**RCSI** FACULTY *of* NURSING *and* MIDWIFERY

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# 44TH ANNUAL INTERNATIONAL NURSING & MIDWIFERY RESEARCH AND EDUCATION CONFERENCE

Recruiting, Developing, Retaining and Sustaining the Global Nursing and Midwifery Workforce for Future Health and Care Needs

## Conference Proceedings

**26TH & 27TH February 2025,
RCSI University of Medicine and Health Sciences,
Dublin, Ireland**

**6.5 RCSI FNM CEUs**

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## 26th February: Masterclass Programme

This is a free but fully ticketed event.  Registration is essential.

Visit *https://www.rcsi.com/dublin/about/faculty-of-nursing-and-midwifery/conference* to register.

| Agenda | Wednesday 26th February | |
|---|---|---|
| Time | Event | Venue |
| 15.45 | Registration | Front Hall |
| 16.15 - 17.45 | Opening ceremony and masterclass | Albert Lecture Theatre |
| 17.45 | Drinks and canapé reception | Boardroom |
| 18.15 | Carriages | Front Hall |

## 26th February: Honorary Conferring Ceremony and Annual Conference Dinner Programme

This is a black tie and ticketed event.

Visit *https://www.rcsi.com/dublin/about/faculty-of-nursing-and-midwifery/conference* to purchase a ticket.

| Agenda | Wednesday 26th February | |
|---|---|---|
| Time | Event | Venue |
| 17.45 | Registration | Front Hall |
| 18.30 | Honorary conferring ceremony | College Hall |
| 19.40 | Annual conference dinner | College Hall |
| 21.15 | Closing of annual conference Dinner | College Hall |
| 21.45 | Carriages | Front Hall |

## 27th February: Conference Programme

| Examination Hall | |
| --- | --- |
| 07.45 - 08.30 | Registration, tea/coffee, poster and exhibition viewing |
| **O'Flanagan Lecture Theatre:** Morning plenary session<br>Chairperson: Prof. Mark White, Executive Dean, Faculty of Nursing and Midwifery | |
| 08.40 | Safety messages |
| 08.45 - 08.50 | **Welcome Address** Dr Mary Boyd, Dean, Faculty of Nursing and Midwifery, RCSI |
| 08.50 - 09.00 | **Opening Address** Ms Kelly Mofflin, Deputy Chief Nursing Officer, Department of Health, Ireland |
| 09.00 - 09.05 | **Connecting the Body and the Brain** Mr Rob (Rocky) O'Donovan, Rocky Fitness, Walkinstown, Dublin |
| 09.05 - 09.25 | **Keynotes** **1: Moving the Dial from Recruiting Rookies to Retaining Experts** Dr Elaine Maxwell, Visiting Professor, London South Bank University |
| 09.25 - 09.45 | **2: Revealing Nursing's Full Potential: Value & Leadership in a New Era of Care** Dr Linda Valentino, Interim Chief Nursing Officer, Mount Sinai Hospital, New York, USA |
| 09.45 - 10.05 | **3: Nurse Suicide: Revisioning Distress and Suicidality in Women Nurses** Dr Ruth Riley, Senior Lecturer & Principal Investigator: Wellcome Discovery Award |
| 10.05 - 10.20 | **Panel Discussion 1** Ms Kelly Mofflin, Dr Elaine Maxwell, Dr Linda Valentino, Dr Ruth Riley |
| 10.20 - 10.27 | **Clinical bursary awards** Ms Deirdre Lang, Honorary Secretary, Faculty of Nursing and Midwifery, RCSI and Ms Mary Godfrey, Vice Dean Faculty of Nursing and Midwifery |
| Examination Hall | |
| 10.30 - 11.10 | Tea/coffee, poster and exhibition viewing |
| Concurrent sessions | |
| 11.15 - 13.15 | See timetables below |

| Examination Hall | |
|---|---|
| 13.20 - 14.10 | Lunch, poster and exhibition viewing. Optional: *A Walk in the Park with Rocky (weather permitting, register during morning tea and coffee. Take-away lunch available)* |

**O'Flanagan Lecture Theatre:** Afternoon plenary session
Chairperson: Dr Jonas Nguh, President, Maryland Public Health Association, USA

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|---|---|---|
| 14.15 - 14.25 | | **Chairs Welcome and PhD Scholarship Awards** Dr Jonas Nguh, Dr Mary Boyd, Ms Mary Godfrey |
| 14.25 - 14.40 | | **Time to Take a Breath** Dr Pádraic Dunne, Senior Lecturer, Centre for Positive Health Sciences, RCSI |
| 14.40 - 15.00 | **Keynotes** | **4: Training V-Shaped Professionals Pursuing Sustainable Development** Prof. Daniel Oerther, Professor of Environmental Health Engineering, Missouri University of Science and Technology, USA |
| 15.00 - 15.20 | | **5: Global nurse mobility: Ireland and the world** Prof. James Buchan, Adjunct Professor, University of Technology, Sydney; Senior Fellow, Health Foundation UK |
| 15.20 - 15.40 | | **6: Integrated Care 2.0: Changing Systems, Changing Mindsets** Prof. Viktoria Stein, Assistant Professor for Population Health Management, Leiden University Medical Centre |
| 15.40 -15.55 | | **Panel Discussion 2** Prof. Daniel Oerther, Prof. James Buchan, Prof. Viktoria Stein |
| 15.55 - 16.05 | | **Oral and poster presentation awards** Prof. Mary Lynch, Executive Vice Dean for Research and Prof. Mary Rose Sweeney, Executive Vice Dean for Education |
| 16.05 - 16.10 | | **Closing address** Prof. Mark White Executive Dean, Faculty of Nursing and Midwifery, RCSI |

## Concurrent Sessions – Ground Floor

|  | O'Flanagan LT | Houston LT | Cheyne LT | Tutorial room 4 | Albert LT |
|---|---|---|---|---|---|
| **Chair** | Prof. Marie Carney Mr David Solola | Ms Niamh Walsh Ms Andrea Flannery | Mr Derek Cribbin Ms Katarzyna Kucharska | Dr Shuhua Yang Ms Oluwatosin Mabadeje | Dr Shivarajkumar Dandagi Ms Deirdre Lang |
| **Strand** | Retaining and replenishing the nursing and midwifery workforce | Retaining and replenishing the nursing and midwifery workforce | Retaining and replenishing the nursing and midwifery workforce | Novel approaches to perpetual workforce challenges | Novel approaches to perpetual workforce challenges |
| **11.15 -11.30** | 1.1 Levels of Burnout and Turnover Intention Among Long-term Care DoNs *Dr Catherine Fitzgerald, Faculty of Nursing and Midwifery, RCSI, Ireland* | 2.1 Nursing Shortages and Migration: Ireland's Dependence on Migrant Nurses 2003-2022 *Ms Comfort Chima, School of Nursing and Midwifery, RCSI, Ireland* | 3.1 Violence and Aggression Training Improves Work Environments in Nursing *Dr Aine McHugh, Dept. of Nursing Midwifery and Early Years, DKIT, Dundalk, Ireland* | 4.1 Feasibility of a National Induction Programme: Key Stakeholder Views *Dr Nipuna Thamanam, University College Dublin, Ireland* | 5.1 Redefining Professional Registration: Unlocking Opportunities for Global Nurses *Dr Dilla Davis, Kings College London, United Kingdom* |
| **11.35 -11.50** | 1.2 The Impact of Safe Nurse Staffing in Long-Term Residential Care *Dr Vera JC McCarthy, University College Cork, Cork, Ireland* | 2.2 Post Occurrence Review: Practices Across European Mental Health Settings *Dr Kevin McKenna, Dundalk Institute of Technology, Ireland* | 3.2 Evaluation of a National Nursing and Midwifery Mentorship Programme *Dr Martina Giltenane, University of Limerick, Limerick, Ireland* | 4.2 A Roster Maximisation Tool to Support Safe Staffing Framework Implementation *Ms Linda Collins, Tallaght University Hospital, Ireland* | 5.2 Enabling a Sustainable Workforce: Process Evaluation of a Novel Interview *Dr Alison Callwood, University of Surrey, United Kingdom* |
| **11.55 -12.10** | 1.3 Sustaining the Future Workforce with What Matters Most to Nurses *Dr Deirdre O'Flaherty, Hunter-Bellevue, New York, USA* | 2.3 BAME Nurses' Experiences in Western Healthcare: A Qualitative Evidence Synthesis *Mr Anto Ajithpaul Joseph Jayasundar, St. Vincent's University Hospital, Ireland* | 3.3 Correlation Between Professional Competencies and Self-Efficacy in Albanian Nurse *Prof. Blerina Duka, Catholic University Our Lady of Good Counsel, Tirane, Albania,* | 4.3 Utilising Lean Six Sigma to Reduce Healthcare Burnout *Mr Timothy Kelly, Suny Brockport, Brockport, United States* | 5.3 Bilateral Labour Agreements to Safeguard Internationally Educated Nurses *Dr Kirsten Brubakk, Nordic Nurses Federation, Norwegian Nurses Organisation, Norway* |
| **12.15 -12.30** | 1.4 Valuing, Supporting and Enabling the Retention of Nurses *Prof. Charlotte McArdle RCSI, Dublin, Irelan* | 2.4 Exploring the Perceived Needs of Preceptors for NGNs in Bahrain *Mrs Maalac Dinar, RCSI Medical University of Bahrain, Bahrain* | 3.4 Microlearning in ICU Education through the Use of EOLAS App *Ms Ciara Moran, St Vincent's University Hospital, Dublin* | 4.4 Digital Skills Needs of Nurses Across Europe *Prof. John Wells, South East Technological University, Ireland* | 5.4 Mind the Gap: Bridging Academics and Practice for Nursing Retention *Ms Stacy Hunt, Saskatchewan Polytechnic, Canada* |

