurses and other healthcare professionals to enable them to safely care for their child with a tracheostomy in hospital, and at home, is critical yet literature indicates families may be discharged with inadequate knowledge and/or feeling unprepared to manage their child's needs.

**Aims and Objectives:** This study explores the experiences of education received by family carers in hospital to prepare them to care for their child with a tracheostomy.

**Methods:** Research design was qualitative descriptive and ethical approval was granted by the hospital. Semi structured in-depth interviews (n=21), in hospital and at home, were conducted of purposively selected, family carers who had received education to care for their child with a tracheostomy. Qualitative thematic analysis included coding, defining and naming themes.

**Outcomes:** Findings comprised of descriptive accounts of sociodemographic data and 3 main themes; developing knowledge and skills for practice, recognizing and managing challenges in practice and becoming an expert carer. This presentation address's theme two and its two relevant sub themes: differences in practice and keeping my child safe. While themes one and three Identified that experiences of the formal education programmes were mainly positive, theme two highlighted aspects of informal teaching by nurses and other Health Care Professionals, other than Clinical Nurse Specialists, that were both positive (instilling confidence and questioning of own practice) and negative (carer confusion and frustration and instances of suboptimal tracheostomy care by staff).

**Conclusion:** Experiential learning and experience is valued within informal education, however caution is needed when differences in practice leads to suboptimal tracheostomy care needing families to safe-guard care for their child.



## Nurse-Led Simulation for ED nurses in an Irish Emergency Department

**Ms Catherine Connolly<sup>1</sup>**, Ms Ciara Nother, Ms Christine Comer

<sup>1</sup>*Mater Misericordiae University Hospital, Dublin 7, Ireland*

**Introduction:** The use of simulation training can allow for the training of the assessment and management of an acutely ill/injured patient in a safe controlled environment. This training in particular is essential for Emergency Department (ED) nurses to feel competent, in control and be prepared when dealing with a similar case. Point-of-care simulation has gained popularity in healthcare as a training method and has several advantages over standard simulation. Traditional simulation training takes place in a controlled, highly technical environment. It is delivered in a non-clinical setting, which is simulated to look like the clinical environment. In contrast, the newer more innovative point-of-care simulation allows nurses to train in their usual environment.

**Aims and Objectives:** There is an existing weekly departmental simulation held in the department which involves all members of the MDT that junior nurses that are not exposed to resus yet do not join. Therefore to address this gap in nursing education, we developed a nurse-led, low-fidelity simulation of various scenarios including sepsis, hip fracture and diabetic emergencies. We aimed to replicate situations that ED nurses were likely to encounter in their clinical practice but in a safe and protected environment.

**Methods:** The sessions took place in an empty patient cubicle of the ED with a mannequin and two nursing facilitators. The session involved one nurse being involved in the scenario which was described as 'less pressure' and a 'good introduction to simulation' by participants than a full MDT departmental simulation.

**Outcomes:** This simulation design had a minimal impact on nurse staffing and budget and enabled identification and correction of systems issues such as failure to recognise a low blood sugar.

**Conclusion:** Our overall vision is to develop a Nurse-led simulation programme that is replicable and transferable and, if successful, could be rolled out across all Irish ED's.

## Introducing a Virtual Education Platform for ED Nurses

**Ms Catherine Connolly**<sup>1</sup>, Ms Ciara Nother

<sup>1</sup>*Mater Misericordiae University Hospital, Dublin 15, Ireland*

**Introduction:** Virtual learning has grown in popularity in every field, including nursing since March 2020. The benefits of a virtual Emergency Department (ED) nursing education platform range from cost savings to flexibility.

**Aims and Objectives:** While the pandemic accelerated this shift to virtual learning, innovations in technology and online learning platforms such as Vimeo have led to an increase in the value of nursing education. We aimed to provide a more accessible learning environment for nursing professionals looking to advance their knowledge.

**Methods:** Our online educational learning platform is a Vimeo account which was set up in 2021 and stores educational content hosted and recorded on Zoom that fully meets GDPR requirements as per the hospital data manager.

**Outcomes:** Our educational account titled 'ED Nursing Education' currently has twenty videos on nursing educational topics specific to the ED including the older person, airway management and trauma. Nursing virtual education has proven to be more valuable than we ever imagined. This is not only in terms of teaching sound clinical reasoning and decision-making skills, but also in its ease of access and ability to supplement other forms of formal education. ED nurses have reported positive feedback which included access to expert speakers, ongoing resource to watch educational content and saving travel time.

**Conclusion:** The ability to provide ongoing nursing education via an online platform is essential. As nurse educators in the ED, we agree that virtual learning technologies are here to stay. Adapting our teaching techniques have led to more engagement with education and an enhanced learning experience that better prepares staff with the skills and competency required to be successful ED nurses. We are delighted that we have been able to take this step which is applicable to other Irish ED's or could be developed into a national online format.

## IEHG Core Competency Framework for Postgraduate Nurses/Midwives in the OT

**Ms Louise Creighan<sup>1</sup>**, Ms Patricia Delaney<sup>2</sup><sup>1</sup>*Mater Misericordiae University Hospital, Dublin, Ireland*, <sup>2</sup>*St Luke's General Hospital, Kilkenny, Ireland*

Introduction: Perioperative nursing is a diverse and complex specialist field with many sub-specialities within it, consisting of varied roles. It is essential that perioperative nurses meet a minimum standard for the delivery of safe quality care. To achieve this, the Ireland East Hospital Perioperative nursing/midwifery group, in collaboration with National Clinical Programmes, developed a core competency framework. A mentor is allocated to each trainee in the first 6 months in the operating theatre.

## Aims and Objectives:

- To develop a core competency framework in perioperative care
- To promote and support the education and training of all staff

## Method:

- Establishment of a working group with representation from hospital sites within the group and facilitated by nurse leads from national clinical programmes
- Development of list of required competencies
- Circulation to and feedback sought from perioperative group members

## Outcomes:

- Development of a competency framework for post registration nurses in their first six months in the Operating Department
- The framework encompasses the Nursing Midwifery Board of Ireland 6 domains of competence
- Development of evaluation form to ensure future improvement

Conclusion: The framework was implemented and evaluated across all IEHG acute hospitals. It is intended to complement rather than replace local documents. The competencies set out in this framework are agreed to be the minimum standard, which identify the desired and achievable level of performance expected of postgraduate perioperative nurses within the first six months of their placement in the operating department. This framework has been shared with all hospital groups within Ireland. To date the evaluations have been positive and the framework has proved beneficial to all staff.

## References

Nursing & Midwifery Board of Ireland (2015) Scope of Nursing & Midwifery Practice Framework  
 Nursing & Midwifery Board of Ireland (2015) Quality Clinical Learning Environment -Professional Guidance

## Nursing input into a Critical Care Major Surge Working Group

**Mr Derek Cribbin**<sup>1</sup>, Dr Michael Power<sup>1</sup>, Ms Una Quill<sup>1</sup>

<sup>1</sup>*HSE, Ireland*

Introduction: A multi-disciplinary working group was established consisting of medical, nursing, allied healthcare and clinical engineering professionals to ensure the safe delivery of Critical Care during the 3rd wave of Covid 19. Nursing was a key member of the decision making to ensure this. This working group met on 45 occasions during Surge 3

### Aims and Objectives:

- To ensure timely and equitable access to appropriate critical care for all patients
- To ensure that resources nationally and in each acute hospital were managed optimally.
- To provide immediate expert intervention to effect solutions to problems as they arose driven by live data on occupancy, acuity and resource utilisation.

### Methods:

- Daily meetings to consider data related to safe care delivery.
- Redeployment of nursing staff to ICU, supported by a nurse surge-escalation plan and on-line and on-site training. Staffing ratios were maintained utilising a 'buddy' system of critical care nurses to support redeployed nurses.
- The CCP reported daily from all units on nursing staffing and the capacity to cope with their clinical workload. Morale was assessed during both these direct contacts as well as through informal communication, which was encouraged.
- COVID-19 care on the wards was monitored using data on advanced respiratory support which had never been collected previously.

Outcomes: No patients judged appropriate for ICU care were refused admission to ICU because of lack of ICU beds. No ICU was overwhelmed during this period, despite the surge in patient numbers above normal baseline levels and the large number of staff on COVID related sick-leave.

### Conclusion:

- A central coordinating group is invaluable to optimise the immediate healthcare response to a major national public health crisis.
- Input from those on the front-line of patient care is key.
- The key resource in determining ICU capacity in each hospital was the number of experienced ICU nurses available.

## Development of a Critical Care Nurse Career Pathway

**Mr Derek Cribbin**<sup>1</sup>, Dr Michael Power<sup>1</sup>, Ms Una Quill<sup>1</sup>

<sup>1</sup>Hse, Dunshaughlin, Ireland

Introduction: The Critical Care Nurse Career pathway relates to the professional development of critical care nurses at every stage of their career, from new graduate to advanced practitioner.

### Aims and Objectives:

- To put in place an implementable plan for the delivery of a standardised critical care nursing career pathway.
- Through standardisation there will be the ability to increase the number of nurses doing accredited education, through implementation of the pathway across the hospital groups. This has been enabled through the establishment of working groups consisting of the key stakeholders to explore and develop methods of implementation.

### Methods:

- An agreed governance structure for these working groups will ensure standardisation. To understand requirements the annual Critical Care Census will be updated to recognise what is required to ensure that the correct supports are in place to prevent burnout of both the new entry nurses to critical care but also the senior staff.
- Standardisation of professional development for critical care nurses has been recommended and the pathway represents this.
- Utilising the HSE change model, the initiation and planning stages are discussed where a shared vision was developed and support of the key stakeholders ensured.
- An outline of what is required for implementation and mainstreaming of the pathway, through the structure of the hospital groups is outlined.

### Outcomes:

- The Critical Care Nurse Career pathway has resulted in the implementation of a National Foundation Education Module for Critical Care Nurses, now completed by over 600 nurses, with agreement for it continued delivery over the next 6 years for another 1000 nurses.
- New graduate entry into critical care has become common place where additional Critical Care Nurse educators are in place to provide the correct clinical, as well as, academic supports.
- Significant increase in our Critical Care capacity.
- Significant increase in ANP roles for Critical Care.

## The Impact of Nursing Care of Newborns with Heart Defects

**Ms COCA-STELA CRÎȘMARU<sup>1,2</sup>**, Ms ALINA DASCĂLU<sup>2</sup>

<sup>1</sup>*The Order of Nurses, Midwives and Medical Assistants in Romania, Botoșani, Romania,* <sup>2</sup>*Mavromati County Emergency Hospital, Botoșani, România*

**Introduction:** In Romania, 1000-1500 children with congenital malformations are born annually. Congenital heart malformations appear at different times of intrauterine life with the possibility of being diagnosed in utero, at birth, in childhood or even in adulthood.

**Aims and Objectives:** The presence of a congenital malformation diagnosed antenatal influences the prognosis of death by 25% in the first month of life and up to 60% in the first year of life.

**Material and method:** Retrospective descriptive observational study for the period January 2019-December 2021 includes in the study sample 167 new-borns with congenital heart malformations. The study instrument was the case sheet with modifiable and non-modifiable variables. The data source is the patients' medical records. The ethics committee of the hospital validated the conduct of the study.

**Results:** A number of 7589 new-borns were cared for in the Neonatology department of the hospital, of which 167 new-borns had congenital heart malformations. The cardiac pathology of the new-born is framed within complex congenital or chromosomal anomalies, may be associated with maternal pathology or is due to maternal exposure to toxins, viral diseases or alcohol consumption. The medical interventions given to the new-born with cardiac pathology were: pulse oximetry, monitoring of vital functions, permeabilization of the upper airways, oxygen therapy, support of cardiac function through drug therapy, maintenance of thermal and water balance.

**Conclusions:** Early screening of congenital heart defects in new-borns can be done by pre and postductal pulse oximetry. It can have false positives, but has the potential to detect significant pathology earlier.

### References

- 1. Plana, M. N., Zamora, J., Suresh, G., Fernandez-Pineda, L., (2018). Pulse oximetry screening for critical congenital heart defects. <https://doi.org/10.1002/14651858.CD011912.pub2>
- 2. Oster, M. E., & Kochilas, L. (2016). Screening for Critical Congenital Heart Disease. Clinics in perinatology. <https://doi.org/10.1016/j.clp.2015.11.005>

## Anytime Anywhere Learning. Creating a Podcast for Safewards

**Mr Ciaran Cuddihy<sup>1</sup>**

*<sup>1</sup>HSE Mental Health Galway Roscommon, Galway, Ireland*

**Problem:** Continuous professional development for nurses in all disciplines has challenged all due to difficulties being released from duties to attend training sessions, masterclasses, conferences etc. (Baldwin et al 2020). The Covid-19 pandemic has pushed a majority amount of training to online platforms but the difficulty of access has remained. A new model of care is to be introduced to mental health services in Galway/Roscommon which entails training sessions and information being rolled out amongst staff.

**Solution:** This project aims to create a suite of podcast episodes on this particular mental health model of practice. Using podcasts, it is envisaged that staff will have easier access to information on relevant mental health issues delivered by experts in the field. The podcast format allows for “on the go” listening anytime and anywhere. Podcasts facilitate content from specialists to be heard by a wide audience and research suggests better engagement from participants who receive education through the medium of a podcast (Evans 2008, Savel et al 2007)

**Aim:** The aim of this project is to develop podcasts on this particular mental health model and make the content available to staff working in the area.

**Objective:** A number of experts in the field have been recruited for the first interviews which will be available for download in 2021. . As Covid-19 restrictions may well continue to inhibit any gatherings of staff for training it is hoped that the availability of online content will keep knowledge sharing going.

**Evaluation:** Statistics can be gained following publication which will give an indication of how many downloads have occurred of each subject. There will be the possibility for comment sharing through the podcast which will enable a form of interaction between the listener and presenter but not in real time.

## Discharge Care Bundles Reduce Readmission Rates for Exacerbating COPD Patients

**Ms Sarah Daly<sup>1</sup>**, Dr Rosemarie Derwin

<sup>1</sup>*Portiuncula University Hospital, Ballinasloe, Ireland*

**Introduction:** Restriction of reoccurrence and prevention of exacerbations are underpinning principles of COPD management. Hospital readmissions frequently occur within the COPD cohort due to educational lapses on discharge. Therefore, discharge care bundles have been employed to standardise practice, bridge the transition into community care and potentially prevent readmissions for COPD patients.

**Aims and Objectives:** A Systematic Review was conducted to determine the impact of discharge care bundles on the readmission rates of patients post hospitalisation for an acute COPD exacerbation.

**Methods:** Searches on CINHAL plus, Pubmed, Medline (OVID) and the Cochrane Database were conducted in December 2021. In January 2022 searches of grey literature databases; Lenus, Global Health and Google Scholar were conducted. Hand-searching of reference lists was also performed. The PICO framework was utilised to formulate the research question. Inclusion criteria required studies to examine discharge care bundles, COPD patients post hospitalisation for an acute exacerbation and the readmission rates of such patients. The quality of included studies was assessed using the Evidence-Based Librarianship checklist. PRISMA was employed to analyse data using meta-analysis and narrative synthesis.

**Results:** Eight studies were included in the Systematic Review. Results suggest discharge care bundles positively impact readmission rates. However, some findings were not statistically significant. Moreover, no significant improvements were noted to length of stay, mortality or quality of life in this review.

**Conclusion:** Discharge care bundles result in fewer hospital readmissions for acute COPD exacerbations. However, further primary research is required to assess the necessary bundle elements for successful implementation.



## Establishing a PFO Pathway for Stroke Patients

**Ms Lisa Donaghy<sup>1</sup>**, Ms Lavanya Saiva<sup>2</sup>, Prof. Ivan Casserly<sup>3</sup>

<sup>1</sup>Connolly Hospital Blanchardstown, Dublin 15, Ireland, <sup>2</sup>Connolly Hospital Blanchardstown, Dublin 15, Ireland, <sup>3</sup>Mater Misericordiae University Hospital, Dublin, Ireland

**Introduction:** A bubble study is performed routinely on patients under the age of 65 years of age with a confirmed diagnosis of either acute ischaemic stroke or TIA in order to assist with the presence of a PFO/ASD as an aetiology for the stroke event. Historically, a letter would be written to a hospital who specialises in cardiac structural surgeries, requesting a review of a patient with a positive bubble study and acute stroke. Closure would typically exceed 9 months.

**Aims and Objectives:** A pathway to be established to improve communication and improve patient waiting times for PFO closure.

**Methods:** Stroke RANP led out on the project as she performs all bubble studies on stroke survivors. A designated Cardiologist is notified by the RANP about a positive bubble study and the images are reviewed. It is then decided if the patient requires a TOE or not. A PFO referral form was created which contains all relevant information.

**Outcomes:** Stroke RANP performed 92 bubble studies between January 2021 and May 2022. There were 18 positive bubble studies (20% positivity rate): 7 positive studies from January to August 2021 (before pathway was developed) and 11 positive studies from September 2021 to May 2022 (post-pathway).

72% (5/7) of patients had a TOE performed following a positive bubble study result pre pathway, whereas only 1 TOE was performed out of 11 cases (9%) post pathway.

The time from date of positive bubble study to closure time reduced from 9months to 3 months.

**Conclusion:** There was a 63% reduction in the number of TOEs being performed. There was a 6 month reduction time from positive bubble study result to closure. This pathway has improved patient outcomes for this young group of stroke survivors and assists with the reduction of further stroke events in the future.