| 12.35 -12.50 | 1.5 FLOURISHING - Designing a Wellbeing Programme for Nurses and Midwives *Dr Katja Savolainen, Faculty of Nursing and Midwifery, RCSI, Ireland* | 2.5 Making Midwifery Visible – Survey of Midwives and Midwifery Students *Dr Maria Healy, School of Nursing and Midwifery, Queen's University Belfast, Belfast, Northern Ireland* | 3.5 Critical Care Nursing Workforce Retention from an Irish Perspective *Dr Natalie McEvoy, Department of Anaesthesia and Critical Care, RCSI, Ireland* | 4.5 Empowering Nurses with a Novel Approach to Continuing Education *Ms Collette Lyng, Beaumont Hospital, Ireland* | 5.5 Dementia Workforce Education in Acute Care: A Pilot Evaluation *Dr Leah Macaden, The University of Edinburgh, United Kingdom* |
|---|---|---|---|---|---|
| 12.55 - 13.10 | 1.6 Diverse Paths: Exploring Variation in Socialisation Experiences among Nurses *Ms Fidelma Gallagher, HSE West and North West, Ballina, Ireland* | 2.6 Dancing Towards Well-Being: Social Return on Investment of Dance-Movement Intervention *Dr Teresa Filipponi, University of South Wales, Pontypridd, United Kingdom* | 3.6 The Impact of Re-deployment on Registered Paediatric Critical Care Nurses *Mrs Nicki Credland, University of Teeside, Middlesbrough, United Kingdom* | 4.6 Lateral Violence in Nursing - A Scoping Review *Mrs Claudia Morton, Anglia Ruskin University, Chelmsford, United Kingdom* | 5.6 Pathway to Registration Programme for Internationally Educated Nurses *Ms Joanne Peters, Faculty of Nursing and Midwifery, RCSI, Ireland* |

# Concurrent Sessions – First and Second Floor

|  | Tutorial room 1 | Tutorial room 2 | Tutorial room 3 | Newman Study (2nd Floor) | Nightingale (2nd Floor) |
|---|---|---|---|---|---|
| **Chair** | Ms Siobhan Nolan Ms Maria Greene | Prof. Mary Rose Sweeney Prof. Edna Woolhead | Ms Lasarina Maguire Ms Kate Costello | Prof. Mary Lynch Dr Lorraine Kelly | Ms Arlene Diaz Ms Justine Butterly |
| **Strand** | Expanding our professional view and impact | Expanding our professional view and impact | Expanding our professional view and impact | Nursing and midwifery in a new world of health determinants | Nursing and midwifery in a new world of health determinants 2 |
| **11.15 -11.30** | 6.1 Knowledge Translation on Understanding Dignity: Development and Evaluation of DigniSpace *Miss Yajing Wang, University of Edinburgh, United Kingdom* | 7.1 Can the UN Sustainable Development Goals Provide Opportunities for Nursing? *Dr Khadija Ahmed Matrook, Royal College of Surgeons in Ireland- Bahrain, Adliya, Bahrain* | 8.1 Evaluating the Impact of Ireland's First Student Nursing Podcast *Ms Erika Jones St James's Hospital, Dublin 8, Ireland* | 9.1 Using Nature Based Therapy in a Bog Improves Mental Health *Ms Clare Carvill, Department of Nursing, Midwifery and Early Years, DKiT, Ireland* | 10.1 Characterising Paediatric Discharge Diagnoses Associated with Daily Extreme Heat Exposure *Dr Sarah Oerther, Goldfarb School of Nursing, Rolla, USA* |

| | | | | | |
|---|---|---|---|---|---|
| **11.35 -11.50** | 6.2 The Nursing Theory of Complex Adaptive Systems *Prof. Ippolito Notarnicola, Centre of Excellence for Nursing Scholarship Opi, Rome, Italy* | 7.2 CALD Nurses: Their Role and Value *Assoc. Prof. Maria Cassar University of Malta, Tal Qroqq, Malta* | 8.2 Twelve Steps to Maximising Your Professional Development *Dr Maria Colandrea, Society of Otorhinolaryngology Head and Neck Nurses, Cary, USA* | 9.2 A Nurse-Led Programme to Tackle Healthcare Inequalities *Dr Pippa Sipanoun, Great Ormond Street Hospital for Children, United Kingdom* | 10.2 LGBTQ Health Research in Ireland, Where We Go from Here *Dr John Gilmore, School of Nursing, Midwifery and Health Systems, UCD, Ireland* |
| **11.55 -12.10** | 6.3 Teaching Planetary Health During the Anthropocene Epoch *Dr Sarah Oerther, Goldfarb School of Nursing, Rolla, USA* | 7.3 The Effect of Music on Cardiac Surgery Patients *Dr Diane Carroll, Massachusetts General Hospital, Beverly MA, USA* | 8.3 Nurses and Polypharmacy: A Study on Older Adults in Italy *Dr Sara Carrodano, Centre of Excellence for Nursing Scholarship, Rome, Italy* | 9.3 Advance Nursing Role in Disaster and Emergency Management *Dr Yousef Al-Shaabi, Ministry of Health, Yemen* | 10.3 Virtual Ward - Curriculum Development for Nurse Education in Ireland *Ms Patricia Gohery, CNME HSE Mid-West, Ireland* |
| **12.15 -12.30** | 6.4 Expanding Horizons: Nurses and Midwives Shaping Impactful, Innovative, Transformational Healthcare *Mrs Alice Sony, Christian Medical College, Vellore, India* | 7.4 Addiction Care in The Health System *Mrs Samantha Makiwa, Dublin Simon Community, Dublin, Ireland* | 8.4 Achieving Sustainable Improvement in Nursing Practice thru Collaboration *Ms Kevin Callans, Mass Eye and Ear Infirmary, Boston, USA* | 9.4 Exploring and Understanding the Saudi Newly-Qualified Nurses and Midwives Experiences *Dr Nasreen Alshamy, Kind Saud University, Saudi Arabia* | 10.4 Promoting Health and Inclusion: Accessing Amenities for People with Disabilities *Ms Andrea McFeely, Occupational Therapy Consultancy Services and Paediatric Care, Ireland* |
| **12.35 -12.50** | 6.5 IRESTORE Residential Older Persons EWS Pilot - What's the Verdict? *Mrs Mary Bedding, National Deteriorating Patient Improvement Programme, Dublin, Ireland* | 7.5 'Mums-using-Music': An Interdisciplinary Programme for Mental Wellbeing in Pregnancy *Assoc. Prof. Triona McCaffrey, Irish World Academy of Music and Dance, University of Limerick, Ireland* | 8.5 Methods Evaluating the Impact of CPD Educator Courses *Dr Giuseppe Aleo, UPGRADE Centre, RCSI, Ireland* | 9.5 Threats, Pressure and Veiled Coercion: Decision-Making About Induction of Labour *Dr Susann Huschke, School of Medicine, University of Limerick, Ireland* | 10.5 Nurses and Caregivers During the Irish War of Independence, 1919-1921 *Ms Julie Crowley, South East Technological University, Mallow, Co. Cork, Ireland* |

| 12.55 -13.10 | 6.6 From Bedside to Boardroom *Ms Niamh Rohan, School of Nursing and Midwifery, RCSI, Dublin, Ireland* | 7.6 Validating Rates of Nursing-Sensitive Adverse Events: A Retrospective Chart Review *Ms Anna Connolly, School of Nursing, Psychotherapy and Community Health, DCU, Ireland* | 8.6 2025 – 8 Billion People; 11.5 Million Prisoners; Who Cares? *Mr Enda Kelly, Irish Prison Service, Dublin, Ireland* | 9.6 A Multilevel Intervention to Promote HPV Vaccination in Hong Kong *Prof. Janet Wong, Hong Kong Metropolitan University, Hong Kong* | 10.6 The Use of Artificial Intelligence in Education: Blessing or Curse? *Dr Zoltán Balogh, Semmelweis University, Hungary* |

## Lightning Presentations – First Floor

| | | **Boardroom** | **College Hall** |
|---|---|---|---|
| | **Chair** | Prof. Mark White Ms Aine Davern | Dr Edward Naessens Ms Bernadette Finneran |
| | **Strand** | Lightning session 1 | Lightning session 2 |
| **Session 1** | **11.10** | Chair instructions to speakers | Chair instructions to speakers |
| | **11.15 – 11.20** | 11.1 Nursing Competencies for Evolving Healthcare: A Systematic Review *Prof. Ippollito Notarnicola, Centre of Excellence for Nursing Scholarship Opi, Italy* | 12.1 AI-Enhanced Wound Assessment for Improved Clinical Decision Making *Ms Dana Ali, School of Nursing and Midwifery, RCSI Bahrain, Busaiteen, Bahrain* |
| | **11.20 – 11.25** | 11.2 Development of a Competence Assessment Tool for Postgraduate Nursing Practice *Mrs Maryam Husain, School of Nursing and Midwifery, RCSI, Ireland* | 12.2 Multidisciplinary Healthcare Professionals Perspectives on Barriers to Open Disclosure Practices *Mrs Veena Janith Lasrado, Trinity Centre for Practice & Healthcare Innovation, School of Nursing and Midwifery, Trinity College Dublin* |
| | **11.25 – 11.30** | 11.3 Redesigning a Nurse Residency Program to Retain New Graduate Nurses *Dr Jessica LoConte, Massachusetts Eye and Ear, Boston, United States* | 12.3 The Impact of Telemedicine-Based Interventions on Adherence to CPAP Therapy *Mrs Karolina Glomba, Galway University Hospital, Ireland* |
| | **11.30 – 11.35** | **Break / Session 1 Q+A** | **Break / Session 1 Q+A** |
| **Session 2** | **11.35 - 11.40** | 11.4 Continuous Education's Impact on Healthcare Workers' Attitudes to Elderly Nutrition *Dr Lara Delbene, University of Genoa, Italy* | 12.4 CPD for CPCs *Ms Denise Watters, St James's Hospital, Dublin 8, Ireland* |

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|---|---|---|---|
| **Session 2** | **11.40 – 11.45** | 11.5 Delirium SIMS Enhancing Clinical Skills<br>*Ms Carol Steyn, Beaumont Hospital, Ireland* | 12.5 Nursing Students' Perception and Practices Related to Academic Integrity<br>*Mrs Sheeba Rani, College of Nursing, Christian Medical College Vellore South India, Vellore, India* |
| | **11.45 – 11.50** | 11.6 Fall Risk Prevention for Older Adults in Long-Term Care Facilities<br>*Miss Brooke Tanner, Suny Brockport, USA* | 12.6 NQNMs' Experience with Professional Development During Transition: A Cross-Sectional Study<br>*Dr Nicola Pagnucci, UPGRADE Centre, RCSI, Dublin, Ireland* |
| | **11.50 – 11.55** | **Break / Session 2 Q+A** | **Break / Session 2 Q+A** |
| **Session 3** | **11.55 – 12.00** | 11.7 Factors that Facilitates and Hinders Nurses and Midwives Professionally<br>*Ms Carly Smith, HSE West, Ireland* | 12.7 Is Universal Intimate Partner Violence Screening during Pregnancy Needed?<br>*Prof. Janet Wong, Hong Kong Metropolitan University, Hong Kong* |
| | **12.00 – 12.05** | 11.8 The Roscommon University Hospital (RUH) Rainbow Project<br>*Ms Michelle McDermott, Roscommon University Hospital, Ireland* | 12.8 Breastfeeding Knowledge of Primary Health Care Practitioners in Ireland<br>*Mrs Denise McGuinness, University College Dublin, Dublin, Ireland* |
| | **12.05 – 12.10** | 11.9 Reporting Restrictive Practices in Residential Care Services: A Scoping Review<br>*Ms Veronica Mukwashi, South East Technological University, Waterford, Ireland* | 12.9 Establishing a Nurse Led Gynaecology Oncology Family History Clinic<br>*Mrs Sarah Belton, National Maternity Hospital, Dublin, Ireland* |
| | **12.10 – 12.15** | **Break / Session 3 Q+A** | **Break / Session 3 Q+A** |
| **Session 4** | **12.15 – 12.20** | 11.10 Integrated Response to Increasing Suicidality in those over 65<br>*Ms Joanne Flood, HSE, Ireland* | 12.10 The Impact of Novel Antenatal Education Methods on Postnatal Healing<br>*Mrs Sonia O'Kelly, RCSI, Sandyford, Ireland* |
| | **12.20 – 12.25** | 11.11 Investigation of Aggression Within Irish Residential Service for Older Persons<br>*Ms Helena O Reilly, Ireland* | 12.11 Neuroprotective Care Bundles and Severe IVH in Preterm Infants<br>*Mrs Niamh Mulvihill McInerney, RCSI, Ireland* |
| | **12.25 – 12.30** | 11.12 Regional Inequalities in Albania's Nursing Workforce: A Gini Analysis<br>*Prof. Blerina Duka, Catholic University Our Lady of Good Council, Albania* | 12.12 The Hats Worn by the Healthcare Professional<br>*Ms Mary Curtin, University College Dublin, Dublin, Ireland* |
| | **12.30 – 12.35** | **Break / Session 4 Q+A** | **Break / Session 4 Q+A** |

| | | Boardroom | College Hall |
|---|---|---|---|
| **Session 5** | **12.35 – 12.40** | 11.13 Navigating Leadership: Challenges for DONs in Long-Term Care in Ireland *Ms Carmel Kelly, LHP Skillnet, Dublin, Ireland* | 12.13 The Impact of the Burdett National Transition Nursing Network *Dr Pippa Sipanoun, University of Surrey, Guildford, United Kingdom* |
| | **12.40 – 12.45** | 11.14 A Realist Synthesis to Understand "Intentional Rounding" in Acute Hospitals *Ms Aileen Hetherton, DNE Acute Hospitals, Ireland* | 12.14 Supporting Women with Intellectual Disabilities Through Menopause: Scoping Review Findings *Ms Katie Moore, South East Technological University, Waterford, Ireland* |
| | **12.45 – 12.50** | 11.15 Impact of Preventative Care Bundles in Non-Ventilator Associated Hospital-Acquired Pneumonia *Ms Precious Osoko, Tallaght University Hospital, Dublin, Ireland* | 12.15 Exploring Health Literacy Among Undergraduate Intellectual Disability Student Nurses *Ms Thando Ngwenya, Dublin City University, Dublin, Ireland* |
| | **12.50 – 12.55** | **Break / Session 5 Q+A** | **Break / Session 5 Q+A** |
| **Session 6** | **12.55 – 13.00** | 11.16 Resilience and Growth: International Nursing Students in Clinical Placement *Mrs Leema Philip Kuttiyil, Coventry University, Coventry, United Kingdom* | 12.16 Multi-Component Depression Prevention Intervention Among At-risk Adolescents: A Quasi-Experimental Study *Dr Besi Paul, National Forensic Mental Health Services, Ireland* |
| | **13.00 – 13.05** | 11.17 Impact of Structural factors on Internationally Educated Nurses' Speaking-Up *Dr Roslyn Mattukoyya, Anglia Ruskin University, Chelmsford, United Kingdom* | 12.17 Care Needs of Intellectual Disabilities and Chronic Diseases: Qualitative Review *Mr Senthilkumar Mariappan, Dublin City University, Ireland* |
| | **13.05 – 13.10** | 11.18 Pastoral support for international nurses in the United Kingdom *Mrs Chinenye Ubah, Anglia Ruskin University, Chelmsford, United Kingdom* | 12.18 School-based Eating Disorder Prevention Among Obese Adolescents: A Quasi-Experimental Study *Dr Cebi Paul, National Forensic Mental Health Services, Ireland* |
| | **13.10 – 13.15** | **Break / Session 6 Q+A** | **Break / Session 6 Q+A** |