## Compassion Within an Academic Setting: Experiences of Student Nurses

**Ms Ann Everitt-Reynolds<sup>1</sup>**, Mr Joe Treacy<sup>1</sup>, Ms Madeline Colwell<sup>1</sup>, Ms Elizabeth Murphy<sup>1</sup>

<sup>1</sup>*Dundalk Institute of Technology, Dundalk, Ireland*

**Introduction:** Compassion is fundamental to the delivery of quality nursing care and is an expected core competency that students must achieve to become registered nurses. Waddington (2016) suggests that if students do not experience compassion within the academic learning environment it is unsurprising then that a compassion gap exists in practice. Considering this suggestion and the paucity of literature this study was warranted.

**Aims and objectives:**

To explore:

What are student nurse's experiences of compassion within an academic setting?

How are student nurses supported in displaying compassionate behaviours within the academic setting?

How can compassionate values be further integrated into the academic setting?

**Method:** A qualitative descriptive study using digitally recorded focus group interviews was undertaken with student nurses (n=32) to explore their experiences of compassion in an academic setting. Data was analysed using Braun and Clarke's (2006) thematic analysis framework. Ethical permission obtained from the Institute's ethical committee and informed consent obtained from participants.

**Outcomes:** Students reported experiencing compassionate behaviours between peers that evolved as they progressed through their undergraduate programme. Lecturers modelling of compassionate behaviours was acknowledged as important in cultivating compassion among students. Notably, findings highlighted differences between nursing disciplines regarding lecturers' demonstration of compassionate behaviours. Of note support staff also contributed to the student's experience of compassion within the academic setting.

**Conclusions:** Students predominantly experienced positive compassionate behaviours from peers and staff working within the academic setting. However, they felt that further 'space' within the curriculum for more formalised approaches is needed to foster supportive relationships and improve their experience of compassion. In creating 'space' educators must ensure that any curriculum changes do not add to the workload and indeed the stress of students and lecturers. Moreover, organisations should reflect on how their existing practices and policies can further support a compassionate learning environment for students.

## Nursing Students' Competencies in Aneroid (Manual) Blood Pressure Measurement

**Ms Ann Everitt-Reynolds<sup>1</sup>**, Mr Joe Treacy<sup>1</sup>, Ms Madeline Colwell<sup>1</sup>, Ms Elizabeth Murphy<sup>1</sup><sup>1</sup>*Dundalk Institute of Technology, Dundalk, Ireland*

Introduction: Blood pressure measurement (BPM) is an essential nursing skill for patient assessment and clinical decision making. However, it is widely accepted as being technically difficult for undergraduate student nurses to master. While it is recognised that aneroid BPM is more accurate than automated devices, increased use and preference for automated devices has resulted in a reduction of the use of aneroid BPM devices in clinical practice. Additionally, the literature highlights deficits in theoretical and practical knowledge of BPM (Badeli et al. 2020). These issues raise concern that student nurses' skills and knowledge in aneroid BPM may be subject to decay over the course of their undergraduate programme.

## Aims and Objectives:

- 1) Investigate student nurses' skill and knowledge regarding aneroid BP measurement over the four years of their programme.
- 2) Determine student agreement in Korotkoff sounds identification.
- 3) Determine any potential skills decay.

Methods: A prospective observational design using non-random convenience sampling to investigate agreement between pairs of student nurses on auscultation of Korotkoff sounds. Additionally, a cross sectional survey design was used to explore the theoretical knowledge of BPM.

Outcomes: We will report preliminary findings from the observational study and a cross sectional survey conducted with General, Intellectual Disability and Mental Health nursing students (n=148), which investigates agreement between pairs of student nurses on auscultation of Korotkoff sounds and their experience on BPM.

Conclusion: The relative static nature of agreement between student pairs across all stages of the nursing programmes show that skills decay in auscultating Korotkoff sounds is not occurring. This failure to progress in skill development is contrary to the Nursing and Midwifery Board of Ireland's clinical assessment document (2019) which is based upon incremental progress of competence. This may have implications for education in both academic and clinical settings.

## The Influence of Social Factors on Longevity in Irish Centenarians

**Ms Alison Fagan<sup>1</sup>**, Dr Patricia Heavey<sup>1</sup>, Ms Lorraine Gaffney<sup>1</sup>, Dr Mary McDonnell-Naughton<sup>1</sup>

<sup>1</sup>*Technological University of the Midlands and Midwest, Athlone, Ireland*

**Introduction:** Society has witnessed a paradigm shift in ageing. Centenarians are now recognized as being one of the fastest-growing population groups and it is estimated that the number of centenarians worldwide will increase tenfold by 2050 [1]. Longevity attainment has been described as an epidemic as the prevalence of those living to exceptional ages increased significantly in the last century [2]. Changes historically and culturally have shaped the current trends in ageing. Advances in contemporary medicine and healthcare have contributed to improved survivorship. Increased demands are now being placed on healthcare services and interest has been piqued in researching this cohort from a policy development perspective.

**Aims:** To extend the body of knowledge concerning the influences of centenarian longevity in Ireland.

**Methods:** A qualitative approach was adopted using a sub-sample of Irish centenarians. Seventeen persons aged between 100 and 105 years from both private residences and long-term care facilities across Ireland participated. Storytelling was utilized to give the centenarians a voice in identifying the factors they attributed to their successful ageing.

**Outcomes:** Thematic analysis was utilized and led to the development of key themes reflecting the Irish centenarian cohort and included the importance of social connectedness, maintaining purpose and resilience.

**Conclusions:** This study is novel in the Irish context. Participants were seen to place emphasis on the psycho-social determinants of health contributing to their successful longevity. This is particularly relevant for the formation of public policy in the future and in promoting quality of life among future generations of the oldest old.

### References

- [1] Kheirbek, R.E. and Banaei, Y., 2018. The Seventh Age. Culture, Heritage, and Diversity in Older Adult Mental Health Care, p.223.
- [2] Robine, J.M., (2021). Ageing populations: We are living longer lives, but are we healthier. United Nations, Department of Economics and Social Affairs, Population Division.

## Patient Engagement in Organizational Change to Improve Healthcare Outcomes

Dr Tatiana Bolgeo<sup>1</sup>, **Ms Denise Gatti<sup>1</sup>**, Ms Menada Gardalini<sup>1</sup>, Dr Federico Ruta<sup>3</sup>, Dr Laura Iacorossi<sup>4</sup>, Ms Barbara Fadda<sup>2</sup>, Ms Erica Roberti<sup>2</sup>, Dr Carla Pisani<sup>2</sup>, Dr Davide Dealberti<sup>2</sup>, Dr Antonio Maconi<sup>1</sup>

<sup>1</sup>SC Research Training Innovation Infrastructure - Department of Research and Innovation – SS Antonio e Biagio e Cesare Arrigo Hospital, Alessandria, Italy, <sup>2</sup>SC Gynecology and Obstetrics SS Antonio e Biagio e Cesare Arrigo, Hospital, Alessandria, Italy, <sup>3</sup>General Direction, ASL BAT - Local Government Health Authority, Andria, Italy, <sup>4</sup>National Cancer Institute "Regina Elena" Via Elio Chianesi, 53, Rome, Italy

**Introduction:** Patient satisfaction is valuable information on various aspects of health care, including the effectiveness of care and the treatment received from facility staff (Hooker et al., 2019). It is a significant indicator to measure the success of a service, especially in public hospitals (Manzoor et al., 2019). Patient satisfaction is an evolving concept given the increased relevance of "patient-centred care" (Hoff et al., 2021) and the individual's unique healthcare needs, focusing on engaging and empowering patients so that they become active participants throughout their healthcare pathway.

**Aims and Objectives:** To assess the degree of patient satisfaction with health care services, during hospitalization by administering the Newcastle Satisfaction with Nursing Scales (NSNS) questionnaire, in its validated Italian version (Piredda M, Cossu L, Amato S, et al, 2007).

**Methods:** A cross-sectional observational study of female inpatients, from Italian hospital facilities, >18 years old, who understand the Italian language well, capable of completing the required questionnaire and giving written informed consent. The study does not include patients accessing the facility for outpatient services and visits. The study is ongoing from June until December 2022. The estimated sample will consist of at least 800 women admitted to the promoting hospitals and the tool used to achieve the study's aim is the Newcastle Satisfaction with Nursing Scales (NSNS) questionnaire.

**Outcomes:** Patient engagement, patient empowerment, quality improvement, organizational development

**Conclusion:** Assessment using the Newcastle Satisfaction with Nursing Scales (NSNS) questionnaire, can enable process improvement through relevant organisational innovations and changes that can strengthen patient engagement and empowerment thus enabling services to be tailored to patient's needs and expectations. This study may add knowledge to understand further the existing relationships between basic organizational characteristics and perceived quality of services, prioritizing strategies and organizational factors that can improve service quality.

P40

Poster Withdrawn

## Adoption of e-portfolio for Registration & Revalidation in Ireland

**Dr Tracey Harrington<sup>1</sup>**, Prof. Sandra O'Neill<sup>1</sup>

<sup>1</sup>*Dublin City University, Dublin, Ireland*

**Introduction:** In many countries, such as Australia, Canada, the United Kingdom (UK), and the United States of America, Nursing and Midwifery Professional Bodies undergo a revalidation process demonstrating evidence of continuing professional development (CPD) and clinical practice hours in order to remain an active member on the professional register. In most countries, this process involves documenting evidence in paper format. However, in the UK, our closest neighbour, eportfolio submission is now offered as an option for revalidation. Ireland is imminently moving towards introducing documented evidence as a requirement for continued registration as currently, there are no requirements to demonstrate evidence of continuing professional development or clinical practice as part of the annual re-registration process. Irish undergraduate and postgraduate nursing and midwifery students are beginning to use eportfolios for assessment purposes and are increasingly familiar with the online eportfolio platforms.

**Aims and Objectives:** The adoption of e-portfolios for Registered Nurses & Midwives Professional Registration and Revalidation in Ireland will be investigated.

**Method:** A comprehensive review will provide a rationale for the Irish Nursing and Midwifery Board (NMBI) to adopt eportfolios for the submission of documentary evidence for both initial registration and revalidation.

**Outcome:** The advantages and the barriers to the introduction of eportfolios in this context will be discussed.

**Conclusion:** The use of eportfolios would provide the NMBI an opportunity to lead the way in registration and revalidation processes internationally, enabling nurses and midwives in Ireland to embrace the opportunities that the digital age presents.

## Implementing a Falls Prevention Programme in the RCSI Hospital Group

**Ms Aileen Hetherton<sup>1</sup>**, Ms Therese Callinan<sup>1</sup>, Ms Petrina Donnelly<sup>1</sup>, Ms Siobhan Gormally<sup>1</sup>, Ms Susan Maloney<sup>1</sup>, Ms Judy Mc Entee<sup>1</sup>  
<sup>1</sup>RCSI Hospitals Group, Dublin, Ireland

### Introduction:

Patient falls are the most commonly reported incident within the HSE. In-patient falls in any age group can have far-reaching consequences such as increased length of stay, significant physical health decline and psychological and social consequences.

In 2021, the RCSI HG developed a strategy to standardise the prevention and management of inpatient hospital falls and 'serious falls (defined as any fall, which results in death or serious injury or disability (HSE, 2015))'. A series of 8 Quality Improvements (QIs) were designed to be implemented over a 36 month period, divided into Phase 1 (3 x QIs) and Phase 2 (5 x QIs). This report outlines results of Phase 1

### Aims and Objectives:

- To reduce the rate of all patient falls in the RCSI HG by 25% by October 2024
- To reduce the rate of serious falls in the RCSI HG by 50% by October 2024

### Methods:

1. Audit of baseline data on inpatient hospital falls and serious falls from 2017 to 2021 in the RCSI Hospital Group (HG) sites
2. Establishment of a multidisciplinary RCSI HG Falls Prevention Strategy Group
3. A bespoke Falls Education Module designed and rolled out to all hospitals
4. Introduction and Measurement of targeted quality improvements (QI) on individual wards.

### Outcomes:

1. 25% overall reduction in Serious Falls in Phase 1 (n=2)
2. 66% reduction in Serious Falls in Hospital 2
3. Reduction in all Patient falls in two hospitals over 10 months
4. Early success with Intentional Rounding with one ward having no falls in 3 months

**Conclusion:** This programme reflects the benefits of proactively addressing a safety concern across a HG. Strong local leadership and teamwork support the programme. It is already showing positive results with two hospitals demonstrating significant sustained reduction in patient falls.



## Streamlining a Zoledronic Acid Service to a Level Two Hospital

**Ms Martina Higgins**<sup>1</sup>, Ms Claire McGuirk<sup>1</sup>, Ms Lorraine Devitt<sup>1</sup>

<sup>1</sup>*St Columcille's Hospital, Dublin, Ireland*

**Introduction:** Approximately, 350-400 patients are admitted to a level4 hospital for hip-fractures yearly (2019). According to the Irish Hip Fracture Database (2020) the average age for a hip-fracture is 81years. Patients post-hip fractures are commenced on Zoledronic acid; a bisphosphonate, given intravenously 10days post-surgery and then annually in year two and three. Zoledronic acid is a first line choice of bisphosphonate for the ≥65population with a fragility fracture.

**Aims/Objectives:** Tackling a backlog, streamlining referrals to the bone health service; thus reducing the risk of subsequent hip fractures.

**Methods:** In January 2022, 274patients were transferred from the level 4 Hospital waiting list to a level2 hospital waiting list to streamline the service. A rapid improvement of the level 2 Day hospital was commenced. Essential resources, training and information leaflets and a pathway developed to begin the service. A new policy was implemented. An excel database of patient information was transferred between organisations. The 274patients were triaged by the DH. Pre-assessment phone calls were conducted determining if patients were still eligible for Zoledronic acid.

**Outcomes:** Of the 274 referrals; 32 had died; 48 refused; 44 were ineligible and so far 15 patients haven't made creatinine clearance, leaving 135. All 135 patients were allocated an appointment for 2022. Of the 135 patients; currently 100 patients have received their Zoledronic acid infusion in the DH. 30 of these referrals had an indicative date for their next Zoledronic acid infusion for dates after September 2022. Leaving 5 patients yet to receive their treatment which is overdue.

**Conclusion:** With the prospect of service demands increasing due to Irelands aging population inevitably placing extra pressures on infusion suites in a level4 hospital. The level2 hospital has effectively managed to focus on tackling the backlog, streamlining referrals to the bone health service; thus reducing the risk of subsequent hip fractures.

## Pet Visitation to Oncology Patients at the Children's Hospital

**Mrs Rachel Howe<sup>1</sup>**, Mrs Evelyn Neary<sup>2</sup>, Ms Karen McGuire<sup>3</sup>

<sup>1</sup>University College Dublin, Dublin 4, Ireland, <sup>2</sup>Cian's Kennels CLG, Killashee, Ireland, <sup>3</sup>Children's Health Ireland at Crumlin, Drumcondra, Ireland

Background: Children admitted to Hospital can find the experience daunting despite preparation and information on the service and treatments provided. The experience can be even more challenging for children and families who require longer stays or repeated admissions for treatments. One family asked their child what they could do to help support their treatment journey for cancer and, a dog was suggested. The dog provided a routine and, purpose for the child at home. When the child was admitted to hospital for treatment, the family rented a house near the hospital, to facilitate short visits during the hospitalisation. Towards the end of the child's life, the dog was permitted access to the bedside. The family have since set-up a Charity which:

### Aims:

- To bring pets closer to sick children in hospital
- To provide an area at the hospital where the child and pet can visit
- To plan for a larger facility at the Children's Hospital in the new St James' site.

Methods: Subsequent to the Charity's work of building a unit for pets to visit children in Hospital, a Scoping Review of the literature on animal assisted interventions has been undertaken by a children's nurse and researcher. The literature has been helpful to the Charity in supporting the need for the service and funding applications. Results of the Scoping Review and the need for future research involving children will be elucidated in the presentation.

Outcomes: The communication processes, benefits and, challenges which the family had to go through to deliver their aim and, open the new facility at the Children's Hospital will be informative for other services to hear about.

Conclusion: A positive and insightful family story involving principles of patient, public, involvement and engagement which is worthy of sharing to a wider audience.

## The Effects of Rapid Rehabilitation Nursing in Total Knee Arthroplasty

**Ms Junting Huang<sup>1,2</sup>**, Ms Liyan Chen<sup>1</sup>, Prof. Xiaorong Luan<sup>1</sup>, Prof. Fiona Timmins<sup>2</sup><sup>1</sup>*School of Nursing and Rehabilitation, Shandong University, Jinan, China,* <sup>2</sup>*School of Nursing, Midwifery and Health Systems, University College Dublin, Dublin, Ireland*

With the development of enhanced recovery after surgery (ERAS), rapid rehabilitation nursing (RRN) is becoming increasingly important. The purpose of this study was to investigate the effect of RRN in total knee arthroplasty (TKA) patients. Eighty TKA patients were recruited from a tertiary care hospital in Jinan, Shandong province, China, from December 2015 to December 2016. These were randomly divided into an experimental group (EG=40 patients) receiving RRN and a control group (CG=40 patients) receiving routine nursing (RN). Clinical data was collected in terms of the first time getting out of bed, adverse outcomes, hospital stay, surgical expenses, range of motion (ROM), visual analogue scale (VAS) for pain, and hospital for special surgical (HSS) for knee scores at 4, 8, and 12 days postoperatively for both groups. After RRN intervention, the scores of ROM and HSS in the EG were better than those in the CG, and the differences were statistically significant ( $P<0.05$ ). The VAS score, the first time of getting out of bed, hospital stay, and surgical expenses of the EG were lower than those of the CG, and the differences were statistically significant ( $P<0.05$ ). In addition, the incidence of adverse events in the EG (20.0%) was significantly lower than that in the CG (42.5%), and the difference was statistically significant ( $P<0.05$ ). Findings validated RRN is effective for TKA patients, consistent with earlier studies; however, further research is needed to assess the effect of RRN on longer-term functional outcomes. This research not only guides nurses to play a role in multidisciplinary coordination and maintain independent professional characteristics in the ERAS field, but also helps guide the transformation of scientific research achievements into nursing practice.

## How I Did My First Audit, Without Knowing

**Ms Ioana Anca Irinca<sup>1,2</sup>**

<sup>1</sup>*Cluj-napoca Rehabilitation Hospital, Cluj-napoca, Romania,* <sup>2</sup>*Cluj County Romanian General Nurses, Cluj-napoca, Romania*

Introduction: In 2017 I was employed as a general registered nurse at Quality Management Department within Cluj-Napoca Rehabilitation Hospital. Due to patients falls reports, I elaborated, together with my colleagues, a procedure for patients with fall risk, the very same year. The nursing staff was instructed and then the procedure was implemented.

The procedure contains:

- Fall risk's factors – extrinsic, intrinsic.
- Patient's fall risk evaluation –nursing form;
- Nursing interventions for patients with high / medium / low fall risk.

It was my first nursing procedure and I was anxious to see if the procedure is implemented and will reduce the number of patient falls.

Method: After 6 months of implementing of the procedure, I developed:

- a checklist to evaluate how the nurses applied and documented the risk fall evaluation and nursing interventions,
- a questionnaire for nurses with items regarding nurse's perception about this procedure

Outcomes: As regarding the risk fall related documentation: the range was from 100% implementation – risk fall evaluation within 8 hours from admittance – and 19,46% implementation – inconsistency between risk fall score and nursing interventions applied. As regarding the questionnaire filled by the nurses, 36,98% nurses considered the procedure useless, of physician's competence and the staff shortage as a barrier in implementation.

Conclusions: The procedure was revised, improved (we included monitoring the procedure's implementation, patient education on preventing the falls) and implemented again. The numbers of falls wasn't significantly reduced, but at least we reduced the extrinsic factors to the minimum. Only in 2019 I realized, during my first course about Clinical Audit, that this was my first audit.

## The Development of an Alkaptonuria Clinic for Adults in Ireland

**Ms Jessica Ivory<sup>1</sup>**, Ms Alison Sheerin<sup>1</sup>, Dr Loai A Shakerdi<sup>1</sup>, Dr Robert O Byrne<sup>1</sup>, Dr Milad Khedr<sup>2</sup>, Prof. Eileen Treacy<sup>1,3,4</sup>, Prof. James O Byrne<sup>1,3,4</sup>

<sup>1</sup>National Centre for Inherited Metabolic Disorders, Mater Hospital, Dublin 3, Ireland, <sup>2</sup>National Alkaptonuria Centre, Liverpool University Hospital, Liverpool, United Kingdom, <sup>3</sup>School of Medicine, University College Dublin, Belfield, Ireland, <sup>4</sup>School of Medicine, Trinity College Dublin, Dublin, Ireland

**Introduction:** Alkaptonuria (AKU) is a rare genetic disorder resulting in abnormal tyrosine metabolism. It is characterised by the deposition of homogentisic acid (HGA) leading to ochronosis, osteopenia/fractures and aortic valve disease. Blackish discoloration of urine is the only childhood manifestation. The drug Nitisinone may contribute to improving clinical outcomes and has recently been licenced for use in Ireland. Nitisinone decreases formation of HGA and can prevent or slow the disease progression in AKU patients. Patients on this drug require frequent medical, biochemical and dietetic monitoring. New methods in biochemical and genetic diagnosis, together with improved treatments have much to offer patients, but it is a challenge to ensure that all patients have access to specialist management.

**Aims and Objectives:** to develop a clinic to allow us monitor our patient's clinical and biochemical condition; and initiate treatment without having to travel abroad.

**Methods:** There was previously no adult service for AKU patients in Ireland, resulting in the necessity of Irish patients to travel to the National Alkaptonuria Centre in Liverpool. Travel restrictions imposed during the COVID-19 pandemic resulted in the need to develop an Irish service in the Mater Misericordiae University Hospital (MMUH).

**Teams involved:**

1. Ophthalmology
2. Rheumatology
3. Orthopaedics
4. Pain clinic
5. MMUH Laboratory -urine and blood metabolite panels

**Outcomes:** On the 10th March 2022 we held the first Irish National Alkaptonuria Clinic in the MMUH which was led by the AKU Clinical Nurse Specialist. Four patients attended the service, three as outpatients and one was admitted to restart Nitisinone.

**Conclusion:** Our aims over the next two years are:

1. To fully develop the Irish National AKU clinic.
2. To facilitate the prescribing and biochemical monitoring of Nitisinone for the treatment of AKU.
3. To aim to see a decrease in morbidity, mortality and disability in our patients.

## The Effectiveness of Prenatal Breastfeeding Education on Breastfeeding Uptake Postpartum.

**Ms Jennifer Kehinde<sup>1</sup>**, Dr Annmarie Grealish, Dr Claire O'Donnell

<sup>1</sup>*Department of Nursing and Midwifery, University of Limerick, Limerick, Ireland,* <sup>2</sup>*Department of Nursing and Midwifery, University of Limerick, Limerick, Ireland*

**Introduction:** Breastfeeding is the best practice for child health, development, and nutrition (Chong, 2015). Breastfeeding support and education are key to improving human nutrition and health in the face of global health challenges (Victoria et al., 2016a).

Global decline in breastfeeding rates have been linked to difficulties experienced by mothers while trying to initiate breastfeeding (Gianni et al., 2019). Lack of adequate breastfeeding education during prenatal stage has been identified as responsible for some of the difficulties experienced by women (Yilak et al., 2020; Lamontagne et al., 2008; Costanian et al., 2016).

**Objective:** The decision to breastfeed is influenced by physiological, psychological, and emotional factors. However, the importance of equipping mothers with the necessary knowledge for successful breastfeeding practice cannot be ruled out. Studies suggest that the decline in global breastfeeding rate can be linked to lack of adequate breastfeeding education during prenatal stage. Therefore, this review aims to determine the effectiveness of prenatal breastfeeding education on breastfeeding uptake postpartum.

**Method:** A systematic review of the studies identified by electronic database search (Cumulative Index to Nursing and Allied Health Literature (CINAHL), Medline, Psych INFO, and Sociological Abstracts and Applied Social Sciences Index and Abstracts (ASSIA) published between 2014 - 2021.

**Results:** A total of 14 studies met the inclusion criteria. Results showed an increase in breastfeeding uptake, breastfeeding knowledge, increase in positive attitude to breastfeeding and an increase in maternal breastfeeding self-efficacy among mothers who participated in breastfeeding educational programs during prenatal care.

**Conclusion:** Prenatal breastfeeding education increases women's knowledge of breastfeeding. Mothers who are knowledgeable about breastfeeding and hold a positive approach towards breastfeeding have the tendency to initiate breastfeeding and continue for a lengthened period. Findings demonstrates a general correlation between prenatal breastfeeding education and increased breastfeeding uptake postpartum.

## The Circle of Compassion

**Dr Lorraine Kelly<sup>1</sup>**

<sup>1</sup>*Circle Health Care, Harrow, United Kingdom*

There is much in the literature relating to the medical 'curative' model of care which applies to the care delivered in the independent sector particularly (Durkin 2019). Watson (2012) discussed the important attributes to a 'caritas' model of care. These processes are the softer caring moments that enhance practice, management, education, and research. Caring goes beyond just caring for a patient but also caring for oneself. Clinicians, operational teams, and patients should share caring moments that become bigger than either the team member or the patient. The team potentiates healing by involving their own humanity (Watson, 2006).

At Circle we want to develop a model to assist the delivery of compassionate care. The poster explains how we want to deliver this in the clinical and operational areas. This will improve the 'B Heard' staff survey, patient satisfaction and care by the bedside -wherever the bedside is situated.

One of the difficulties of improving compassionate care is the absence of a valid and reliable patient measure for compassion research and practice. At Circle we wish to develop the behaviours, shown in the poster. To review the literature and work academically to develop reliable measures to improve patient care which will in turn improve team satisfaction.

P50

Poster Withdrawn



## Development of a Lexicon for Social Care

**Dr Laura Keyes<sup>1</sup>**, Dr Niall McGrane<sup>1</sup>, Mr Paul Dunbar<sup>1</sup><sup>1</sup>HIQA, Cork, Ireland

**Background:** Non-standardised language can lead to ambiguity and poses barriers to use of collected data. Standardised language is needed to support communication, electronic health records and research, among others applications. Standardised language exists for clinical and nursing terms but there is no social care equivalent. Given that clinical, nursing and social care often provide care as part of a multi-disciplinary team, e.g., in residential care facilities, this poses a difficulty in data collection and communications from such facilities. One area where non-standardised language is particularly problematic is in statutory notifications of adverse events from residential care.

**Aims and Objectives:** To develop a lexicon for statutory notifications as the beginnings of a lexicon for social care.

**Methods:** A Working Group (n=3) and an Expert Advisory Group (n=8) were established. Terms were identified by the Working Group using top-down (manual searching of documents i.e. statutory notification guidance documents, regulations) and bottom-up (text mining of the Database of Statutory Notifications from Social Care<sup>1</sup> and manual retrieval from a sample (n=33)) approaches. Irrelevant (e.g., connective words, numbers) and low frequency terms, were removed. Terms referring to the same phenomenon were grouped. Preliminary definitions were developed. The Expert Advisory Group completed a survey to agree term inclusion and propose new/alternative terms and a Delphi study to select preferred terms and agree definitions.

**Outcomes:** From a starting point of 2611 terms, a lexicon with 500 terms was developed. The preferred term is listed first, alternative versions, not be used, follow in brackets and a definition of the term is provided after a colon, for example: Peer-to-peer (peer-on-peer): interaction between residents

**Conclusion:** The lexicon provides the foundation for a standardised language that will help people working together to provide care, understand each other clearly and maximise usability of data.

**References:** (1) O'Regan et al. (2022) JAMDA. 2022;23(8):1328-34.e2.

## Implementation of VSA: Digital INEWS- Step towards Digital Healthcare

**Ms Princy Kuriak<sup>1</sup>**, Ms Marina O'Connor<sup>1</sup><sup>1</sup>*Our Lady of Lourdes' Hospital, Drogheda, County Louth, Ireland*

**Introduction:** The implementation of Patient Safety systems like Irish National Early Warning Systems (INEWS) was imperative to reduce unnecessary variations in practice and provide evidence-based healthcare delivery. Acute physiological deterioration can be explicitly described as time-crucial medical emergency and failure to detect and treat early physiological deterioration threatens patient safety leading to adverse patient outcomes (DoH 2020). INEWS is a whole system response to manage an acutely unwell adult patient involving five main components of Anticipation, Recognition, Escalation, Response and Governance through evaluation. To establish 'Systems to support High Quality Healthcare', INEWS Guideline recommended the Implementation of Digital INEWS. At the National level, a pilot project, Vital Signs Automation (VSA) was launched in 2022. New Grange 1 Ward of Our Lady of Lourdes' Hospital chosen as pilot site and Project Digital INEWS launched in October 2022. Pre-implementation Audit was conducted and awaiting results of post-implementation.

**Aim:** The aim of this study was to compare INEWS Patient Observation Chart completion using the paper version versus a digital capture version of INEWS using the Syncrophi KEWS 300 system.

**Objectives:** To ensure Chart completion was carried out in alignment with the NCG No. 1 INEWS v2.

**Methodology:** A random sample of 25% of the patient compliment on the day of the Audit in the Pre and Post Implementation Audit. The audit tool used to collect data was developed nationally and is available in the INEWS v 2 guideline.

- INEWS Patient Observation Chart Completion Audit Tool (DoH 2020)

**Outcomes:**

**Pre-Implementation:** The overall compliance with the Patient Observation Chart Completion was 86% in October 2022

**Post-Implementation:** Awaiting to be audited in November 2022

**Conclusion:** Awaiting Post-Implementation Audit results.

## References

Department of Health (2020). Irish National Early Warning System V2 (NCEC National Clinical Guideline No. 1)

## Gender Differences for Unintentional Falls Among Older Persons in Uganda

**Mr Ismail Kusemererwa<sup>1,2</sup>**, Dr Isaac Ddumba<sup>1,2</sup>

<sup>1</sup>*Victoria University, Kampala, Uganda*, <sup>2</sup>*African Research Centre 4 Ageing & Dementia, Kampala, Uganda*

**Introduction:** falls are among the major causes of morbidity and mortality among older persons in later years. It estimated that, 20-30% of older persons that attend emergency outpatients will fall at least once. Injuries resulting from these falls posit a significant public health issues, particularly in later years.

**Aims and Objectives:** To ascertain gender differences for unintentional and related injuries among older persons attending national emergency department.

**Methods:** A cross sectional study unintentional and related injuries was conducted to 252 older persons. All patients above 60 who attended emergency department at national referral hospital were assessed.

**Outcome:** we asked about unintentional fall during the past one year. 202 older persons recalled having had at least one incident of falling in the past one year. 48.2% of older persons had had at least one incident of fall in a year preceding the interview. Of these 62.8% were women. 3 in 4 of the fall related injuries were due to laceration, fractures and abrasion. Women had more rates of injuries diagnosed, while, fractures were two folds (OR: 2.2 CI (1.92-3.84) common among men. Women were more 1.8 times (OR: 1.8 CI (1.56-4.23) more likely to be hospitalized than men.

**Conclusion:** older women were disproportionately affected by unintentional falls related injuries than men. Although proven and effective fall prevention strategies exist, there is need to promote and contextualize these interventions in Uganda. Additional studies are needed to be conducted and determine gender differences to determine the risk factors for falls. The information is crucial in developing and implementing targeted fall preventions in Uganda.

## Mental Health Nursing Staff in Galway Roscommon Mental Health Services

### **Ms Corina Laffey<sup>1</sup>**

*<sup>1</sup>HSE Mental Health Galway Roscommon, Galway, Ireland*

Background: Clinical Supervision is regular, protected time for facilitated reflection with a trained supervisor. It provides the safe and confidential space to reflect on clinical practice, to discuss clinical issues and to explore our professional and personal development. Clinical Supervision promotes high standards of ethical practice and improves the experiences of people using our mental health services.

Clinical Supervision Supports staff to develop their clinical skills and professional practice It values and enables the development of professional and practice knowledge and provides relief from the emotional and personal stress involved at work. Clinical Supervision encourages professional and personal growth and improves standards and the quality of nursing care. Clinical Supervision is For nurses, about nurses and provided by nurses in Galway/Roscommon as part of a pledge to offer Clinical Supervision to all mental health nurses, a project was commenced to facilitate both one to one and group supervision opportunities for staff. Available clinical supervisors were convened and training opportunities for new supervisors were sourced. Advertising of available supervision to all staff was commenced through local workshops, leaflet and poster displays and regular discussions with staff at various staff groups.

All grades of nurses are offered the opportunity to attend supervision

Evaluation: Currently approximately 30% of mental health staff are attending clinical supervision following 12 months of the project. Both individual and group supervision are taking place including peer supervision groups. University of Galway are providing a module in Clinical Supervision that staff have attended and this continues twice a year. An evaluation and monitoring of clinical supervision is in place with data recorded on numbers attending sessions and an evaluation on common themes emerging from these sessions. It is expected that numbers will grow and Clinical Supervision will become part of the culture for all nurses in Galway/Roscommon

## Managing Traumatic Wounds in Minor Injury Unit: Retrospective Cohort Study

**Ms Patricia Larkin<sup>1</sup>**

<sup>1</sup>*Saolta University Healthcare Group, Roscommon University Hospital, County Offaly, Ireland*

Wound documentation is essential for the delivery of effective wound care and critical for facilitating continuity of care. Gillespie et al (2014) assert that almost half of all medical record notes on wounds lack key details on assessment and intervention.

A retrospective study was undertaken over 6 month period in an Injury Unit (I.U) in the west of Ireland of patients seen and treated by RANP's in Emergency. Traumatic wounds were found to be one of the most common problems leading people to the I.U, a total of 3557 patients were seen in the unit between May 2022 and Oct 2022 inclusive and 14% of these patients presented with a wound related issue (bites, burns, traumatic wounds and wound related cellulitis). Of this cohort of patients 40% required follow up with the mean average number of return visits found to be 5 appointments until discharge.

The findings of the study highlighted the need for a standardised documentation for wound assessment and management. A document that is holistic and accounts for all possible factors that might influence the healing process and that is user friendly and designed to encourage observation and trigger a response when clinically indicated. It's essential that an ongoing process of assessment, clinical decision making, intervention and clear and concise documentation occurs to facilitate optimal wound healing and ease of continuity of care.