# Floor Plans:

## Ground Floor
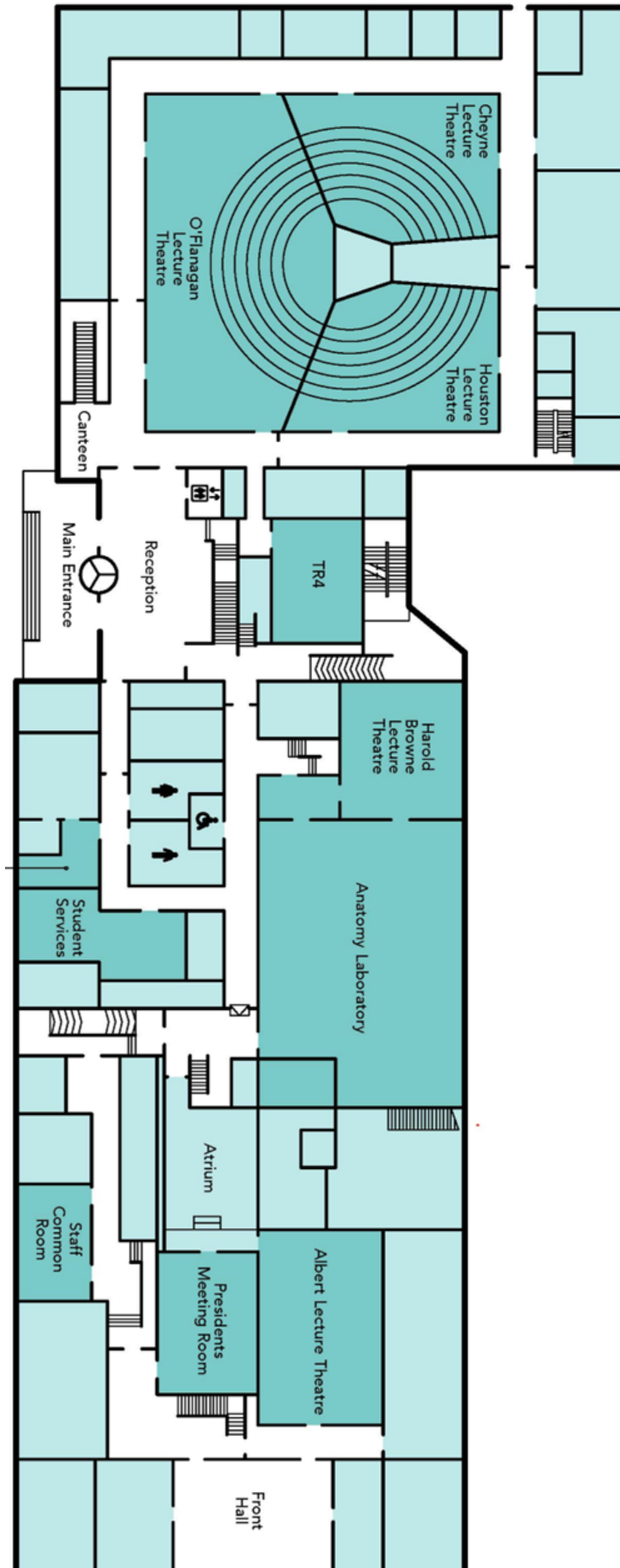
# First Floor

# Second Floor



LABS

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Physio Practical Room 3

Newman Study

Nightingale Theatre

TR5

Media Services
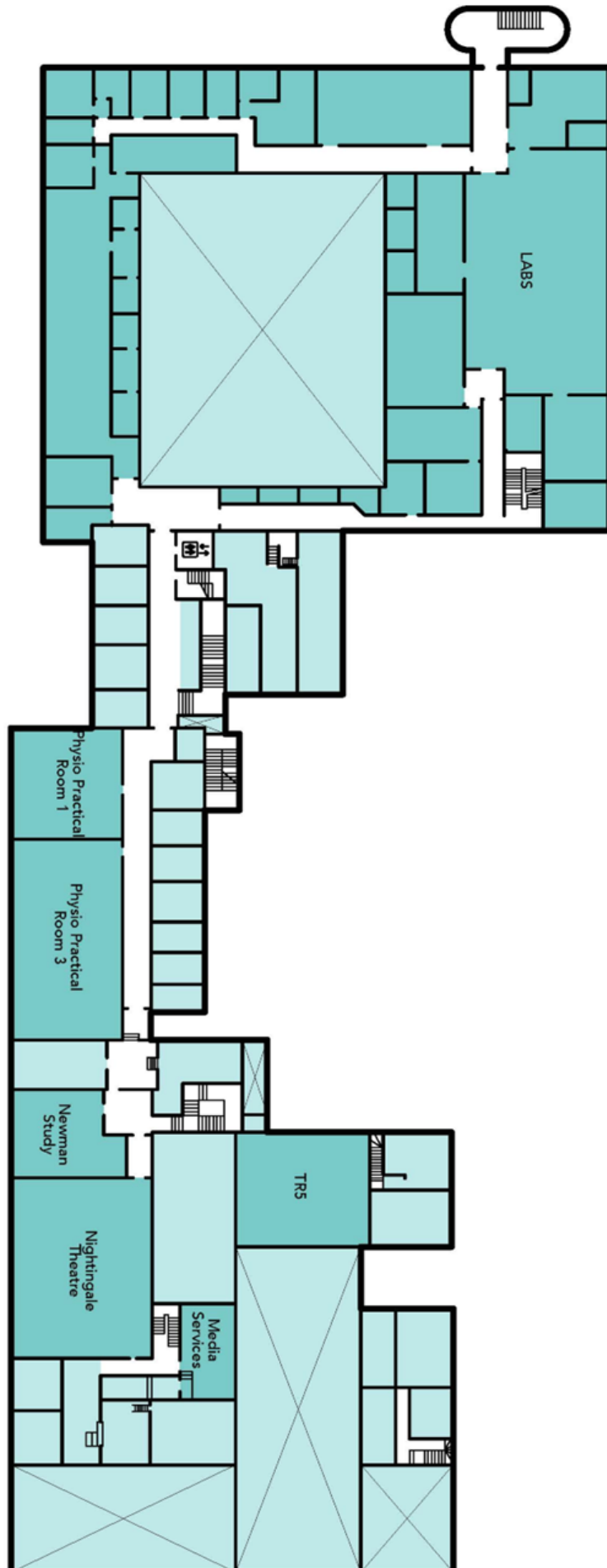
# Conference Organisers

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- Ms Denise McKernan, Lead, Centre for Nursing and Midwifery Advancement
- Ms Áine Halligan, Operations Manager
- Ms Eimear Frew, Faculty Administrator
- Mr Ciaran O'Brien, Conference Intern

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- Prof. Mary Lynch, Exec. Vice Dean for Research
- Prof. Mary Rose Sweeney, Exec. Vice Dean for Education
- Ms Mary Godfrey, Vice Dean
- Dr Kevin McKenna, Board Member
- Mr Paul Mahon, Operations and Education Manager
- Ms Denise McKernan, Programme Lead, CNMA
- Ms Áine Halligan, Operations Manager
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- Ms Deirdre Lang, Honorary Secretary
- Mr Paul Mahon
- Dr Giuseppe Aleo, Research Fellow
- Dr Shuhua Yang, Post-doctoral Researcher
- Ms Niamh Walsh, Research Assistant
- Dr Katja Savolainen, Lecturer
- Dr Edward Naessens, Programme Coordinator, mCPD Project
- Ms Denise McKernan
- Ms Joanne Peters, Bridging Programme Coordinator
- Ms Aideen Walsh, Paediatric Forensic Medical Unit Coordinator, CHI
- Ms Noreen Keane, Strategic Project Manager and Capacity Planner, Mater Misericordiae University Hospital, Dublin
- Ms Akhila Rajendran, PhD Scholar
- Ms Katarzyna Kucharska, PhD Scholar
- Ms Ciara Hickey, PhD Scholar
- Mr David Solola, PhD Scholar

## Conference Secretariat

- Ms Áine Halligan, Operations Manager
- Ms Eimear Frew, Faculty Administrator
- Mr Ciaran O'Brien, Conference Intern