The importance of gaining consent for photographic permission and the importance of photographic documentation was highlighted as imperative as they serve to document the wounds progress over time and improve coordination of care among the MDT and furthermore they may protect the organisation during any possible litigation (HSE 2018).

The outcome: The introduction of a wound assessment, treatment and management care plan specifically for use in the Injury Unit incorporating photographic consent and documentation.

## Impact of an Education WhatsApp Group to Support Oncology/Haematology Nurses

**Ms Róisín Lawless<sup>1</sup>**

<sup>1</sup>*Beaumont Hospital RCSI Cancer Centre, Dublin 9, Ireland*

**Introduction:** Finding time/space to explore/disseminate the latest advances in cancer nursing/care, patient supports and to promote self-care for nurses working in an acute oncology/haematology setting was proving challenging prior to the pandemic and became essential during the pandemic.

**Aims and Objectives:** An education WhatsApp group was created in October 2019 to ascertain if this mode of social media would be acceptable and of benefit as a communication tool in addressing some of these challenges. All registered nurses irrespective of experience were invited to join. A diverse selection of information was uploaded twice weekly mainly by the nurse oncology education coordinator. Participation was voluntary. Members were asked to use the group solely for education purposes.

**Method:** Data on the impact of the WhatsApp group was collected anonymously up to May 2022 using a web based survey containing ten questions.

**Outcome:** 61% response rate. 100% of respondents believed this mode of social media was an acceptable tool, 98% believed it had informed their practice, 73% believed it an effective tool. Examples of nurses' experience of having this WhatsApp group facilitated during SARS-CoV-2 pandemic include: "I really like how it brings the learning community into one space with all grades of staff" "highlighted the need for self-care" "gave me confidence in my knowledge" "was helpful and practical, you can feel the support" "lost without it" "I love that there is only education in it. I often look back at articles" "great resource ... It was an easy means of keeping updated in practice when time constraints reduced my ability to source my own literature to read"

**Conclusion:** The results of this survey suggest the use of WhatsApp as an educational tool to communicate information on a diverse variety of topics can be an effective and positive experience in providing support to oncology/haematology nurses

## Development of Safe Nurse Staffing Tool: The RUG-IV Tool

**Ms Rachel Linehan**<sup>1</sup>, Prof. Jonathan Drennan<sup>2</sup>, Dr Ashling Murphy<sup>3</sup>, Dr Noeleen Brady<sup>4</sup>

<sup>1</sup>*School of Nursing and Midwifery, University College Cork, Cork, Ireland*, <sup>2</sup>*School of Nursing and Midwifery, University College Cork, Cork, Ireland*, <sup>3</sup>*School of Nursing and Midwifery, University College Cork, Cork, Ireland*, <sup>4</sup>*School of Nursing and Midwifery, University College Cork, Cork, Ireland*

**Introduction:** This paper examines the development and use of the RUG-IV instrument as a tool for determining safe nurse staffing in Long Term Residential Care (LTRC) settings.

**Aims and Objectives:** The RUG-IV instrument aims to determine care hours for (LTRC) settings in Ireland. The RUG-IV tool is assessed monthly for the purposes of the pilot study.

**Methods:** Descriptive pilot study in LTRC (n=8) settings in Ireland.

**Outcomes:** The instrument demonstrates promising results regarding care hours. It identifies 6 categories and 43 subcategories based on resident need within nursing home facilities. These categories include Extensive Services, Special Care High, Special Care Low, Clinically Complex, Behavioural Symptoms and Cognitive Performance and Reduced Physical Functioning. The categories measure the treatments or services required by residents. An Activity of Daily Living (ADL) score is also incorporated into the tool. The Excel based tool records all entries of a residential setting on the same workbook. The overall results of the RUG-IV tool are observed through the resident dependency profile generated within the instrument.

**Conclusion:** While still undergoing testing within the pilot study for the Safe Nurse Staffing Framework for LTRC settings, the RUG IV instrument shows potentially viable means of determining safe staffing care hours based on resident needs.

## Intentional Rounding Preventing Falls in Our Lady of Lourdes Hospital

**Dr Anjan Lobo**<sup>1</sup>, Ms Aileen Hetherton<sup>1,2</sup>, Ms Maria DelaCruz<sup>1</sup>, Ms Emma Blackman<sup>1</sup>, Ms Anne Mallon<sup>1</sup>, Ms Justin Robles<sup>1</sup>, Dr Therese Callinan<sup>1,2</sup>

<sup>1</sup>*Our Lady of Lourdes Hospital, Drogheda, Ireland*, <sup>2</sup>*RCSI Hospital Group, Dublin, Ireland*

**Introduction:** In 2021, the RCSI HG developed a strategy to standardise the prevention and management of falls. As part of this strategy, Our Lady of Lourdes Hospital was invited to undertake Quality Improvement initiatives in Falls prevention and harm reduction. Boyne Level 6 West has commenced a QI initiative testing Intentional Rounding with and MDT approach to prevent falls in March 2022. Intentional Rounding (IR) is the structured process whereby staff in hospitals carry out regular checks, usually hourly, with patients using a standardized protocol to address issues of positioning, pain, personal needs and possessions (4P).

**Aims and Objectives:** The aim is to reduce the rate of falls from a median of 4 per month to 3 per month by March 2023 and avoid harmful falls.

### Methods:

1. Education of staff around the process of Intentional Rounding using the 4Ps.
2. Testing of Intentional Rounding (IR) in one bay on the ward in May 2022. When this became embedded in to practice, the initiative was spread throughout the ward in phases.
3. Measurement of outcomes on falls prevention – Outcome = rates of falls and serious falls on the ward monthly. Process = Compliance with Intentional Rounding by members of the MDT.

**Outcomes:** There has been significant reduction in Fall rate and zero SRE since the start of the initiative in May. Process = compliance is in 90-98% MDT included over 5 Audits in 5 Months. Consistency has been exceptional and now working on Sustainability and introduction to area expressing interest in hospital

**Conclusion:** There are signs of early success with Intentional Rounding by the MDT to reduce the number of falls in a care of the older person context. Strong local leadership and teamwork supports the project.



## Forensic Nursing in Ireland- Where we Stand Today

**Ms Sinead Maher<sup>1,2</sup>**, Ms Margo Noonan<sup>1,2</sup>, Ms Louise Tiernan<sup>1,2</sup>

<sup>1</sup>*Sexual Assault Treatment Unit- South Infirmary Victoria University Hospital Cork, Cork, Ireland,*

<sup>2</sup>*National Sexual Assault Treatment Unit Network, Dublin, Donegal, Galway, Cork, Waterford, Mullingar, Ireland*

**Introduction:** The HSE Sexual Assault Treatment Unit (SATU) network comprises of six SATUs nationally which offer comprehensive holistic medical, forensic, and supportive care to people aged 14 years and over who disclose sexual violence. The Central Statistics Office (CSO, 2022) reported there were 2,892 victims of sexual violence in Ireland in 2021. SATU does not stand alone to provide all care necessary to support victims who disclose sexual violence; instead we play a pivotal role alongside a larger sexual assault response team. Each journey will differ, no story will be the same, effective collaboration and interprofessional practice between agencies is vital to ensure the victim remains central at all stages in the process.

**Aims and Objectives:** SATU and forensic nursing staff, along with the multi-agency team believe that by understanding and appreciating the dynamics and sensitivities involved in responding to sexual violence, this will ultimately lead to the provision of individualised, timely, person-centred care. This presentation/poster will aim to explore how SATU forensic nurses/midwives work as part of that wider team.

**Methods:** Explore the role SATU plays while collaborating with the other agencies involved in responding to sexual violence including An Garda Síochána, Psychological Support Services, Sexually Transmitted Infectious Disease Services, Forensic Science Laboratory, Legal Teams, Child and Adolescent Forensic Medical Services and General Practitioner Services.

**Outcomes:** The provision of a range of specialist multi-agency responses following rape/sexual assault in a respectful, supportive and non-judgemental manner by skilled, competent professionals. This is demonstrated between agencies by continuous quality improvement and service development including providing ongoing education on reduction and prevention of sexual violence (HSE SART Guidelines, 2018).

**Conclusion:** Effective collaboration and interprofessional practice is vital to ensure the provision of an optimum response to victims in a timely, respectful manner, where each individual feels informed and supported in all decisions.

Efficiency is the Key to do Things Better!

**Ms Annalyn Mantala<sup>1</sup>**

<sup>1</sup>*Our Lady of Lourdes Hospital Drogheda, Drogheda, Ireland*

HSE values improvement programs for operating theatre turnaround time which aiming to progress efficiency in all operating theatres in the country that we could help in aiding our surgical waiting list from continuing to increase. This aim to improve and identify the factors that affecting efficiency of orthopaedic theatre turnaround time. Turnaround time is one of the performance indicator for measuring efficiency and has a big factor for improvement and reducing the cancellation of case. In surgical setting, efficiency defined as generally focus on time where reductions in time related to a level of input translates into efficiency. In the OT, the efficient production of surgical cases requires maximising the use of the time and is dependent on minimising wasted time, minimising unused time and maximising output for a level of inputs (Agency Clinical Innovation. (2019). Operating Theatre Efficiency Guidelines. A guide to the Efficient Management of Operating Theatres in New South Wales Hospitals). The operating theatre is often unpredictable environment, with multiple factors driving ineffective. As of August 2021, report of NTPF adult awaiting list there re 15, 951 In- patient per day case planned procedure. 13, 260 patients. In-patient per day case to come in (TCI) and 2465 patients who are in planned procedure suspension category. With this, operating theatre is very significant, and efficiency is needed to decrease the number of patients in waiting list. To achieve reduction in orthopaedic theatre turnaround time for 30% by the end of the study. Process flow identified and mapped all the stages from sending in to theatre to sending patient to recovery to ensuring patients right person, right care, right place and right time. Data gathering done by measuring wheel-out and wheel-in time, after identified insufficiencies and reasons of delay we were able to formulate management to improve the process.

PrEP, 2 Nurses, 1 Pandemic & a Baby.....oh & a Cyber-attack

**Ms Debbie Marshall**, Ms Clíodhna Milne, Dr Niamh Lynn

<sup>1</sup>*North East Sexual Health Service (NESHS), Drogheda & Dundalk Hospitals, Ireland*

**Introduction:** Free, oral antiretroviral treatment provision to HIV negative patients reducing the risk of HIV acquisition is a highly effective HIV prevention strategy. HIV pre exposure prophylaxis (PrEP) demonstrates over 95% efficacy in preventing HIV transmission (Grant et al., 2010; Hosek et al., 2017; Liu et al., 2016).

**Aims/Objectives:** During C19, access was important when STI services were closed/ restricted. Targeted PrEP provision by trained sexual health nurses /nurse prescribers is a novel approach to this HIV prevention strategy in Ireland. Aims included accessible, free, opportunistic sexual healthcare fulfilling goals National Sexual Health Strategy 2015-2020, improved public health outcomes, better use of people/resources.

**Methods:** Funding received. 0.5 GU consultant, 1.0 RANP, 0.5 CNS recruited. Pandemic declared, services closed, staff redeployed. Service development faced significant challenges (lack of IT, space, results delay, virtual consultations). Q3 2020 saw consultant on maternity leave, no formal cover. Despite these challenges, PrEP service was established. Barriers overcome with consultant-led training; increase in clinics, nurse prescribing validated /approved allowing for continuation of an autonomous, nurse-led PrEP clinic.

**Outcomes:** June 2020–June 2022, 176 PrEP consultations, age range 18-72, median 32.92% MSM, 4 female (2 pregnant). 119 (68%) new to service. 103 (58%) commenced PrEP. 78 (44%) diagnosed STI; 28 @1st visit, 3 already HIV. 32 Syphilis, 13 Chlamydia, 15 Gonorrhoea. Hep A neg 47%, Hep B neg 48%, never HPV vaccinated 52%, all offered vaccination. PrEP initiation/follow-up can be protocolized /delivered by appropriately-trained nurses with support /supervision. Existing expertise (STI screening, renal monitoring, vaccinations, results management, treatment, risk reduction, health promotion, partner notification) utilised. Patient /Nurse relationships established, practice supported by nationally agreed PrEP Guideline (Dec 2021). This is a cost effective strategy, freeing up consultant time to manage complex cases.

**Conclusion:** To date, 176 PrEP consultations (119 patients on PrEP). Service established with nurse prescribers completing episodes of care. Significant unmet need is now addressed with PrEP access & prompt treatment of STI's across 2 sites.

## Measuring Outcomes for Patients Discharged to a Virtual Fracture Clinic

**Ms Paula Mc Brearty**<sup>1</sup>, Ms Paula Morgan<sup>1</sup>, Dr Vinny Ramiah<sup>1</sup>, Ms Gráinne Colgan<sup>1</sup>

<sup>1</sup>*Mater Misericordiae University Hospital, Eccles Street, Ireland*

**Introduction:** Historically, all patients who presented with a fracture to the ED, regardless of how minor, were routinely reviewed at a face to face fracture clinic. Annual increased attendances to ED resulted in additional referrals to the fracture clinic with subsequent delays and associated risk in accessing appointments.

To address this spiralling situation the Virtual Fracture Clinic (VFC) commenced as a new initiative in a Dublin teaching hospital in June 2018 and is now current practice for specific self-limiting fractures.

### Aims and Objectives:

**Aim:** To ascertain if the Virtual Fracture Clinic is a safe and effective clinical pathway for the management of patients with specific self-limiting fractures.

**Objective:** Explore clinical outcomes for patients who were discharged to the VFC.

**Methods:** A quantitative questionnaire was developed and validated by the researchers. Ethical approval was granted by the Institutional Review Board. Data was collected utilising a questionnaire via survey monkey or telephone three months following completion of care in the ED. To date the study has 160 respondents with a closing date for responding the 5th December 2022.

### Outcomes:

- Effectiveness of verbal and written self care plans
- Risk assessment
- Functional status for patients in relation to work and sport

**Conclusion:** To date this study reports positive patient - reported outcomes with no evidence of additional risk in empowering patients to self- care for specific self - limiting fractures. The VFC is proven to be a safe, effective and patient-centred healthcare model.

## Young People's Creative Responses During COVID19: COVISION Study Findings

**Dr Helen McAneney<sup>1</sup>**, Dr Harry Shier<sup>1</sup>, Dr Suja Somanadhan<sup>1</sup>

<sup>1</sup>*UCD School of Nursing, Midwifery & Health Systems, University College Dublin, Dublin, Ireland*

**Introduction:** The COVID-19 pandemic and ensuing restrictions affected all ages, but especially children and young people (CYP), who experienced increased psychosocial risks due to prolonged confinement and uncertainty.

**Aim and Objectives:** This study sought to investigate CYP's perspective through the collection of their reflections on creative outlets as a result of and related to COVID-19 experiences.

**Methods:** An online survey was developed and promoted across social media and by study partners, and included a promotional video developed with CYP (in English, Spanish and Portuguese). The online survey was open March-June 2022 via Qualtrics, for 10-17 year olds to submit their creative responses to COVID-19 and provide information about their creative piece in their own words (why it was created, how it made them feel), details of restriction levels at that time and reason for the creativity.

**Outcomes:** There were 82 survey respondents, from 8 countries (Australia, Brazil, India, Ireland, South Africa, Taiwan, UK and USA), 40% male and 54% female, with 50% white and 50% other ethnicity. The 58 creative pieces submitted were mostly art (76%), across all ages 10-17, mostly created when restrictions were moderate (48%) and created due to own idea (82%) with only 11% due to a suggestion from teachers or family.

The overarching theme from respondents' own responses was 'Life during a pandemic', which encompassed (i) Loss of freedom (ii) Virus as a threat (iii) Creativity to keep us healthy' and (iv) Improvisation to adapt to learning needs; and within these the emotional effects of grief, loss, sadness and nervousness.

**Conclusion:** CYP's creative responses and reflections have provided valuable insight into the psychosocial effect and influence that the COVID19 pandemic has had. Creativity provides a mechanism for expressiveness and individuality to express feelings and can also provide coping strategies for CYP during times of stress.

## Lived Experiences of Patients Physically Restrained in a Psychiatric Setting

**Ms Sharon McCabe<sup>1</sup>**<sup>1</sup>*Cavan/Monaghan Menal Health Service, Cavan, Ireland*

**Background:** Psychiatric settings can be a place of challenging. Despite providing education on the prevention of physical restraint globally, there needs to be more evidence of research studies published on the perceptions of patients on physical restraint on their well-being from a physical and mental health standpoint (Wong et al., 2020). Physical, mechanical or chemical restraints restrict physical movement and stop different types of challenging behaviours of patients and restrict a person to prevent from harming themselves or others. (Gutheil 1995; RCN, 2008). Therefore, staff must handle the patient with the least force (Code of practice mental capacity Act, 2007). The act further states that staff must complete a risk assessment, conduct regular checks, and comply with completing relevant restraint documentation.

**Purpose:** To explore patients' experiences of being physically restrained in an acute inpatient mental health setting.

**Method:** Collecting data by conducting open-ended interviews with at least ten (10) participants from acute psychiatric wards. These participants will have been physically restrained at least once for four hours in the mental health environment.