## Chairpersons and adjudicators

- Ms Noreen Keane, Strategic Project Manager and Capacity Planner, Mater Misericordiae University Hospital, Dublin
- Ms Aideen Walsh, Paediatric Forensic Medical Unit Coordinator, CHI
- Prof. Marie Carney, ANP Forum Coordinator and Visiting Professor to NHI
- Mr David Solola, PhD Scholar
- Ms Niamh Walsh, Research Assistant
- Ms Andrea Flannery, RANP Critical Care, Mater University Hospital, Dublin
- Mr Derek Cribbin, Nurse Lead, National Critical Care Programme
- Ms Katarzyna Kucharska, PhD Scholar
- Dr Shuhua Yang, Post-doctoral Researcher
- Ms Oluwatosin Mabadeje, Perioperative Nurse, University Hospital Kerry
- Dr Shivarajkumar Dandagi, Practice Development Facilitator, North Cumbria Integrated Care NHS Foundation Trust
- Ms Deirdre Lang, Honorary Secretary
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- Ms Maria Greene, CNM III, Beaumont Hospital, Dublin
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- Prof. Edna Woolhead, FFNMRCSI
- Ms Lasarina Maguire, Board Member
- Ms Kate Costello, Head of Education, Learning and Development, Beaumont Hospital, Dublin
- Prof. Mary Lynch, Exec. Vice Dean for Research
- Dr Lorraine Kelly, Clinical Projects Partner, Circle Health Group, London
- Ms Arlene Diaz, Designated Proprietor, Marian House Nursing Home, RCSI Aptitude Test OSCE Assessor
- Ms Justine Butterly, Clinical Nurse Specialist Occupational Health, St Vincent's University Hospital, Dublin
- Prof. Mark White, Executive Dean
- Ms Aine Davern, Deputy Director of Nursing, Our Lady of Lourdes Hospital Drogheda
- Dr Edward Naessens, Programme Coordinator mCPD App
- Ms Bernadette Finneran, RANP Plastic Surgery, Roscommon University Hospital
- Ms Margaruite O'Connor, FFNMRCSI
- Ms Judy McEntee, Deputy Chief Director of Nursing and Midwifery, HSE DNE

## Messages of Welcome

# Presidents Welcome

As President of the Royal College of Surgeons in Ireland University of Medicine and Health Sciences, it is my great privilege and pleasure to welcome you to the 44th Annual International Nursing and Midwifery Research and Education Conference, organised by the Faculty of Nursing and Midwifery. The first Annual Conference was held in 1982 and since then the conference has continued to go from strength to strength. The large registration for this year's meeting is testament to its high esteem within the nursing and midwifery professions, both nationally and internationally.

For those of you who are first-time visitors to RCSI, I welcome you to our university and our historic campus in the middle of Dublin city centre. RCSI was established in 1784 as the surgical training body for Ireland. Today, we are a world-leading health sciences university and the professional training body for surgery in Ireland. We are deeply committed as a community to advancing education and research which benefits human health and which supports progress in the delivery of the UN Sustainable Development Goals. We are currently ranked fifth in the world for our contribution to the third SDG which targets good health and wellbeing; an incredible achievement for a single-faculty university in a small country.

Established in 1974, The Faculty of Nursing and Midwifery has a long and proud track record in the provision of contemporary postgraduate education for nurses, midwives, and health and social care professionals. The title of this year's Conference – Recruiting, developing, retaining and sustaining the global nursing and midwifery workforce for future health and care needs – speaks to the challenges faced by health services across the globe in this new world of health determinants. Now more than ever, it is essential that we develop novel approaches to perpetual workforce challenges, that we sustain

and retain the workforce, and that we use our professional voice to lead with a focus on impact, justice, sustainability and social return.

I also wish to congratulate this year's recipients of the Honorary Fellowship of the Faculty of Nursing and Midwifery, Ms Helen Behan and Mr Brendan Gleeson. The Honorary Fellowship of the Faculty of Nursing and Midwifery is the highest honour that the Faculty can bestow and was awarded to our recipients in recognition of their sustained personal commitment and contribution to health care.

Finally, I wish to congratulate the Conference Committee on scheduling a varied and multinational line-up of speakers across the four sub-themes

of the conference. I have no doubt that the conference will provide an opportunity to share learning, to network, and to refresh. May I wish you all an enjoyable time in your professional and social interaction over the two days of your conference.

**Prof. Deborah McNamara**

President, RCSI University of Medicine and Health Sciences

# Messages of Welcome

## Deans Welcome

On behalf of the Board of the Faculty of Nursing and Midwifery, it is my great pleasure to welcome you all to our 44th Annual International Nursing and Midwifery Research and Education Conference.  As the first provider of higher education to nurses and midwives in Ireland, the Faculty of Nursing and Midwifery has established over its' 50-year history a distinguished reputation for excellence in education, research, and supporting clinical practice.  We have always remained responsive to the clinical and leadership needs of the health service, the professionals within it, and the patients we serve.  Since our inauguration, we have recognised the fundamental importance of research and education in nursing and midwifery and have drawn on the contention of our Founding Dean, Ms Mary Frances Crowley that

## "An autonomous nursing profession will come to develop an intellectual space of its own."

We are delighted to have you with us for what will be an enriching and inspiring gathering of minds, sharing knowledge, research, and ideas that will shape the future of our professions.  As we come together over the next two days, we are reminded of the power of collaboration, the importance of intellectual exchange, and the potential for innovation when we pool our expertise and experiences.  This conference brings together an exceptional group of thought leaders, researchers, professionals, and practitioners from around the world, each contributing their unique perspectives to the advancement of nursing, midwifery and healthcare.  These Proceedings serve as a comprehensive guide to the presentations, posters, and discussions that will take place throughout the conference.  We hope it will prove useful as you navigate the program and engage with the diverse range of topics being presented.  We encourage you to take full advantage of the opportunities to network, participate in meaningful conversations, and make lasting connections with colleagues and peers.  Your participation is what

makes this event truly special, and we look forward to the fruitful exchanges that will emerge.

As you are aware, the organisation of a professional conference takes considerable effort. Sincere gratitude is conveyed to The President of RCSI University of Medicine and Health Sciences Prof. Deborah McNamara and her office; Mr Frank Donegan and his Team in Portering; Mr Cornelius Jacobus Petrus Jansen Van Vuuren and his Team in Catering; Ms Cara Mc Veigh, Ms Emma Nolan and Ms Nadine Pilcher in RCSI Conferencing, Bookings and Events; Ms Louise Loughran, Chief Communication Officer; Ms Paula Curtin and her team in communications; Ms Collette Power, Ms Liz McNicholl, Ms Yvette Moffat and Mr Billy Cahill in Estates; The RCSI Security and cleaning Teams; RCSI Travel; Conference Partners International; Floral Events; Maxwell's Photography; Anglo Printers; Little Green Studio Design; Bow Musique: HCI, Healthdaq, Axia Digitaland Na Píobairí Uilleann - the Society of Irish Pipers. I wish to also sincerely thank the organising committee, especially Prof. Mark White, Mr Paul Mahon, Ms Áine Halligan:, Ms Suzanne May, Ms Denise McKernan, Ms Eimear Frew and Mr Ciaran O'Brien; the Scientific Committee, and all our Chairpersons and Adjudicators. Finally, I wish to extend a warm welcome to you - the speakers and delegates, especially those who have travelled from abroad. Thank you for being a part of this journey and I wish you a productive and inspiring conference experience!

**Dr Mary Boyd**

Dean, Faculty of Nursing and Midwifery

## Executive Deans Welcome

On behalf of the Executive team and Scientific Committee, I welcome you to our 44th Annual International Nursing and Midwifery Research and Education Conference where we shine a light on how we can better recruit, develop, retain and sustain the global nursing and midwifery workforce for future health and care needs.  This year's conference theme is particularly relevant given current healthcare reform agendas internationally and here in Ireland, the continual global shortage of nurses and midwives, and the impact of climate change and conflict across the globe.  At our first conference in 1982, Marlene Kramer presented her seminal work titled Reality Shock which has been transformative at trying to understand the challenges nurses face as they transition from the classroom to clinical practice.  It is right that we continue these conversations so that we may enhance the working lives of our colleagues, and ultimately the care we provide to our patients.

Over the course of the conference, we will hear from inspiring keynote speakers, participate in thought-provoking discussions, and experience a wide array of presentations and poster displays.  Indeed, we received an unprecedented number of high-quality abstract submissions for this year's conference and are delighted to introduce a new Lightning Talks session so we can give as many people as possible the opportunity to present their outstanding work.  I also look forward to the unique, on-point perspective from our keynote speakers who will address the important themes of the conference including: Ms Kelly Mofflin (Chief Nursing Officer, Department of Health, Ireland), Dr Elaine Maxwell (Visiting Professor, London South Bank University), Dr Linda Valentino (Interim Chief Nursing Officer, Mount Sinai Hospital), Dr Ruth Riley (FHEA Senior Lecturer and Principal Investigator Wellcome Discovery Award), Prof. Daniel Oerther (Professor of Environmental Health Engineering, Missouri University of Science and Technology), Prof. James Buchan (Adjunct Professor, University of Technology, Sydney; Senior Fellow, Health Foundation), and Prof. Viktoria Stein (Assistant Professor

for Population Health Management, Leiden University).

I echo the Deans thanks to the Faculty Board, Conference Organising and Scientific Committee, our Chairpersons and adjudicators, the Faculty team, and our internal and external partners – all of whom support the annual conference in numerous ways.  On behalf of the organising committee, I would like to express our gratitude to all of our speakers, sponsors, and participants.  Without your commitment and contributions, this event would not be possible.  Finally, the Annual Conference provides all of us with an opportunity to step away from our busy personal and professional lives to exchange ideas, share best practice, reflect, and learn.  I encourage you to take full advantage of the opportunities available – whether through informal conversations, panel discussions, or collaborative sessions.  Let this be a time for you and your learning, reflection, and, most importantly, for sparking the professional connections that will continue to fuel progress and innovation long after the conference concludes.  Thank you for being here in Dublin and I wish you a safe journey home

**Prof. Mark White**

Executive Dean

## Sponsors and Partners

## About the Faculty of Nursing and Midwifery

Established in 1974, the RCSI Faculty of Nursing and Midwifery plays a pivotal role in leading and supporting the development of the nursing and midwifery professions nationally and internationally through empowering lifelong learning and professional excellence in nursing and midwifery; innovative research for impactful practice and health systems improvement; creating a thriving and engaged community of fellows and members and committing to embed equality, diversity and inclusion; building strategic partnerships and alliances for lasting impact and building a trusted brand for education, research and advocacy. Recently, the Faculty has focused on the expansion of its strategic impact on the national and the international arena through exciting collaborations and alliances with leaders, researchers and influencers from global organisations.

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

## The Deans Medal



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

# Lifelong Learning in the Faculty of Nursing and Midwifery

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

That is why the Faculty is focused on meeting the lifelong learning needs of nurses, midwives and health and social care professionals.  We offer a diverse range of highly innovative programmes providing up-to-date, evidence-based knowledge to support the synthesis, integration and application of knowledge to the real world of practice.  We specialise in designing and developing bespoke lifelong learning programmes to meet the specific needs and requirements of individuals, teams and organisations.  We do this in a collaborative manner and undertake research/project management as required to ensure we meet these needs.  All of our CPD programmes are delivered by global leaders and are:

- Underpinned by professional beliefs and values emphasising safety, quality and excellence in service delivery

- Designed with and delivered by global leaders in partnership with practising clinical/ subject matter experts

- Accredited by the RCSI Faculty of Nursing and Midwifery

- Facilitated in a participative and interactive manner, drawing on the experiential knowledge of programme participants

- Focused on the application of knowledge to the real world of practice

- Evaluated on completion of each programme

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

**Prof. Mary Rose Sweeney**

Executive Vice Dean for Education

# Fellowship and Membership of the Faculty of Nursing and Midwifery



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

Professions such as medicine, engineering and architecture provide for a Fellowship as it is viewed as an award that links to the significant contribution made by professionals to their profession, society and in the case of nursing/midwifery to patients, service users, colleagues and students.  Further information about the Fellowship by Examination Award including the criteria, key dates and a link to live interactive information sessions can be found here:  *https://www.rcsi.com/dublin/about/faculty-of-nursing-and-midwifery/fellowship*.  This years' award ceremony was held on Monday 9 December and can be viewed here: *https://www.youtube.com/watch?v=7-MZwSogKT8*

**Membership** is an award offered by few colleges worldwide and exclusively in Ireland by the Faculty of Nursing and Midwifery RCSI. Membership awards are well established in RCSI Surgical Affairs and the Faculties of Dentistry, Radiologists, and Sports and Exercise Medicine. The Membership award was conceptualised and championed by Past Deans, Dr Theresa Frawley and Prof. Marie Carney. Under the leadership of the Fellowship and Membership Sub-Committee, the Faculty undertook extensive research, consultation and analysis. Informed by this research, Prof. Marie Carney led the development of a proposal, incorporating Membership award assessment criteria and processes. This work culminated in the approval of the Membership award by the Board of the Faculty of Nursing and Midwifery and the RCSI Surgery and Post Graduate Faculties Board. The Membership Award was launched in 2021 as an innovative and supportive mechanism by which nurses and midwives nationally and internationally are afforded the opportunity to actively engage with the Faculty and its community of practice at all stages of their careers. Membership enables nurses and midwives to demonstrate their professional commitment to excellence, compassion, teamwork and preceptorship in their nursing and midwifery practice.

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

## Research in the Faculty of Nursing and Midwifery

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

1.  Innovating for a healthier future

2.  Supporting health and societal well-being

3.  Education and student success

4.  Leading impactful research

5.  Creating foundations for sustainable impact

Here in the Faculty of Nursing and Midwifery, we work together with the university at large to support a healthier society, and the health systems and healthcare staff that supports that society both locally and globally.  As we implement our new strategic plan over the next five years, the Faculty will work continue to work closely with the university towards the attainment of the United Nations Sustainable Development Goals.  This set of 17 interconnected goals are a universal call to action to end poverty, protect the planet, support good health, protect wellbeing and quality education, and ensure that by 2030 all people enjoy peace and prosperity.

Integral to this goal is a commitment to attracting, retaining and developing globally talented academic staff in areas aligned with

these strategic priorities.  Certainly, as the theme of this year's conference alludes to, we are acutely aware of the challenges in recruiting, developing, retaining and sustaining the global nursing and midwifery workforce to ensure we meet current and future health and care needs.

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

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

**Prof. Mary Lynch**

Executive Vice Dean for Research

# Invited Guests

## Ms Kelly Mofflin

Kelly Mofflin is a Deputy Chief Nursing Officer in the Department of Health and has worked in health care for nearly 30 years in Australia, Ireland and Northern Ireland. She has extensive experience from previous roles crossing clinical, nurse practice development and as a Director of Mental Health Nursing.

Kelly has responsibility for nursing and midwifery policy areas including Advanced Practice; nursing and midwifery education and the Barnahus Model.



## Dr Elaine Maxwell

Dr Elaine Maxwell is a former Executive Nurse Director at three NHS Hospitals in England.  Her PhD explored the introduction of new work roles in hospitals and she led the Masters in Leadership and Service Improvement at London South Bank University, before taking up the post of Clinical Advisor at the National Institute for Health and Care Research Dissemination Centre.

She is currently Visiting Professor of Leadership at London South Bank University and a member of the Panel of the statutory Public Inquiry into failings at Muckamore Abbey Hospital in Northern Ireland.

## Dr Linda Valentino

Dr Linda Valentino is an esteemed nurse executive and chief nursing officer with extensive experience in advancing nursing practice and operational excellence across multiple academic healthcare institutions in New York City.  With a strong background in leadership, Magnet excellence, and strategic nursing management, Dr Valentino has demonstrated expertise in optimising nurse staffing, enhancing workforce engagement, and implementing innovative solutions to improve patient care.  Linda earned her Doctor of Nursing Practice from Massachusetts General Hospital's Institute of Health Professions in 2023, reflecting her commitment to advanced nursing leadership.  She holds a Master of Science in Nursing Administration from Hunter College of The City University of New York, obtained in 1998. Additionally, she earned her Bachelor of Science in Nursing from Wagner College in 1986.

Dr Valentino's work includes co-authoring chapters on workplace change strategies and relationship-based care in prominent nursing texts.  Notably, her research led to a study that resulted in changes to the uniforms of New York City firefighters, highlighting her impact on both nursing and broader safety practices.  Dr Valentino is a certified nurse executive, Advanced through the American Nurses Credentialing Center (ANCC), a credential she has held since 2015, underscoring her advanced leadership and management skills in nursing. She is actively involved in the American Organization for Nursing Leadership (AONL) and the American Nurses Association (ANA).

## Dr Ruth Riley

Dr Ruth Riley, Associate Professor, University of Surrey, is a sociologist and qualitative researcher and the recent holder of a Wellcome Trust Discovery Award for a project titled: 'Revisioning distress and nurse suicidality through a feminist, critical suicidology lens', to explore contexts contributing to the higher rates of suicide in female nurses.

This five-year project for nurses, with nurses will be provide a space and a voice for the 750,000 nurses working in the UK, including internationally qualified nurses and nurses from the global majority.

She has spent the last 15 years investigating and illuminating the voices and experiences of healthcare professionals through her research.

## Prof. James Buchan

Prof. James Buchan is a Senior Fellow at the Health Foundation, UK; Adjunct Professor at the WHO Collaborating Centre for Nursing, University of Technology, Sydney (UTS) and Honorary Professor, National Centre for Health Workforce Studies Australian National University.  He is currently a member of the strategy group developing a National Nurse Workforce Strategy in Australia; a member of the Scottish Government Ministerial Taskforce on Nursing and Midwifery; and a member of the Expert Advisory Group reviewing the WHO Global Code of Practice on the International Recruitment of Health Personnel.  He has specialised in nurse workforce policy throughout his career.   His background includes periods working in government agencies in Scotland and Australia.  He has also been a Regional Adviser on Human Resources for Health for WHO.  In recent years he has worked extensively as a consultant on health workforce policy and planning, in countries in Europe, Asia and the Pacific, for governments and international agencies.