**Conclusion:** Physical restraint should use as the last resort. Additionally, the perspective of physical restraint should not be a therapeutic reason. Staff should investigate the factors that provoke patients to become violent. Physically restraining psychotic patients adds psychological distress to the patient and healthcare staff, which can have long-term adverse effects on their well-being. Physical restraint is a high-risk procedure that has important implications for the well-being of patients. Research emanating from the literature mentioned above is very revealing. Both nurses and patients suffer severe psychological consequences related to physical restraint. Therefore, nurses are the key persons who should create an open and optimistic environment for patients seeking help for their desperate needs. Physically constrained or secluded situations should add additional research capability to this relatively unexplored area.

## Examining Impactful Factors on CPD for RNIDs in Southeast Ireland

**Ms Ashling McCoy<sup>1</sup>**, Dr Mary Reidy<sup>1</sup>, Dr Sinéad Foran<sup>1</sup>

<sup>1</sup>*South East Technological University, Waterford, Ireland*

**Title:** Examining factors which impact Continuous Professional Development (CPD) engagement for Intellectual Disability Nurses in the Southeast of Ireland: A feasibility study.

**Introduction:** Studies have shown that people with an intellectual disability (ID) are more likely to have more comorbid conditions and are three times more likely to die from an avoidable medical cause compared to the general population. In Ireland, there are recommendations that Registered Nurses Intellectual Disability are supported to engage in professional development to support the changing needs of people with ID.

**Aims and Objectives:** This feasibility study examined the factors impacting the engagement of nurses working in intellectual disability services in the southeast region of Ireland with CPD.

**Methods:** A 22-item cross-sectional self-report online questionnaire was used. Data gathered included demographics and factors impacting CPD engagement. The survey comprised of eight items about personal barriers and four items about interpersonal barriers and ten items about structural barriers impacting CPD engagement. A five-point Likert Scale rating scale from strongly agrees to strongly disagreed was used. 68 nurses working in the southeast of Ireland responded to the online survey. Chi squared analysis were used to describe the factors that impacted engagement with CPD opportunities. Ethical approval was granted from the relevant institutions.

**Outcomes:** 82% reported that they did not agree that their CPD needs were met by on-the-job training and 80% reported low staffing levels as the factor which had the most significant impact on their engagement with CPD.

**Conclusion:** Further consideration needs to be given to the facilitation of CPD opportunities for nurses working in ID services. Broadening these opportunities will enhance the supports for people with ID and will assist in meeting their changing needs over time.

'Our First Year': The Complex Menopause Service

**Ms Claire McElroy**<sup>1</sup>, Dr Deirdre Lundy<sup>1</sup>, Dr Nicola Cochrane<sup>1</sup>

<sup>1</sup>*National Maternity Hospital, Dublin, Ireland*

**Introduction:** The service was established in November 2021 and is the first publicly funded specialist Menopause clinic in the Republic of Ireland. It is dedicated to providing care to patients with complex medical conditions manage their menopausal symptoms. The service is delivered by GPs that are accredited Menopause specialists and a Clinical Nurse Specialist, a new and developing nursing role in Ireland.

**Aims and Objectives:** To provide high quality, evidence based, safe, care to women where specialist Menopause care is required and to collaborate with GPs and other Health Care Professionals to educate and support them in managing Menopause for their patients.

**Methods:** A clinical criteria was established for referrals. Two clinical sessions per week are held. To support GPs, an individual letter of advice is dictated on referrals that do not meet the clinical criteria to assist them in managing Menopause for their patients. The CNS offers 'Menohealth' consultations for women attending the service, offering them an opportunity to evaluate their health and lifestyle and discuss ways on how it may be optimised to live well through Menopause.

**Outcomes:** There has been over 900 referrals to the service, over 250 patients have attended and over 400 letters of advice issued to GPs. Patient satisfaction survey results show that patients are very satisfied with the service, that they felt listened to, their needs addressed and were treated with kindness and empathy.

**Conclusion:** We will continue to collaborate with GPs, providing support to them in managing Menopause for their patients. We are a source of guidance to other sites in the nationwide expansion of the service. We are developing a network of specialists within different multi-disciplines to improve Menopause care for women and particularly within the Oncology services to enhance the care and support for patients going through Menopause after Cancer.



## Laid-back Breastfeeding Not Routinely Suggested in Irish Hospitals

**Ms Margaret McGuigan<sup>1</sup>**, Dr Patricia Larkin<sup>1</sup><sup>1</sup>*Dundalk Institute of Technology, Dundalk, Ireland*

**Introduction:** Breastfeeding rates in Ireland are one of the lowest in the world, with 62.3% of mothers initiating breastfeeding at birth and only 36.7% of mothers breastfeeding exclusively on discharge. Nipple trauma and difficulties with baby latching on are major contributors to introducing formula and discontinuing breastfeeding. Laid-back breastfeeding (LBBF) is a less prescriptive method of positioning mothers' and babies' bodies. Research shows it significantly reduces breast problems such as sore and cracked nipples, engorgement, and mastitis as well as enables a better latch. Although LBBF's benefits are well documented, this position does not seem to be routinely suggested to mothers as an option when establishing breastfeeding.

**Objective:** To determine midwives' and student midwives' knowledge, attitudes, and practices of using laid-back breastfeeding in Ireland.

**Method:** A cross-sectional descriptive survey distributed to three maternity hospitals in Ireland and two Irish online midwifery groups.

**Results:** The study received 253 valid responses, representing 9 maternity units. Most participants (81.4%) were aware of laid-back breastfeeding. However, only 6.8% of respondents cited it as their "go-to" position. Over one-third (38.34%) have never used this position with mothers. Those more likely to suggest LBBF had personal experience of it (3x more), were lactation consultants or working towards qualification (6.5x more), or had received specific education about LBBF (9x more). Barriers included lack of confidence and experience, lack of education/knowledge, time and staffing issues, and cultural/old habits to continue using familiar positions. Mothers' anatomy and their concerns about LBBF were also cited frequently as a barrier by midwives and student midwives.

**Conclusion:** High awareness of laid-back breastfeeding by midwives does not correlate with use of this position in practice. Education specific to LBBF is required for midwives for the position to be suggested routinely to mothers, leading to more successful breastfeeding establishment and maintenance in Ireland.

## Breast Pump Loans: Report on a Quality Initiative

**Ms Imelda Mckenna**<sup>1</sup>, Mr Shineen Mallon<sup>2</sup>, Ms Claire Winters<sup>3</sup>, Ms Brenda Pieper Callan<sup>4</sup>

<sup>1</sup>*Our Lady of Lourdes Hospital, Drogheda, Ireland,* <sup>2</sup>*Our Lady of Lourdes Hospital, Drogheda, Ireland,* <sup>3</sup>*Our Lady of Lourdes Hospital, Drogheda, Ireland,* <sup>4</sup>*Our Lady of Lourdes Hospital, Drogheda, Ireland*

**Introduction:** The Parentcraft Team at Our Lady of Lourdes Hospital, Drogheda, identified how hospital pump loans benefits breastfeeding.

**Aims and Objectives:** As per HSE Breastfeeding Action Plan (2016-2023), it was intended that suitable breastfeeding pumps be provided free of charge to all mothers of preterm and hospitalized infants, including breastfeeding mothers after discharge. In turn, helping mothers express breast milk to provide optimum nutrition to their baby, resulting in shorter hospital stays. The long-term goal is recognition of the benefits of breastfeeding to mother, baby and society. Providing support while initiating and maintaining breastfeeding is paramount to the longevity of optimum breastfeeding.

**The Method:** As theme 4 of the HSE Breastfeeding Action Plan, our initiative has provided women with a breast pump during their stay in hospital and when discharged home. The HSE Breastfeeding Action Plan stipulates that all children in Ireland get the best possible start in life. As per the HSE Healthy Childhood Policy Priority Programme and the Nurture Infant and Wellbeing Programme, the promotion, support and protection of breastfeeding is key! On discharge mothers received double pumping kits, and pumps were transported in a protected case. During the time the pump is on loan, contact is maintained with the mother until such a time that she secures her own pump or when baby has transitioned to direct breastfeeding. On average the mother required the loan of the pump for two weeks with ongoing lactation support.

**Outcomes:** Recognition of the difficult position's parents can find themselves in when separated from their baby or discharged home without them. Client satisfaction was reflected in the longevity of their breastfeeding experience and facilitation of a smoother discharge and transition home with sustained breastfeeding.

**Conclusion:** Team dedication led to more pumps available. The benefits out way the workload involved in its maintenance.

## The Effects of Covid-19 on a Community Mental Health Team

**Mr Kevin McLaughlin<sup>1</sup>**, Dr Eimear McGuire<sup>1</sup>, Mr Ken Hogan<sup>2</sup>, Mr Gavin Sweeney<sup>1</sup>

<sup>1</sup>*Sligo Leitrim Mental Health Services, Sligo, Ireland*, <sup>2</sup>*Centre of Nursing and Midwifery Education, Sligo, Ireland*

**Introduction:** There is growing evidence of the psychological impact of Covid 19 on health care workers worldwide with evidence of increased stress, anxiety, feelings of sadness, exhaustion, burnout and frustration (1-3)

**Aims and Objectives:** There is an absence of research into the impact of Covid 19 on CMHT practitioners, who have been exposed to the same pressures as other healthcare workers.

**Methods:** Following a literature review, a structured questionnaire was designed (included in which was the Short General Health Questionnaire- GHQ-5), based around the outcomes of previous research to identify if similar psychological impacts were experienced within the CMHT. Baseline demographic data about the participant's speciality role, gender and years of experience etc. were not included to ensure greater anonymity and to encourage greater openness in participant responses.

**Evaluation:** Significant levels of stress were identified amongst practitioners as a result of changed work practices; more remote working, using unfamiliar and unreliable technology, significant communication difficulties with mask wearing/social distancing and not having the same physical presence of colleagues for peer support.  
80% reported feelings of exhaustion as a result of chronic exposure to stress with 90% identifying a degree of burnout.

**Conclusion:** The Covid 19 pandemic has impacted significantly on CMHT practitioners. There is a recognition of the benefits of using technology but a need for better training and more reliable technology to fully utilize this.

### References

1. Rapisarda et al. (2020) The Early Impact of the Covid-19 Emergency on Mental Health Workers: A Survey in Lombardy, Italy. *Int. J. Environ. Res. Public Health* 2020, 17, 8615; doi:10.3390/ijerph17228615
2. Lai et al. Factors associated with mental health outcomes among health care workers exposed to coronavirus disease 2019. *JAMA Network Open* 2020; 3: e203976–88
3. Kelly BD. (2020) Coronavirus disease: challenges for psychiatry. *British Journal of Psychiatry*; 217: 352-3.

## The Impact of Patient Suicide on an In-patient MDT

**Mr Kevin McLaughlin<sup>1</sup>**, Dr Musaab Elzain<sup>1</sup>, Mr Ken Hogan<sup>2</sup>

<sup>1</sup>Sligo Leitrim Mental Health Services, Sligo, Ireland, <sup>2</sup>Centre of Nursing & Midwifery Education, Sligo, Leitrim, W. Cavan & Donegal, Ireland

**Introduction:** The death of a patient by suicide can be an extremely challenging and traumatic occurrence for health care providers and a significant contributor to staff stress (1-3).

**Aims and Objectives:** To explore the personal and professional impact on mental health professionals following the death of a patient by suicide and to identify supports available following such an event.

**Methods:** A structured questionnaire was designed, based around the outcomes of previous research and sent to all staff working within the Acute Mental Health Unit, to identify if similar psychological impacts were experienced within the health-care team. The questionnaire asked participants whether they had been subject to the experience of an in-patient suicide in their career. Further questions probed the nature, circumstance, impact and resolution of the event.

### Outcomes:

71% of responders experienced the death of a patient by suicide. Staff identifying a high impact of pt. suicide on their personal lives 20% (n=5) had a lower average of 5.2 yrs. experience. 72% reported an increased anxiety at work with 64% identifying a reduction in therapeutic risk taking.

Support from colleagues is the most helpful action responders identified when coping with the death of a patient by suicide (96%).

**Conclusions:** For mental health workers the impact of patient suicide can be pronounced, prolonged and profound. Practitioners are affected both professionally and personally despite accepting a degree of inevitability that they will experience this event at some point in their career.

### References

- (1) Timini et al. (2014). Effects of patient suicide on the multidisciplinary care team. [www.thelancet.com/psychiatry](http://www.thelancet.com/psychiatry) Vol 1 Aug. 2014
- (2) Draper et al. (2014) The impact of patient suicide and sudden death on health care professionals. *General Hospital Psychiatry*, 11-01, Volume 36, Issue 6, Pages 721-725
- (3) McGuire, E & Murthy, S. (2019). Support for community mental health teams post suicide. [Pubmed.gov](https://pubmed.gov)

## Nursing Education Autonomy. A Comparison of Ireland & The USA

**Ms Melinda Meeker<sup>1</sup>**

<sup>1</sup>*Vhi Health & Wellbeing, Limerick, Ireland*

Introduction: Increasing the numbers of advanced nurse practitioners has been identified as key to addressing healthcare needs in both the USA and Ireland. A review of the current education processes is paramount in identifying the potential for beneficial change.

Nurses in the US can pursue education independent of their current employment, but shoulder large personal costs. Irish nurses largely pursue additional nursing education with their employer's approval and support, but are tied to those same employers and may be less able to pursue further nursing education in another specialty. Ireland has identified the importance of advancing nursing practice and increasing the numbers of nurses working at the advanced practice level. Is the current method of advancing nursing education the best for achieving this goal?

Perhaps ideal advanced nursing education lies somewhere in between both countries' approach.

### Aims and Objectives:

- Identify key similarities and differences between Ireland and America's advanced nurse practitioner training
- Identify potential solutions to address increasing the numbers of advanced nurse practitioner students in Ireland
- Acknowledge areas for future research and investigation.

Methods: Review, compare and contrast research on the development of RANPs services within Ireland and the USA.

Outcomes: Advanced nursing practice is continuing to grow in both the USA and Ireland. It is important to reevaluate the educational systems in place and whether they are still the most viable

Identify important areas for future research/investigation

Conclusion: Encouraging nurses to advance their education and responsibility in order to rise to the needs of increasing healthcare demands is paramount. Should a new opportunity for Irish nurses be created where they can apply for c-ANP roles outside of their own hospital? This would possibly facilitate more interest allowing for nurses to not only advance their practice, but perhaps change to another specialty.

## Inclusion Health Nursing Service One Year Service Review

**Ms Sarah Jayne Miggin<sup>1</sup>**

<sup>1</sup>*Mater Hospital, Dublin, Ireland*

**Introduction:** Inclusion health seeks to support marginalised patients integrate into healthcare. These patients can come from backgrounds such as those who are homeless, Roma and Travelers', Undocumented Migrants, Prisoners, LGBTQI+, Domestic and Gender Based Violence and those with chronic mental health conditions.

**Aims and Objectives:** This one year review aims to highlight the patient profile and explore potential avenues for future development.

**Methods:** The data was collected through the integrated hospital IT system which collates numbers of referrals and patients demographics. The Inclusion health nurse started in November 2019, therefore this review will look at data from 2020 alone.

**Outcomes:** There were 875 referrals made to the Inclusion Health nursing service in 2020. Significantly more males than females were noted as were the ageing profile of those over sixty. The left before seen rate in the ED also remains higher amongst those experiencing homelessness.

**Conclusions:** The high number of referrals to the Inclusion Health nursing service indicate the requirement for this role within this hospital setting. The ageing profile and those who leave the ED before care is complete show that there are gaps in investment in this marginalised groups of patients. Nursing investment in specialist roles can make a significant difference to Inclusion health patients. A role within advanced practice in the ED would target this left before seen rate while also providing more integrated care with the appropriate services to meet Inclusion health patients needs.

Inclusion Health service response to COVID19

**Ms Sarah Jayne Miggin<sup>1</sup>**, Ms Rachael Kelly<sup>1</sup>, Dr Tara McGinty<sup>1</sup>

<sup>1</sup>*Mater Hospital, Dublin, Ireland*

Introduction: Inclusion Health service response to COVID19 and its benefits to a large Dublin City hospital

Aims and Objectives: To demonstrate the interagency response to isolate and safeguard patients experiencing homelessness whom had COVID19 or experienced symptoms of COVID19. Demonstrate the value of an Inclusion Health service to an acute hospital. Highlight the number of acute beds days saved to the hospital as a result of the integrated care and response.

Methods: All Inclusion health patients of the Mater have a comprehensive assessment of their specific needs at first point of contact. Interagency collaboration led to the development of discharge pathways from hospital to the community. Bed days saved were calculated by the length of days isolation that was required at the time of discharge, as what was set at that current time by the Government and local guidelines.

Outcomes: There were over 900 acute hospital bed days saved in one hospital due to comprehensive integrated care between the Inclusion Health team and the community.

Conclusions: This demonstrates that a comprehensive integrated approach to this one aspect of healthcare can be formatted to many others once the necessary resources are put in place in the community to support persons who are experiencing homelessness.

P74

## Complex Discharge of a Patient with TB to Homeless Services

**Ms Sarah Jayne Miggin<sup>1</sup>**

*<sup>1</sup>Mater Hospital, Dublin, Ireland*

**Aims and Objectives:** To highlight the coordinated and Integrated Care of a patient with TB whom was for discharge from hospital to homeless services.

**Methods:** This involved many agencies and professionals within the hospital and community to coordinate a comprehensive discharge of this patient safely into the community, whilst being mindful of public health guidelines.

**Outcomes:** Patient successfully completed their TB treatment.

**Conclusions:** With the adequate interagency involvement during their hospital admission, coordination of care on discharge and adequate resources and advocacy, this case demonstrates that persons in homeless services can successfully complete their TB treatment.



## Can a Major Hospital Reconfiguration Actually Improve Nursing?

**Ms Ursula Morgan<sup>1</sup>**

<sup>1</sup>*Roscommon University Hospital, Saolta University Health Care Group, Roscommon, Ireland*

**Introduction:** Over the last number of years, our hospital has undergone significant organisational changes. The reconfiguration to a Model 2 hospital in 2011 saw the closure of the Emergency Department and the domino effect on all services. This reconfiguration had a profound impact on staff morale, confidence and purpose.

**Aims and Objectives:** Through expert nursing leadership, a new vision for nursing was created, the narrative moved from 'where are we' to 'where are we going to be'. Empowerment of nurses through education, for example increasing uptake of Nurse Medicinal Prescribing, were encouraged to act as enablers as co-owners of the vision.

**Methods:** Nurses actively sought out opportunities to lead on change for the societal good. They have not only accepted the challenge to establish and commence new services but they demonstrated motivation and resolve in achieving patient centred, excellent care in a culture of learning and opportunity for development.

**Outcomes:** Pre reconfiguration there was a Consultant led model of healthcare with support from just five Clinical Nurse Specialists, but now the number of these specialist roles has increased dramatically. The advent of Registered Advance Nurse Practitioners has now led to a model of nurse driven varied service delivery, a reduction in waiting lists and improved patient experience, currently 8% of the Nursing workforce in our hospital is RANP/cANP. This increase in specialist nursing knowledge has seen both inpatient services and outpatient numbers grown exponentially over the last number of years.

**Conclusion:** A large scale change such as a reconfiguration of hospital services without the appropriate leadership in place could have had a negative impact on nursing, but our experience has shown us that this has been the exact opposite. At our hospital, it is the strength, determination and professionalism of nursing that has been the champion of change.

## Interoperability of Patient Portals with EHR: A Scoping Review

Dr Mary Hughes, Dr Orna Fennelly, Ms Michelle Doyle, **Ms Dearbhla Moroney**, Ms Jessica Eustace-Cook

<sup>1</sup>Trinity College Dublin, Dublin, Ireland, <sup>2</sup>CHI Temple Street, Dublin, Ireland

**Introduction:** The new Children's Hospital will be a completely digital hospital with an electronic health record. Patients and their parents/guardians will have access to important pieces of their health information using a digital portal (i.e., patient portal).

**Aims and Objectives:** The aim of this project is to undertake a scoping review to explore the requirements and design for a digital ANP service that will integrate a digital portal with the EHR in Children's Health Ireland (CHI). This scoping review will identify the gaps in current service delivery, inform the design and development of an interactive digital ANP service portal that will be compatible and integrate with the CHI EPIC EHR for children who have hydrocephalus.

**Method:** A detailed synthesis and scoping review of existing literature and evidence is being undertaken to inform the development of the digital portal to augment the ANP service. Interoperability of the portal and EHR will also allow for metrics on ANP service to be captured. This will act as a template for ANP/AMP services nationally to inform the expansion and delivery of AP services by the HSE.

The data collection and analysis will be complete before the conference. Ethical approval has been granted to proceed with data collection in 4 of 5 sites.

**Outcomes:** will be available for the conference

**Conclusion and impact:** The integration of findings from Phase 1 and 2 and analysis of requirements will ensure a feasibility proposal that is compatible with the EPIC EHR and digital system planned for CHI services. Working with our collaborative partners in CHI and the HSE on this PPI project, will result in the formulation of a coherent and evidence based plan for the design and development of the ANP Service, to take it to the next phase of proof of concept.

## Assessing Immobilization Discomfort in Trauma Victims: an objective judgment scale

**Dr Mauro Mota**<sup>1,2,3</sup>, Dr Madalena Cunha<sup>1,2</sup>, Dr Margarida Reis Santos<sup>3,4</sup>

<sup>1</sup>Viseu Higher School of Health, Oliveira Do Hospital, Portugal, <sup>2</sup>Health Sciences Research Unit: Nursing (UICISA: E), Nursing School of Coimbra (ESENfC), Coimbra, Portugal, <sup>3</sup>Centre for Information Systems Research and Development of Porto Nursing School, Porto, Portugal, <sup>4</sup>Porto Nursing School, Porto, Portugal

**Introduction:** Immobilization aims to reduce the movements of trauma victims, thus allowing to maintain the alignment of the anatomical structures with the suspected lesion, thus reducing the risk of secondary injuries to the primary trauma mechanism. Different nosological entities have been studied by the academic community to optimize the quality of care for trauma victims, namely, acute pain in trauma, hypothermia and discomfort from cold; however, the discomfort caused by immobilization remains unexplored.

**Aims and Objectives:** To develop an instrument to evaluate the discomfort caused by immobilization in trauma victims – Discomfort Assessment Scale for Immobilized Trauma Victims.

**Methods:** A methodological study will be used for the development and validation of the content of the scale. First, a proposal for the scale and a questionnaire made up of open-ended questions will be conducted to assess the understanding and acceptability of the proposal. Second, a focus group interviews will be conducted to allow a Committee of Experts (five physicians and five nurses with experience in the treatment of trauma victims) to express their opinions and offer contributions to optimize the scale. Third, the reliability of the scale in healthy people undergoing immobilization, defined as test-retest stability, and criterion validity, defined as the ability to detect a difference in cumulative discomfort stress over time, will be assessed.

**Outcomes:** The scale will attempt to focus on two key points: the patient's perception of the discomfort they feel, and a measurable assessment that quantifies the discomfort based on the pressure that is exerted between the body surface and the stretcher. This assessment highlights what the victim reports feeling and identifies areas of the body with high pressure values that the immobilization causes in the tissues.

**Conclusion:** Assessing the discomfort caused by immobilization with this scale will help improve the overall quality of pre-hospital rescue.

## Breastfeeding Snakes and Ladders

**Ms Stephanie Murray<sup>1</sup>**

<sup>1</sup>*HSE SE, Wexford, Ireland*

Introduction: Through years of working with breastfeeding dyads I noticed two common themes emerge

- 1) Breastfeeding families want a more realistic portrayal antenatally
- 2) Conflicting information

To resolve these issues brought the concept to life.

Aims and Objectives: To provide breastfeeding families with a resource that portrays breastfeeding in a realistic manner. Having a link to MyChild.ie as evidenced based information eradicates the issue of families receiving conflicting information.

Methods: After design was agreed upon the tool was piloted on our unit.

On spec education sessions with staff were completed regarding the benefits and use of the tool. A staff survey and suggestion box was available. Details of 58 service users were used to send a survey.

Outcomes: Of the staff that were surveyed 100% stated that they found the tool was easy to navigate and useful to assist with breastfeeding education.

80% of the women surveyed found the tool extremely useful while 10% felt it was very useful and 10% somewhat useful. 100% of the respondents felt that it was very easy tool to navigate and gain access of information from. 60% of the families surveyed stated that they used the tool a few times a week while 30% stated that they used it daily while 10% stated they used it a few times a month. When asked for recommendation to improve the tool 100% of the respondents stated no changes required. Finally when respondents were asked if they would recommend the tool to friends or family the result was a 100% absolutely.

Conclusion:

- Breastfeeding Snakes and Ladders is an effective educational interactive resource for breastfeeding families. It has been proven to be easy to navigate and a tool that is referred to frequently throughout the breastfeeding journey.
- The resource was then officially launched successfully in WGH on the 4th October.

## Helping Adolescents to Navigate Sexual Violence with an Education Program.

**Ms Margo Noonan<sup>1</sup>**<sup>1</sup>*Sexual Assault Treatment Unit, SIVUH, Cork, Cork, Ireland*

**Background:** The male experience of sexual violence is evident in the literature, but it also acknowledges that, due to poor disclosure rates, it is difficult to capture the extent of the issue (Alaggia et al., 2019). The World Health Organisation (WHO) determines sexual violence against men as a significant problem but states that official statistics vastly underrepresent the number of male rape survivors (WHO 2019). Given the prevalence of sexual violence experienced by women, most studies, interventions and policy formation including legal legislation have focused on rape as a predominantly female experience (Reed et al., 2020). Research has shown that rape myths have an impact on how victims are treated by their family and friends but also by the community, society, educational, health, law enforcement and the judicial systems.

**Aim/Objectives:** Conduct research to measure the impact of an educational intervention on rape myth acceptance by male adolescents in post-primary education to inform the development of an educational programme that provides accurate, relevant and honest sex education relevant to young people and their lives.

**Method:** Quantitative research, cross sectional quasi-experiential design, sample of 140 male students (14yrs-17yrs). The male rape myth acceptance tool was modified with the author's permission and quantitative analysis of pre and post-test scores conducted. An educational intervention was delivered by the researcher between pre and post-test measures.

**Outcome/Results:** There was a statistically significant rejection of male rape myths following the educational intervention. This informed the development of the ASSUME program, an education intervention that is currently provided by Cork SATU to approximately 1500 post primary (Single sex and mixed) school students. Students easily recognise what it is being discussed but are often unaware of the law in regards to age, capacity and consent. This program allows them discuss, understand and apply consent to their lives.

## Psychometric Validation of the NPCS Among Italian Contexts

PhD Student Emanuela Prendi<sup>2,3</sup>, Prof. Gennaro Rocco<sup>1,2,3</sup>, Prof. Rosario Caruso<sup>2,4</sup>, Prof. Alessandro Stievano<sup>1,2,3</sup>, **Prof. Ippolito Notarnicola<sup>1,2,3</sup>**

<sup>1</sup>*Centre Of Excellence For Nursing Scholarship, Rome, Italy*, <sup>2</sup>*Catholic University "Our Lady of Good Counsel", Tirane, Albania*, <sup>3</sup>*University of Rome "Tor Vergata", Rome, Italy*, <sup>4</sup>*Health Professions Research and Development Unit, IRCCS Policlinico San Donato, Milan, Italy*

**Introduction:** Nursing education has generally recognized the status of nursing competency in the provision of professional development. Nursing care requires complex combinations of knowledge, skills, aptitudes, and performance, while nursing competencies define and relate to an individual's capacity and proficiency in the profession

**Aims and Objectives:** this study aimed to provide an Italian version of the NPCS-SF (the I-NPCS-SF) and to establish its content, face, and construct validity for Italian registered nurses and Albanian nursing students.

**Methods:** This study adopted a multiphase design. The first phase involved the linguistic translation and cultural adaptation of the NPCS-SF into Italian. The second phase aimed at obtaining adequate content and face validity of the I-NPCS-SF. The third phase involved a collection of cross-sectional data between Albanian SNs and Italian RNs to assess the validity and reliability of the I-NPCS-SF (i.e., internal consistency).

**Outcomes:** The I-NPCS-SF showed adequate content validity. Confirmatory factor analysis supported the four-factor structure of the I-NPCS-SF, in explaining data obtained from nurses and nursing students.

**Conclusions:** The I-NPCS-SF showed evidence of validity and reliability in measuring four professional competencies. Having an appropriate scale in Italian for professional competence self-assessment by nursing students and nurses constitutes an essential step in measuring those competencies.

## HSE Policy and Procedure for Safe Surgery 2022

**Ms Aileen O'Brien**<sup>1</sup>, Dr Michael Dockery<sup>1</sup>, Ms Una Quill<sup>1</sup>

<sup>1</sup>HSE, Dublin 8, Ireland

**Introduction:** It is the vision of the Patient Safety Strategy that all patients will consistently receive the safest care possible. One of the commitments of the strategy is to place increased emphasis on proactively identifying risks to patient safety to create and maintain safe and resilient systems of care, designed to reduce incidents and improve patient outcomes. The Policy and procedure which is based on best practice and evidence, introduces key safety steps that should be incorporated into the operating theatre department, which will support the development of a safety culture and communication for operating teams. It applies to all patients undergoing surgery in the Irish hospital setting and all healthcare staff involved in the surgical patient pathway. The Policy now includes five stages for Safe Surgery, including Briefing and Debriefing to accompany Sign In, Time Out and Sign Out. The Policy includes requirements for implementation and Clinical Audit.

### Aims and Objectives:

- To identify key safety steps to improve patient safety
- To promote teamwork and Communication
- To strengthen implementation of the policy at hospital level

### Methods:

- Working group established to include all Multidisciplinary stakeholders and patient representatives
- Draft Policy circulated nationally for feedback
- Developments of Checklist templates for 5 stages of safe Surgery
- Development of Audit tool template

### Outcomes:

- Publication and launch of HSE Policy & Procedure for Safe Surgery 2022
- Development of eLearning module for staff

**Conclusion:** The Policy plays a key role in improving communication and teamwork in the operating department. It can also assist in changing the culture in operating departments by emphasising the importance of listening to all team members and valuing their contribution.

## The impact of pressure ulcer prevention education for HCA's

**Ms Noreen O'Brien<sup>1</sup>**, Prof. Tom O Connor<sup>1</sup>

<sup>1</sup>*RCSI University of Medicine and Health Sciences, Ireland*

**Introduction:** Pressure ulcers (PUs) are a significant clinical issue, and their prevention is a priority for health care settings. Older adult patients are susceptible to PUs due to the presence of co-morbidities and reduced mobility (Ousey 2015, Moore 2011). Health care assistants (HCAs) represent most of the workforce in long-term care settings and play a significant role in PU prevention and the provision of education is an integral component of PU prevention (EPUAP/NPIAP/PPPIA, 2019). The overall aim of this systematic review (SR) was to investigate the impact of education for health care assistants on their knowledge and skills in PU prevention and on the incidence of PUs.

**Methods:** Using systematic review methodology and the PRISMA guidelines, in November 2021 key databases were searched, CINAHL, EMBASE, SCOPUS, MEDLINE and Cochrane Wounds Group Specialist Register and Cochrane Central Register of Controlled Trials, with no limitations on date of publication. The search yielded an initial 449 records, of which 14 met the inclusion criteria. The methodological quality of the studies was evaluated using the Evidence-based Librarianship checklist (Glynn, 2006). Data was analysed using narrative and meta-analysis.

**Results:** Eleven studies (79%) reported outcome measures of HCA knowledge scores, with four studies reporting a statistically significant improvement in knowledge scores post education intervention. Nine studies (64%) found a statistically significant reduction in prevalence (OR 1.69,  $p=0.01$ ) and incidence rates (OR 2.20, 95%,  $p<0.0001$ ) post-education intervention.

**Conclusions:** This SR affirms the benefits of education of health care assistants on knowledge and skills of PU prevention and on PU incidence. However, there was broad methodological heterogeneity and low-quality evidence within the included studies.

**References:**



### The Introduction of "What To Know on The Go"

**Ms Aoife O'Neill**<sup>1</sup>, Ms Catriona McCahey<sup>1</sup>, Ms Siobhan McKenna<sup>1</sup>, Ms Michelle McDaniel<sup>1</sup>, Ms Deepa Kolattukuddy<sup>1</sup>

<sup>1</sup>*Louth Hospital RCSI Group, Drogheda, Ireland,*

**Introduction:** Documented evidence suggests that there has been an effect on the learning outcomes of staff during the covid pandemic. The practice development team wanted to identify these needs and how best to promote learning to ensure patient safety and quality care.

**Aims and Objectives:** The aim of the poster was to assess the learning needs of nursing staff in the clinical area post Covid pandemic. Following a learning needs analysis it was identified that 62% of staff preferred education to be delivered in the clinical area using short presentations. The education sessions delivered in the clinical area are in response to Nursing Quality Care Metrics in Acute Care, quality initiative programmes and staff feedback.

**Methods:** The education is delivered by three teams, the duration of the education sessions are 15 minutes. Each team has a folder containing the most up to date evidence based practice on the chosen topic. All teams meet beforehand and have a team briefing to discuss the content that must be delivered. The team consists of members from Practice Development, Clinical Skills Facilitators, Clinical Audit Facilitators, Clinical Placement Coordinators, Clinical Nurse Specialists, Advanced Nurse Practitioners and Allied Health Professionals were applicable.

**Outcomes:** The "What to know on the go" initiative commenced in June 2022 and is delivered monthly. To date we have educated approximately 350 staff in relation to the following topics: Nutrition and Hydration, Medication management, Oral hygiene, Sepsis, Heart failure, Fall's risk assessment and management.

**Conclusion:** Currently we are conducting a staff satisfaction survey in relation to the education sessions delivered to date. The transfer of learning will be assessed by comparing the Nursing Quality Care Metrics in Acute Care results pre and post education with a 6-month period.

## Homeless in their Healthcare, Women's Experience of Primary Ovarian Insufficiency

**Ms Kate Pleace<sup>1</sup>**

<sup>1</sup>*Dublin City University, Harwich, United Kingdom*, <sup>2</sup>*Centre for Reproductive Research De Montford University, Leicester, United Kingdom*

Introduction: Primary ovarian insufficiency (POI) also known as premature menopause affects women under the age of 40. The prevalence of POI in the general population is around 1% for women under 40.

While symptoms are often the same as the menopause the condition differs from menopause not only because of the age of women affected but also because there is often varying, and unpredictable ovarian function.

Despite significant progress in the area of reproductive endocrinology, understanding of POI is limited, and the area is greatly under researched, especially with regards to women's lived experience. A diagnosis of POI can be devastating and a life changing event.