He is Editor Emeritus of Human Resources for Health, the peer reviewed journal affiliated with WHO; an Hon. Fellow of the American Academy of Nursing, and an Hon. Fellow of the Australian College of Nursing.

## Prof. Daniel Oerther

Prof. Daniel B. Oerther is the Executive Director of the American Academy of Environmental Engineers and Scientists and a Professor of Environmental Health Engineering at the Missouri University of Science and Technology.  He is internationally recognised for leadership and excellence in environmental engineering and science education and policy including inter professional education pioneering modified mastery learning to advance the V-shaped profession of the nurse and engineer.  Previously, Prof. Oerther served as the Senior Science Advisor to the Secretary's Office of Global Food Security at the US Department of State.  An engineer by training and, he regularly collaborates with nurses and others to advance a shared practice of environmental health with a particular emphasis on sustainable development and planetary health.

Regularly recognised as a leader in environmental engineering and sanitation, Prof. Oerther also received the 2024 Champion of Nursing Award from the ANA, the 2023 Edith Moore Copeland Founders Award for Excellence in Creativity and Innovation from Sigma Nursing, and the 2019 Lilian Wald Humanitarian Award from the National League for Nursing in recognition of his efforts improving the lives of those in need through selfless, courageous, creative, and compassionate acts.

## Dr Viktoria Stein

Dr Viktoria Stein is Assistant Professor at the Department for Public Health and Primary Care at Leiden University Medical Centre and joint editor-in-chief of the International Journal of Integrated Care. She is a consultant for international agencies like the World Health Organisation, World Bank, the European Commission, or Accreditation Canada, providing input on topics as workforce development, integrated care design, evaluation and monitoring, or population health management and community involvement.

A special focus throughout her career has been the creation of opportunities to develop learning organisations and systems.

## Dr Jonas Nguh

Dr. Nguh is a global health scholar and practitioner. His scope of practice has been in maternal newborn and child health programs, immunisation, family planning and reproductive health, nutrition, health systems strengthening, water/sanitation/hygiene, malaria, prevention of mother-to-child transmission of HIV, and paediatric HIV care and treatment in Sub-Saharan countries and low resource countries. Currently, he is the President of the Maryland Public Health Association, one of the oldest and most vibrant state affiliates of the American Public Health Association and Maryland's leading professional organisation for those working in the field of public health. He also serves as the current Chair of Health Policy for the Men's Health Caucus of the American Public Health Association where he oversees policy development on health issues that affect and impact boys and men. Dr Nguh has taught and worked in more than 20 countries, holds professorships in six international universities, and is a multi-award winner with over 15 professional and career awards for his work in public health, advocacy, social change, mentorship, community service and volunteerism. He holds several certifications including Fellow of the American College of Healthcare Executive, Fellowship of the Faculty of Nursing & Midwifery (RCSI), Fellow of the National Academy of Practice and Board Certified as a Nurse Executive, Advanced by the American Nurses Credentialing Centre. Dr Nguh also serves on several editorial boards and is currently he is the associate editor of the Journal of Interprofessional Education & Practice.

# Oral presentation abstracts

## Retaining and replenishing the nursing and midwifery workforce

### 1.1 Levels of Burnout and Turnover Intention Among Long-term Care DoNs

Dr Catherine Fitzgerald[1], Ms Niamh Walsh[1], Dr Nicola Pagnucci[1], Prof. Thomas Kearns[1], Ms Carmel Kelly[2], Ms Clodagh Killeen[2], Dr Giuseppe Aleo[1]

[1]Faculty of Nursing and Midwifery, RCSI, Dublin, Ireland, [2]LHP Skillnet, Dublin, Ireland

Introduction

The ageing population is expected to increase demand for Long-Term Care (LTC), necessitating a highly skilled LTC workforce.  Central to this workforce are Directors of Nursing (DoNs).  Studies have shown that longer job tenure for nursing leaders is linked to better patient quality outcomes.  In Ireland, many DoNs are considering resigning, citing poor work environments, limited resources, and lack of career progression.

Aims and objectives

To identify barriers and DoNs' learning and development needs, providing recommendations to support them.  We sought to understand factors influencing their intention to leave, perceptions of work environments, burnout levels, and the educational needs of DoNs and Assistant DoNs (ADoNs) in the LTC sector.

Methods

This was part of a mixed method study, consisting of an online survey which also included four open ended questions.

Outcomes

DoN's represented 72.8% (n=142) of respondents and 27.2% (n=53) were ADoNs.  Almost half have a Master's degree or higher (49.2%, n=96).  Most participants reported that their first language was English (81.0%, n=158).  51.6% (95% CI: 44–59%) of participants reported high MBI emotional exhaustion, 19.5% (95% CI: 14–26%) reported high MBI depersonalisation and 37.6% (95% CI: 31–45%) reported low MBI personal accomplishment.  While 85.5% had considered leaving their position in the past year, 65.1% still encouraged others to work in the LTC sector.  Over a quarter of respondents expressed a desire for more education and training, particularly in Human Resource Management (25.6%) and Regulatory Compliance and Legislation (23.2%).

Conclusion

The results of this study highlight the importance and urgency of introducing appropriate support measures in terms of education, human and financial resources, along with career advancement opportunities for DoNs and all the LTC workforce.

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## 1.2 The Impact of Safe Nurse Staffing in Long-Term Residential Care

Dr Vera JC Mc Carthy[1], Ms Rachel Linehan[1], Dr Ashling Murphy[1], Prof. Jonathan Drennan[2]
[1]University College Cork, Cork, Ireland, [2]University College Dublin, Dublin, Ireland

Introduction
The population aged 65 years and over will increase by 11% from 2022 to 2050 (OECD, 2024).  This will increase the demand on Long-Term Residential Care settings (LTRC) where there are currently no recommendations on nurse staffing levels.  In response to this, we piloted the Framework for Safe Nurse Staffing and Skill-Mix in LTRC settings.

Aims and objectives
To examine perceived work environment, job satisfaction, intention to stay and emotional exhaustion for staff before and following a planned change to staffing levels as per the testing of the Framework for Safe Nurse Staffing and Skill-Mix in LTRC settings.

Methods
A pre-post observational study was conducted in eight LTRC settings.  A systematic approach (Nursing Hours per Resident Day (NHpRD)) was introduced to determine staffing levels (Registered Nurses (RNs) and Healthcare Assistants (HCAs)) based on resident acuity.  Data were collected from staff pre-adjustment (Time 1) and post-adjustment of staffing (Time 2) on work environment, job satisfaction, intention to stay and emotional exhaustion.

Outcomes
The overall response rate was 56% (n=284) Time 1 and 46% (n=247) Time 2.  An adjustment to staffing levels (>0.05 WTE) was made to four LTRC settings based on NHpRD.  Respondents in the four adjusted settings reported better working environments, increased job satisfaction (21% higher), increased intention to stay (4.3% higher) and reduced emotional exhaustion (17% reduction) at Time 2 compared to Time 1.  In general, these outcomes worsened for unadjusted LTRC settings from Time 1 to 2.

Conclusion
The testing of the Framework resulted in staffing LTRC settings based on resident acuity.  This led to improved staff outcomes which will aid with the retention of nurses and HCAs in the LTRC setting.

References
OECD/Department of Social Protection, Ireland/European Commission, Joint Research Centre (2024), Impact Evaluation of Ireland's Active Labour Market Policies, Connecting People with Jobs, OECD Publishing, Paris, https://doi.org/10.1787/ec67dff2-en

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## 1.3 Sustaining the Future Workforce with What Matters Most to Nurses

Dr Deirdre O'Flaherty[1], Dr MaryJoy Garcia-Dia
[1]Hunter- Bellevue, New York, United States, [2]NY Harbor VA Hospital, Manhattan, United States

Introduction

Applying quadruple aim framework, optimising healthcare system outcomes, places wellbeing forefront for team members and supports; fostering resilience, hardiness, interprofessional collaboration and engagement, augmenting the work setting.

Aims and objectives

Delineate strategies that increase interprofessional collaboration, engagement, fortified resilience, empowerment, bringing value and meaning to nurses.  In this study we evaluate peer-reviewed literature on relationships among leadership styles, organisation culture and support among nurse managers.

Methods

We previously studied nurses in clinical and leadership positions perceptions of resilience, empowerment and engagement pre-pandemic.  Providing clinical leaders with tools to support a hardy and resilient team is crucial post pandemic.  A systematic literature review explored nurse manager's resilience and well-being, in light of strategies to enhance retention and support well-being.  Factors such as workload stressors, coping mechanisms, organisational culture and leadership support are identified as key drivers in nurse retention and engagement.