Women diagnosed with the condition require integrated care for physical, reproductive and psychological needs, at present, evidence suggests that their care is often poorly coordinated and compartmentalized (Cooper et al 2011).

Aims: The aim of this research is to investigate women's lived experience of POI and to explore ways that their healthcare can be improved.

Methods: This research will draw on a phenomenological approach exploring key questions about women's thoughts, feelings and experiences regarding the condition. Several qualitative methods of obtaining data are currently being considered, including a weekly diary and in-depth interviews. Photo voice a research method where study participants take, select and reflect on chosen photographs, may also be used to gain a visual insight into the lives of the women taking part in the research. I will focus on these potential methods for this presentation.

Outcomes: Currently the academic PhD research is in the early stages, with no outcomes at present.

Conclusion: The research is ongoing.

### Reference

Cooper, A, Baker, V, Sterling, E, Ryan, M, Woodruff, T, Nelson, L, (2011) The Time is Now for a New Approach to Primary Ovarian Insufficiency; Fertility and Sterility; 95 (6) Pg 1890-1897

## Supporting Local Providers to Adapt Health Interventions During Scale-Up

**Dr Jessica Power<sup>1</sup>**<sup>1</sup>*Trinity College Dublin, Dublin 2, Ireland*

**Introduction:** Adaptations are often made by frontline providers to increase the feasibility and acceptability of health interventions at local sites when scaling-up.

**Aims and Objectives:** This review aimed to discover how decision making for adaptations of health interventions can be supported at local levels.

**Methods:** A realist review methodology was selected. An initial theoretical framework was developed based on a background search of the implementation science literature. Following this, a systematic search for case studies of scale-up where local providers carried out adaptations took place. Academic databases (PubMed, Cinahl, Scopus, Global Indicus Medicus, Web of Science, EMBASE, and Psycinfo) and grey literature (e.g. ExpandNet database) were searched for the concepts of (i) scale-up, (ii) adaptation and (iii) health. Selection and appraisal of documents was based on relevance and rigour. Data was extracted and synthesised using a theoretical framework and using NVivo. Additionally, the findings were triangulated and refined with stakeholder interviews.

**Outcomes:** 16 case studies of scale-up were identified across sexual and reproductive health (n=6), maternal and child health (n=2), mental health (n=1), obesity (n=1) and HIV (n=6) programming. Six stakeholder interviews took place. Decision making by frontline providers often allowed for local contextual knowledge on intervention feasibility and acceptability to be utilised. However, following adaptation, fidelity assessments were rarely carried out. Providing clear guidance on the intervention components (i.e., which intervention components were essential to intervention fidelity and which were flexible to adaptation), and guidance on the adaptation process (i.e., steps on how to adapt) were found to facilitate adaptation.

**Conclusion:** Local decision makers on the frontline, such as nurses, offer their local and contextual knowledge that can facilitate intervention adaptation. However, more transparency is required to ensure that intervention fidelity is maintained throughout the adaptation process.

## Self-Directed Learning Readiness and Academic Performance Among Nursing Students

**Ms Mc Claire Quirante<sup>1</sup>**, Ms Dannielyn Nieves<sup>1</sup>, Ms Pearl Angelie Pugarin<sup>1</sup>, Ms Kaye Ann Sabalilag<sup>1</sup>, Rn, Man Aris Kendell Bungabong<sup>1</sup>

<sup>1</sup>*St. Anthoy's College, San Jose, Antique, Philippines*

Self-directed learning readiness is essential in nursing education and is frequently related to students' academic performance. The advent of COVID-19 pandemic, however, have created new challenges for academic institutions, making the students inactive as they have been used to a different mode of teaching and learning process. Also, there is limited literature on the variables. The study aims to determine nursing students' readiness for self-directed learning and academic performance and to explore the relationship that exist. The present study followed a descriptive-correlational research design, surveyed 209 nursing students from St. Anthony's College via an online survey questionnaire containing the standardized scale of Fisher, King, Tague (2001), the Self-Directed Learning Readiness Scale. Data were treated using descriptive-inferential statistics and associations. Analysis of the self-directed learning readiness shows that the total mean score is 165.91 (SD = 18.325), with 84.7% of students have a score of >150, indicating that majority have a high SDLR. Additionally, the senior high school strand, curriculum, quantity of gadgets used, and internet connectivity show a focus on students' academic performance only. Both variables, however, vary on year level. In terms of the academic performance, the mean of general weighted average of 90.41 among the nursing students were correlated to the SDLR. The findings revealed a strong positive correlation between the two variables,  $r = .606$ ,  $p\text{-value} = 0.000$ . The results substantiate the assumptions of the study that a self-directed learning readiness among nursing students can affect their academic performance. Thus, integrating the pre-existing activities related to SDLR of students are highly necessary to achieve academic success.

## Quality Improvement in Patient Care in Satu Mare County Ambulance

**Ms Nemet Ramona Maria**<sup>1</sup>, Dr Simu Horia<sup>2</sup><sup>1</sup>*OAMGMAR, Satu Mare, ROMANIA*, <sup>2</sup>*SAJ CLUJ, CLUJ NAPOCA, ROMANIA*

Quality Assurance and Quality Improvement are one of the main targets in my activity of management as Chief Nurse and member of the Directory Committee of Satu Mare County Ambulance Service, Romania.

The concept of Quality Improvement in prehospital field state with the idea that all participants in the system want to do well, and continues with an examination of the system to determinate how it can be structured to achieve this goal. Everyone knows that the theory of QI look not only at what was done wrong, but also what was done right so that we can learn from both Chief Nurse of an Ambulance Service must integrate and coordinate a lot of elements to fulfil the entity goals. The evaluation of the personnel is one of the main elements. One of the main elements in monitoring of patient care is the action of evaluating the personnel. The chain of the emergency system begins with the dispatch and coordination of the medical teams. This is the crucial first step for prehospital care. How you answer at the telephone, how fast you receive the medical information and assign a medical team and the vulnerabilities are parts of Quality Improvement. Next element in patient care is the fields care providers. The specific of prehospital care is that every ambulance is an independent team –direct control is difficult to realize. Annual training programs are essential. The number of the complaints and incidents is another mark of Quality Improvement as the feedback from the Hospital's Wards. The poster will try to analyze all these elements. Monitoring of patient care is an integral and crucial part of the management of an Ambulance Service. The ultimate reward is a system that functions optimally and provides excellent patient care.

P88

Poster Withdrawn

## Implementation to Operationalisation -Transforming Theatre Journey Across a Hospital Group

**Ms Grace Reidy<sup>1</sup>**<sup>1</sup>SSWHG, Cork, Ireland

Introduction: The Transforming Theatre Programme (TTP) was a pilot funded by the HSE and a collaboration between the HSE, a University, two National Clinical Programmes and a Hospital Group(HG). A HG leadership team was established. In turn this group supported the formation of multidisciplinary Core Teams in 10 hospitals in the HG.

A standardised suite of theatre KPI's were generated by front-line teams in each hospital. Process and output metrics generated facilitated the visualisation of patient perioperative flow while simultaneously quantifying theatre access, utilisation and signposting potential theatre capacity by site across the HG.

**Aims and Objectives:**

- Sustain the systems /structures put in place during the implementation phase.
- Operationalise opportunities identified in theatre capacity across the HG addressing demand/capacity gaps, improve access and ultimately increase patient throughput.

**Methods: 4 key elements:**

- Management Structure: Ensuring the correct Governance at all levels.
- Management System: Establish platforms to set expectations /review data /agree goals
- System of measures: Embed standardised theatre metrics
- Improvement Methodology: Follow a structured QI approach with coaching/facilitation support on identified areas of opportunity

**Outcomes: Some high level outcomes:**

- Governance: HG Transforming Theatre (TT) Governance Group established✓
- Management Structure in all sites ✓
- Leadership: HG TT Clinical Lead appointed✓
- Standardised metrics in all sites (53 theatres /rooms)✓
- Capacity increase in two Model 2 Hospitals✓
- Dedicated minor procedures room opened – 100% increase for LA access. Right procedure/right place. ✓
- Increase in available theatre capacity from 2 days/week (16 hours) to 3 days/week (24 hours ) within existing resources.✓
- Increased patient throughput & utilisation evident. ✓
- Improvement in PAC compliance from 55%-87%. ✓
- Reduction in overruns.✓
- Improvement in on time starts.✓

Conclusion: TT builds a positive culture based on trust, complemented by a lean sigma structure that enables front-line teams, supported by management, to deliver sustained results to the population within this HG.

P90

Poster Withdrawn



P91

Poster Withdrawn

## MN-CMS Dashboard - Bringing Care to Life for All Staff

**Ms Kim Ryan<sup>1</sup>**, Ms Fionnuala Byrne<sup>1</sup>

<sup>1</sup>*National Maternity Hospital, Dublin, Ireland*

**Introduction:** The Maternal and Newborn Clinical Management System (MN-CMS) has been live in the National Maternity Hospital (NMH) since January 2018, providing a paperless electronic health record (EHR) for Maternity and Gynaecology patients, and Newborn babies.

**Aims and Objectives:** The MN-CMS Dashboard was first published in the Hospital in August 2022, the aim of which is to make what clinicians enter into the EHR more visible, accessible and meaningful.

Poor data entry in the MN-CMS results in poor reporting, both internally and externally. The aim of the MN-CMS Dashboard is to renew the importance of good quality data entry and foster healthy competition and continuous improvement in terms of data entry across the Hospital.

**Methods:** The first Dashboard released in August 2022 illustrated the Hospital's activity for the first half of the year, containing basic information easily pulled from the EHR, such as total births (3,353), induction of labour rate (38.7%), busiest day (28 June 2022, 33 births), biggest baby born (5,500g). From September 2022, the Dashboard was published on a monthly basis.

It was imperative to make the Dashboard relevant and interesting for all staff, not just clinical, as we all play a part in providing care at the NMH. An LED screen outside the staff canteen continuously displays the Dashboard, a prime location in terms of visibility to staff. Otherwise, the Dashboard is distributed by email across departments and wards.

**Outcomes:** We want staff to take ownership of their data entry. Should departments desire ward specific versions, this is something we can facilitate at a local level.

**Conclusion:** The MN-CMS Dashboard has been positively received internally by NMH staff. Its impact will be formally assessed in early 2023. The use of the Dashboard for external communication purposes has been proposed and may too be considered in early 2023.

# Nursing Actions for Safety in Newborn Neuromotor Development: Integrative Review.

**Dr Lilia Jannet Saldarriaga Sandoval<sup>1</sup>**, Ms Janeth Roxana Guerrero Vargas<sup>2</sup>, Ms Francisca Elisângela Teixeira Lima<sup>3</sup>, Ms Lorena Pinheiro Barbosa<sup>4</sup>, Ms Yrene Urbina Rojas<sup>5</sup>, Ms Zoraida Esther Pérez Chore<sup>6</sup>

<sup>1</sup>University National of Tumbes, Tumbes, Peru, <sup>2</sup>Peruvian University Cayetano Heredia, Lima, Perú, <sup>3</sup>University Federal of Ceara, Fortaleza, Brazil, <sup>4</sup>University Federal of Ceara, Fortaleza, Brazil, <sup>5</sup>University National of Tumbes, Tumbes, Perú, <sup>6</sup>University National of Tumbes, Tumbes, Peru

**Introduction:** Nursing actions in the monitoring and development of the child are important in relation to the safety of the newborn in the evaluation of neuromotor development, from care in the first hours of life, performed during this period in the delivery room. , it is essential, since simple measures can reduce subsequent serious complications, being an essential nursing task for health promotion, injury prevention.

**Objective:** To verify scientific evidence on the nursing actions provided to the Newborn after birth for safety in the neuromotor development of the newborn **Method:** Integrative review, based on the PICO strategy for the question. The inclusion criteria were: to be available in its entirety, published in English, Portuguese or Spanish, and to address nursing actions for patient safety in the neuromotor development of the Newborn. Searches were performed in the Scopus, Web of Science, CINAHL and Cochrane, LILACS, Pubmed/Medline databases. The descriptors in Health Sciences were: Nursing actions; nursing actions; Nursing actions and Patient Safety / Patient Safety / Patient Safety and Newborn Development / Newborn Development / Neuromotor Development of the NB / Newborn Development, during the month of April 2019 by two researchers independently.

**Results:** 84 articles were identified, of which 9 were included in the review, showing the implementation of prevention packages for Universal Comprehensive Bloodstream Infection associated with the Central Line, improving safe sleep practices for babies, using pressurized oxygen safely, create a guideline for delayed cord clamping and a plan for successful implementation, newborn skin assessment, post-NICU feeding skills, safe bathroom management to reduce adverse events, guideline implementation Evidence-based guidelines to support breastfeeding.

**Conclusion:** Nursing actions in the first hours of life of the newborn are based on actions of procedures and actions of skin care, sleep and bathing of the newborn to avoid risks and adverse events.

## Retrospective Chart Review of Screening and Rates of Metabolic Syndrome

**Ms Sujatha Sanjeevi<sup>1</sup>**, Dr Muadz Mohd Zubir<sup>2</sup>, Ms Rose Bennett<sup>1</sup>, Dr Pirl Cevikel<sup>3</sup>, Dr Natasya Nor<sup>1</sup>, Dr Angela Cocoman<sup>4</sup>

<sup>1</sup>HSE-North Dublin Mental Health Services, , Ireland, <sup>2</sup>HSE - Tallaght University Hospital, Tallaght, Ireland, <sup>3</sup>HSE-Galway Roscommon Mental Health Services, Galway, Ireland, <sup>4</sup>Dublin City University, Dublin, Ireland

**Introduction:** The life expectancy of people with Schizophrenia is 15-20 years lesser than the general population. Patients with severe mental illness (SMI) have an increased risk of developing cardiovascular diseases (CVD), diabetes and obesity and also have a high prevalence of metabolic syndrome. Clozapine and Long-Acting Injectable antipsychotics are widely prescribed for patients diagnosed with severe mental illnesses and increase the risk of developing metabolic syndrome.

**Aims and Objectives:** This retrospective chart review aimed to examine the prevalence of metabolic syndrome and the rates of metabolic monitoring among patients treated with clozapine and LAI antipsychotics.

**Methods:** We carried out a retrospective Chart Review of 307 clinical charts of patients treated with Clozapine (n=106) and LAI antipsychotic agent (n=201) as part of a service improvement initiative. We included metabolic parameters taken in the past 12 months.

**Outcomes:** Of the whole population (n=307), 35.5% had insufficient metabolic parameters recorded which impeded the determination of absence or presence of metabolic syndrome. Prevalence of metabolic syndrome in the Clozapine (60.2%) & 49.5% in the LAI antipsychotic groups. 2.8% of the clozapine group had missing data and 52.7% in the LAI antipsychotic group had insufficient monitoring.

**Conclusion:** These findings show that the prevalence of MetS is high among patients treated with Clozapine and LAI antipsychotics and insufficient metabolic screening. We recommend that service development efforts should target these screening deficiencies to improve the quality of life of patients with severe mental illness.

## References

- Alberti KGMM, Eckel RH, Grundy SM, Zimmet PZ, Cleeman JI, Donato KA, Fruchart J-C, James WPT, Loria CM, Sidney C. Smith J. 2009. Harmonizing the Metabolic Syndrome. *Circulation*. 120(16):1640–1645. doi:10.1161/CIRCULATIONAHA.109.192644. <https://www.ahajournals.org/doi/abs/10.1161/CIRCULATIONAHA.109.192644>.
- de Hert M, Detraux J, van Winkel R, Yu W, Correll CU. 2011. Metabolic and cardiovascular adverse effects associated with antipsychotic drugs. *Nature Reviews Endocrinology* 2011 8:2. 8(2):114–126. doi:10.1038/nrendo.2011.156. <https://www.nature.com/articles/nrendo.2011.156>.

## Caring for a Patient with Ischemic Stroke

**Ms Kawthar Shaheen<sup>1</sup>**<sup>1</sup>*RCSI Bahrain, Manama, Bahrain*

**Introduction:** A stroke happens when blood flow to a portion of the brain is interrupted. Strokes are increasingly widespread among Bahrainis. Immobility may arise after a stroke. The most important aspect of patient needs is risk factor management and maintaining a healthy lifestyle while on therapy.

**Aims and Objectives:** The case study's objectives were to investigate ischemic stroke, how it affects individuals, and to evaluate the medical and nursing care provided to these patients.

**Methods:** Patient's data was gathered through an interview, physical examination, observation, and reading of the patient's file. I-SEHA was utilized to collect the patient's condition information. The management of the patient was evaluated using evidence-based literature from PubMed, ScienceDirect, CIHNAL, and other resources.

**Outcomes:** Based on the data collected, the patient was managed by providing the right care. The care focused on observing the patient for complications, monitoring vital signs, monitoring coagulation profile, CT brain, and administering Enoxaparin and Aspirin which was consistent with the literature.

**Conclusion:** For the greatest health results, patients with ischemic stroke may require prolonged pharmacological therapy, family support, physiotherapy, a healthy lifestyle, and appropriate nursing management. Collaborative management that includes the patient and family is essential.

**References**

- Yan, L.L., Li, C., Chen, J., Luo, R., Bettger, J., Zhu, Y., Feigin, V., O'Donnell, M., Miranda, J.J., Zhao, D. and Wu, Y. (2017). Stroke. 3rd ed. [online] PubMed. Available at: <https://www.ncbi.nlm.nih.gov/books/NBK525145/> [Accessed 11 April 2022].
- Pikula, A., Howard, B. V., & Seshadri, S. (2018). Diabetes in America [E-book]. 3rd ed. National Institute of Diabetes and Digestive and Kidney Diseases (US). Stroke and Diabetes. Available from: <https://pubmed.ncbi.nlm.nih.gov/33651535/> [Accessed 2022 April 14].
- Vilela, P. and Rowley, H.A. (2017). "Brain ischemia: CT and MRI techniques in acute ischemic stroke". European Journal of Radiology [Online] Vol.96, no. 1, pp. 162-172. Available from: <https://www.sciencedirect.com/science/article/abs/pii/S0720048X17303339> [Accessed 2022 April 20].

## Music in Paediatric Rare Disease Healthcare Settings: A Scoping Review

**Ms Shannon Sinnott<sup>1</sup>**, Ms Niamh Buckle<sup>2</sup>, Ms Alison Sweeney<sup>1</sup>, Ms Simona Karpaviciute<sup>1</sup>, Ms Aimee O'Neill<sup>3</sup>, Prof. Thilo Kroll<sup>2</sup>, Dr Suja Somanadhan<sup>2</sup>, Dr Helen McAneney<sup>2</sup>

<sup>1</sup>*Children's Health Ireland, Temple Street, Ireland*, <sup>2</sup>*School of Nursing, Midwifery and Health Sciences, University College Dublin, Ireland*, <sup>3</sup>*School of Psychology, Trinity College Dublin, Ireland*

**Introduction:** Interest in the applications of music in health, social care and community settings is growing worldwide. Rare diseases are a major challenge for public health, particularly in paediatric populations. Previous research has demonstrated music therapy and music activities benefit children and young people's health and wellbeing.

**Aims and Objectives:** This scoping review aimed to investigate how music is used for children and young people with rare diseases, and inform the development of music activities as a research method and/ or tool to support children with rare diseases' health and well-being. This study was conducted as part of the SAMPI Project (Children's Health Ireland at Temple Street Children's University Hospital, RPAC17-05), which aims to enable children and young people living with rare diseases to express their experience of living with a rare disease and help to identify the factors that enhance, inhibit and impact their lives through sand play, arts, music, photovoice and interviews.

**Methods:** The review followed the Arksey and O'Malley framework (2005). A search was conducted in five bibliographic databases. Review selection and characterization were performed by two independent researchers. The search identified 448 primary studies published between January 2010 and June 2022. 19 studies met the inclusion criteria and were analysed.

**Outcomes:** The studies varied in terms of purpose, methodology, and detail of reporting. Cancer was the most commonly researched health topic within these search results. Four themes regarding health and well-being emerged: Music for Physical Health Outcomes, Music for Psychological Wellbeing, Music for Self-Management and Coping, and Music for Healthcare Management.

**Conclusion:** Using Music Therapy and music activities are beneficial for the health and well-being of children with rare diseases. These benefits include reduced anxiety, stress and pain during clinical procedures, as well as increased communication, social and coping skills and quality of life.

## Food Allergies - Molecular Diagnosis

**Ms Daniela Elena Spanu<sup>1,2</sup>**, Prof. Liliana Rogozea<sup>2</sup>, Prof. Ioana Agache<sup>2</sup>

<sup>1</sup>*Order of General Medical Nurses, Midwives and Nurses of Romania, Brasov, Romania,*

<sup>2</sup>*Transilvania University of Brasov - Faculty of Medicine, Brasov, Romania*

**Background:** Due to the definition of food allergy, many presentations in pediatric emergency departments and beyond are considered as allergic disease. It is therefore essential to differentiate between food allergies which are immunologically mediated reactions and other non-immunological reactions.

**Material and methods:** A literature search was performed using Google Scholar and PubMed databases, keywords were: "food allergy", "molecular diagnostics", "singleplex" and "multiplex" considering articles from the last 5 years (2018 - 2022).

**Results and Discussion:** With the evolution of recombinant techniques, they have also found an important role in allergy diagnosis. Molecular tests have many advantages compared to in vivo tests, as they are based on the use of purified or recombinant natural allergens, making it possible to assess the risk of severe evolution towards anaphylactic shock and the need to have permanent access to adrenaline, to the establishment of a restrictive diet leading to a more effective disease management. Advantages of molecular diagnostics include: the patient is not put in contact with the allergen, which decreases the risk of having a reaction, testing and assessment of specific IgE using large panels of allergens, identification of relevant allergens and guiding appropriate allergen immunotherapy, identification of cross-reactions by differentiating between specific and non-specific allergens, assessment of the risk of severe reaction by differentiating stable from labile allergic components.

**Conclusions:** Thanks to the evolution of technology, molecular diagnostics is an important tool in precision allergology diagnosis. However molecular diagnosis is still limited by the fact that not all molecular allergic components of interest are yet known. These technologies still require evaluation before they can be fully integrated into medical practice. Only clinical medical practice can show the limitations and advantages of these diagnostic methods.

**Key words:** "food allergy", "molecular diagnosis",

## Nurse's Role in Quality Management Department – Cluj Rehabilitation Hospital

**Ms Monica Rodica Suciava<sup>1,2</sup>**

<sup>1</sup>*Cluj Rehabilitation Hospital, Cluj- napoca, Romania,* <sup>2</sup>*Cluj County Romanian General Nurses, Midwives and Nurses Order's secretary, Cluj- napoca, Romania*

**Introduction:** The Quality Management Departments (QMD) within hospitals have a short history – within 5 years. But, together with their existence, the foundation for the patients safety, improved nursing care, standardize care, evidence-based practice, planning, implementing and monitoring activities, became stronger than ever.

**Aims and objectives:** - to emphasize the nurse's role within Quality Management Department by establishing the main responsibilities and functions of the nurse and professional competencies required.

**Method:** I applied a questionnaire with 20 items – 115 different members of the staff answered the questionnaire, during a one month period after our hospital accreditation process.

**Outcomes:** Out of the 115 respondents, 92,4% knew how the QMD is organized and constituted of, and 13% didn't know there's a nurse within this department. In addition, 71,2% respondents said that the nurse is fully qualified to coordinate the implementation of the quality management system and patients safety requirements.

**Others responsibilities/functions** pointed out by the respondents were supervising the elaboration of the nursing procedures according to the patients needs and hospital specialities, audits coordination, monitoring the process of procedure and protocols implementation, reporting the adverse events and help nursing staff to learn from these events.

**Conclusions:** The nurse within QMD – due to her competencies, abilities, actions, attitudes, communication skills - has a crucial role in implementing a successful quality management system in hospital.



## The Advanced Nurse Practitioner in Context: Systemic Processes

**Dr Wayne Thompson<sup>1</sup>**, Prof. Martin McNamara<sup>1</sup>

<sup>1</sup>*University College Dublin, Dublin, Ireland*

**Introduction:** Healthcare systems are becoming increasingly complex. Systems thinking can help us understand this complexity and how to apply that understanding to design and evaluate interventions that improve health outcomes. With the current emphasis on developing advanced nursing practice, it is timely to examine systemic processes that characterise Advanced Nurse Practitioner (ANP) systems and their interactions with wider healthcare systems, and how these processes enable and constrain the role.

**Aim:** To make explicit the systemic processes that characterise the ANP system and how they enable and constrain the role.

**Methods:** An interpretive descriptive study. Data were collected through seven in-depth interviews and four focus groups. Data were analysed using the Organic Systems Framework (OSF), interpreting language indicative of the processes of individuation, integration, differentiation and homogenisation.

**Outcomes:** Participants emphasise how ANP systems exert power by individuating and differentiating; however, restrictive regulations and medical control constrain this power. Integration and homogenisation are expressed as ANPs encourage and engage in collaborative practice towards common purposes. When hierarchical structures and professional self-interest dominate, however, these processes are submerged, resulting in an unbalanced system.

**Conclusion:** ANP systems realise their power through increased autonomy by individuating and differentiating. Hierarchical structures positioning ANPs in subservient roles should be challenged. Processes of integration and homogenisation are expressed in collaborative practices. We recommend that ANPs realise and articulate the value and diversity that they bring to health systems to strengthen their contribution to them.

## Nursing Students' Lived Experiences During the Resumption of Clinical Duty

**Ms Princess Nicole Torrechilla**<sup>1</sup>, Mr Gim Tordesillas<sup>1</sup>, Ms Mary Salve Dolor Tajolosa<sup>1</sup>, Ms Deliesa Valenzuela<sup>1</sup>, Mr Edyn Michael Suganob<sup>1</sup>

<sup>1</sup>*St. Anthony's College, Antique, Philippines*

**Introduction:** The nursing clinical experience serves as an introduction to the career path, easing the transition from student to a role as a staff nurse. The occurrence of the COVID-19 pandemic has brought drastic changes in the clinical setting. While allowing the resumption of clinical duties during a pandemic can be a unique experience, this may still pose high potential risks. To better understand how COVID-19 has affected the lives of student nurses during the resumption of their clinical duties, it is essential to assess the students' lived experiences and challenges they have encountered amidst the pandemic.

**Objective:** To describe the lived experiences of 4th-year nursing students during the resumption of clinical duty amidst the COVID-19 pandemic.

**Methods:** This study utilized a descriptive phenomenological research design. After obtaining the appropriate ethics clearances, five (5) participants were selected based on preset criteria. The researchers used an in-depth semi-structured interview as a tool for gathering data, which was analyzed thematically using Colaizzi's method.

**Outcomes:** Based on the researcher's analysis of the data, four dominant themes emerged, namely: (1) Dilemmas on Duty, (2) Igniting the Torch, (3) Reviving the Light, and (4) Burning Passion. Sub-themes were identified under each major theme. These four dominant themes highlighted the lived experiences of 4th-year nursing students during the resumption of their clinical duties amidst the COVID-19 pandemic. It tackles the problems they have encountered, the advantages of their clinical resumption, their coping strategies, and their insights and advice throughout their clinical duties amidst the COVID-19 pandemic.

**Conclusions:** The findings of this research revealed that the 5 participants experienced a tough nursing journey during the resumption of their clinical duties, especially because of the pandemic. Nevertheless, these experiences made the nursing students more equipped, knowledgeable, versatile, and prepared for their journey to becoming future registered nurses.

## The Experiences of Males During the Transition to Fatherhood

**Ms Sarah Turner<sup>1</sup>**, Dr Karen Stenner

<sup>1</sup>*RCSI Bahrain, Manama, Bahrain*

**Introduction:** The transition to parenthood is often regarded as a profound life-changing event which can affect hormones, relationships, identities, and behaviours of everyone involved. Whilst the transition to parenthood is well documented from the early motherhood perspective, research into fatherhood is minimal in comparison. There is a paucity of research into non-white minority ethnic fathers.

**Aims and Objectives:** This study aims to explore the experiences of men from African and African Caribbean heritage or ancestry on becoming a father and any healthcare support received during this transition period. The objectives include identifying any unmet need related to health visiting service provision.

**Methods:** This qualitative study uses interpretive phenomenological analysis to establish the lived experiences of black African and black Caribbean fathers living in the United Kingdom. Data was collected through eight one-off semi-structured interviews with black fathers who varied in age range and the age at which they first became a father. Subsequent coding and thematic analysis of the transcripts was undertaken.

**Outcomes:** Four main themes were identified: preparation for fatherhood, experiences post birth, influences on ideas about fatherhood and reflections on transition and suggestions for support for future fathers.

**Conclusion:** While some fathers benefited from formal support, others did not attend antenatal classes and there was uncertainty around healthcare roles. Some of the fathers felt conflicted about how to care for their infants. Findings highlight the importance of extended family and friends in providing advice and the importance of culture in forming the identity of African fathers. This research has inspired me to study a PhD in anthropology. To investigate parental knowledge and involvement in infant care decision making, specifically around sudden infant death syndrome (SIDS) from fathers of a particular ethnic group. There are higher SIDS rates in infants from certain ethnicities such as black Caribbean.

## Evaluating Public Health Nursing Students engagement with Virtual Learning Platforms

**Ms Niamh Vickers<sup>1</sup>**, Dr Rita Smith<sup>1</sup>, Associate Prof. Kate Frazer<sup>1</sup>

<sup>1</sup>*School of Nursing, Midwifery and Health Systems, University College Dublin, Dublin, Ireland*

**Introduction:** The Covid19 (SARS-Cov-2) pandemic presented society with extreme challenges in living and existing. The education sector pivoted to enable engagement during global uncertainty. The university sector used virtual learning platforms, shifting from traditional face-to-face delivery of teaching. Graduate education programmes for nurses experienced severe challenges in enabling students to engage in clinically based programmes, many of which are regulated by Nursing and Midwifery Board of Ireland. The use of virtual and e-learning platforms was novel for many learners and educators, and little is known about their learning experience.

**Aim:** The study aimed to evaluate the online learning experiences of graduate student public health nurses (SPHN).

**Method:** A cross-sectional survey design was used. The study was approved for Ethical Exemption by the affiliated University. An anonymized online survey using the survey administration software Google Forms was conducted with one cohort of SPHNs to assess their satisfaction and engagement with digital learning.

**Outcomes:** The response rate was 71.4%. (n=45). A majority of students 86.7% (n=39) were satisfied with the online delivery of the graduate programme and the quality of the programme 97.8% (n=44). In addition, 93.4% (n=42) stated that the programme delivery was intellectually stimulating and motivating. A majority (88.7%, n=39) noted they would enrol for an online educational programme in the future.

**Conclusions:** The use of virtual learning platforms was received positively by a cohort of SPHNs, who traditionally engaged with face-to-face delivery of education programmes. Student engagement and collaborative ways of working were facilitated within the online teaching strategies adopted. Online education has potential to transform the education system and is consistent with both the National Strategy and the Digital Capabilities Framework for Nursing and Midwifery (Government of Ireland, 2022, HSE, 2021). More evidence is required to understand the longer term benefits for graduate learners.

"Happy, Excited, Terrified", Experiences of Graduate Nurses' Transition to RN

**Ms Judy Watkin**<sup>1</sup>, Dr Michele Hardiman, Mr Hector Belmonte, Ms Nicola Heneghan, Ms Joselle Ntumba

<sup>1</sup>*Blackrock Health, Galway Clinic, Galway, Ireland*

**Background:** Recent literature has focused on newly graduated nurses and the reasons why many are leaving the profession in the first year of practice. Some Graduate nurses have reported that they have experienced physical, emotional and social upheaval in their first year with some choosing to leave nursing as a career completely after their degree rather than continue nursing

**Aim:** This research aims to (1) explore the lived experience of graduate nurses during the first six months of their new role within a person-centred graduate programme. (2) To enable the graduate nurses to explore and learn from those experiences by participating as co-researchers in the programme.

**Methods:** This study is underpinned by person-centred and participative research methods. Graduate nurses became co-researchers and participated in the collection and analysis of their own and their colleagues experience using a hermeneutic phenomenological approach.

**Findings:**

- Healthful and empowering relationships in the workplace provided a psychologically safe space for graduate nurses to grow into their role.
- Providing paid protective time ensured a supported transition from novice to confident staff nurse.
- Being co-researchers provided the graduate nurses with awareness of the need to evaluate their practice and use evidence to inform practice.

**Conclusion:** This study suggests that newly qualified nurses need more than skills training to progress in their new role as RN. Protected time, empathetic staff and person-centred culture enabled the nurses to socialise into their new roles. Nurturing graduate nurses, providing time and psychologically safe space will benefit the individual and the organisation in holding and attracting staff.

### Family Members' Visiting Experience in an ICU: Being an Outsider

**Ms Lian Zhu<sup>1</sup>**, Dr Susanne Kean<sup>1</sup>, Dr Catherine Clarissa<sup>1</sup>, Dr Jennifer Tocher<sup>1</sup>

<sup>1</sup>*University of Edinburgh, Edinburgh, United Kingdom*

**Introduction:** Family presence is a key component of patient- and family-centred care in the intensive care unit (ICU) context. Visitation policies vary significantly across institutions worldwide, from 24-hour to 30-minute ones. The visitation policy in operation impacts families' experience when visiting their critically ill family member. In China, the policies restrict family visitation to 30 minutes per day in nearly all ICUs. In this context, little attention has been paid so far in understanding the impact of such restricted visitation policy being implemented on families and patients.

**Aims and Objectives:** To understand the experience of family members visiting in a Chinese adult ICU.

**Methods:** This study used a focused ethnographic approach. Between April and December in 2021, semi-structured interviews with 19 family members, and 39 participant observation sessions, up to 65.3 hours, during a patient's ICU hospitalisation were conducted. Data were analysed using reflexive thematic analysis.

**Outcomes:** The theme "being an outsider" represented family members' visiting experience, which reflected families being in a space they could not control and thus limited their ability to care for their critically ill family member. Two sub-themes were identified.

- 1) The restricted access to the patient: the visiting restrictions demarcated a spatial territory where family members were not permitted to access inside except the designated visiting time slot;
- 2) Family member exclusion from care: patients, medical devices and nurses occupied the bed space, which was characterised by a professional domain. Family members felt they were excluded from patient care as nurses cared in private.

**Conclusion:** Visitation policies should consider families' needs to be near their critically ill family member. Nurses and policy makers should shift their attention to these needs and relax such restricted visitation policies. This would allow to integrate family members into some care activities and enhance shared decision making.



**RCSI**

FACULTY *of*  
**NURSING and**  
**MIDWIFERY**