Outcomes

Studies show that while some resilience factors (like emotional intelligence and leadership skills) were already important pre-pandemic, post-pandemic strategies emphasised; importance of moral resilience, ability to deal with ethical challenges, maintaining well-being during crises.  Other literature suggests authentic leadership and meaningful recognition of staff contributions significantly decrease turnover.  Findings underline importance of not just individual resilience-building strategies but also systemic changes in healthcare organisations to support well-being and retention of nurse managers, especially in the aftermath of the pandemic.

Discussion

Creating a culture that; engages, empowers, supporting initiatives that sustain positive outcomes for wellbeing are important to future nurse retention.  Promoting work life integration is essential, decreasing turnover and enhancing quality outcomes.  Recognition and retention of staff is important as turnover rates rise.  As nurse managers are key to staff retention, it is important to realise what matters most within the work environment as contributors to wellness, quality of work life and engagement, known factors in healthcare and workplace satisfaction.

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## 1.4 Valuing, Supporting and Enabling the Retention of Nurses

Prof. Charlotte McArdle[1], Mr Rodney Morton

[1]RCSI, Dublin, Ireland, [2]NHS England, London, United Kingdom, [3]SIGMA Nursing, Indianapolis, United States of America

Introduction

This presentation will focus on actions, approaches and strategies to value the nursing workforce which is central to retention.  As the single largest profession within healthcare and considering the reality of international workforce shortages our policies and strategies must see every nurse as a critical valuable resource, right from the point that they commence training through to the point of retirement.

Aims and objectives

- ☐ To outline the actions emerging to retain the nursing workforce.
- ☐ To outline the learning from this approach to inform future actions by delivery organisations and policy makers to retain the nursing workforce.
- ☐ To summarise the implications for policy and strategic development.

Methods

National and international workforce data is used to identify key challenges in retaining staff.  The impact of early retirement and women's health issues such as menopause is highlighted.  Scrutiny of long-term strategic plans are mapped to the gaps in the workforce.  Evidence of the impact of climate change on the workforce is provided with references to safe staffing.  Actions taken to address the issues are highlighted.  This includes new toolkits, the development of exemplar organisations, use of clinical supervision, preceptorship models, pension reforms and actions on climate change.

Outcomes

- ☐ Early numerical evidence is provided of impact at national level.
- ☐ A range of policy considerations are provided for policy makers.

Conclusion

All policies need enabling actions that specify flexible dynamic person-centred career pathways for lifelong working needs for nurses.  Health systems need to recognise the value of all people and as they age.  The wisdom, expertise that comes with experience is seen as an asset.  The reality of the health needs faced in the world, demands a cultural shift and step change in offering lifelong learning careers for our staff.  This should be our collective mission to support retention of valuable nursing staff.

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## 1.5 FLOURISHING - Designing a Wellbeing Programme for Nurses and Midwives

Dr Katja Savolainen[1], Prof. Mary Rose Sweeney[1]

[1]Faculty of Nursing and Midwifery, RCSI, Dublin, Ireland

Introduction

Nurses and midwives play a critical role in healthcare, yet they face significant stressors that can negatively impact their mental, emotional and physical wellbeing.  Many staff are at high risk of post-traumatic stress symptoms, burnout, and are experiencing moral distress.  There is a lack of evidence of specific wellbeing programmes for nurses and midwives.

Aims and objectives

The aim of the programme is to enhance knowledge and skills among nurses and midwives about the many factors potentially influencing their personal wellbeing with the objective to develop, implement and evaluate a comprehensive online wellbeing programme designed specifically for nurses and midwives.

Methods

Recognising the unique challenges faced by these healthcare professionals such as high workload, emotional strain, and exposure to traumatic events, the programme FLOURISHING was structured to address key areas such as physical wellness, knowledge of wellbeing, nutrition and sleep when in shift work, but also professional growth, building resilience and compassion and response to traumatic events.  The programme is designed with expert input from - nursing, midwifery, psychology, psychotherapy, nutrition, physical activity, occupational health and digital health/literacy and seeks to foster a supportive environment, both personal and professional, that prioritises the holistic health of healthcare staff.

Outcomes

The programme includes a comprehensive evaluation to showcase the impact, including potential reduced burnout, increased job satisfaction and improved health outcomes among participants. Participants gain insights into resources and practical strategies for creating a flourishing environment, for the individual participant but also the working environment.

Conclusion

By focusing on sustainable practical changes, the programme aims to support long term lifestyle improvements, ultimately benefiting both the nurse or midwife as well as the quality of patient care. This programme and its evaluation can serve as a model for striving to enhance wellbeing, reduce burnout and promote a healthier nurse and midwife workforce.

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## 1.6 Diverse Paths: Exploring Variation in Socialisation Experiences among Nurses

Ms Fidelma Gallagher[1]
[1]HSE West and North West, Ballina, Ireland

Introduction

Recruiting and retaining nurses is a significant challenge for health systems globally, with the socialisation process - how nurses adapt to and integrate within healthcare settings - emerging as a key factor.  This study investigates socialisation among nursing staff in rural Irish healthcare settings, exploring the distinctive features of this process, variations in experiences among nurses, and the factors influencing these differences.

Aims and objectives

This study explores the integration and adjustment experiences of nurses in rural healthcare environments in Ireland.  The objectives are to identify key characteristics of the socialisation process for rural nursing staff, examine variations in experiences, and understand factors perceived by nurses as influencing these differences.

Methods

A qualitative, case study approach was adopted, using semi-structured interviews with seven nurses in rural Irish healthcare settings.  Thematic analysis was conducted on interview data to capture nuances of socialisation experiences and identify factors affecting the integration process.

Outcomes

The findings indicate that the socialisation process in rural healthcare settings is shaped by formal and informal factors.  Key formal elements include structured induction and orientation programmes, clear role expectations, and peer and managerial support. Informally, communication barriers, training background, and prior experience also influenced socialisation.  Structured onboarding and defined roles facilitated smoother transitions, whereas those without formal induction depended heavily on informal networks.  Internationally Educated Nurses (IENs) reported greater challenges with communication and cultural adjustments, while Home Country National (HCN) nurses experienced easier integration.

Conclusion

This study provides evidence on the importance of customised onboarding programmes, clear role definitions, and strong support systems, particularly in rural areas.  It suggests healthcare organisations and policymakers in Ireland should enhance onboarding strategies to address the specific needs of rural healthcare settings.  Such initiatives could improve adaptation, integration, and retention of nursing staff, creating a more resilient workforce in resource-constrained rural environments.

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## 2.1 Nursing Shortages and Migration: Ireland's Dependence on Migrant Nurses 2003-2022

Ms Comfort Chima[1], Dr Vishnu Renjith[1], Dr Niamh Humphries[1]

[1]RCSI, Dublin, Ireland

Introduction

Shortages of nurses present a serious challenge in the global health sector, and Ireland is no exception. Despite the concerted efforts by the Irish government to train more nurses, Ireland has continued to grapple with a significant deficit in the nursing workforce. The Irish healthcare system has become increasingly dependent on migrant nurses, as many nurses registered to practice in Ireland were trained internationally and constitute a substantial portion of the nursing workforce.

Aims and objectives

This study investigates the dynamics of Ireland's nursing shortages and the country's reliance on migrant nurses from 2003 to 2022. The study illuminates the persistent factors and trends contributing to the International recruitment of nurses, and explored the disparities between the existing nursing workforces and the new inducts into the profession.

Methods

The data presented were collected from the Nursing Midwifery Board of Ireland (NMBI), the Central Statistics Office of Ireland (CSO) and the Faculty of Nursing and Midwifery, Royal College of Surgeons of Ireland (RCSI). Descriptive statistics, correlation, and trend analysis were employed to analyse the data.

Outcomes

The data show that Ireland depends heavily on migrant nurses, who are now an integral part of the country's healthcare system accounting for over 50% of the workforce. The trend analysis reveals that Ireland has a high and increasing reliance on migrant nurses. In 2022, 49% of nurses registered to practice in Ireland were trained internationally.

Conclusion

Ireland relies heavily on migrant nurses to meet healthcare demand. The high reliance on internationally trained / migrant nurses suggests a need to improve its nurse training programs and/or nurse retention policies. This can be achieved by formulating and implementing effective policies that improve the working conditions of nurses in Ireland and ensure the sustainability of the Irish nursing workforce.

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## 2.2 Post Occurrence Review: Practices Across European Mental Health Settings

Dr Kevin McKenna[1], Prof. Sabine Hahn[2]

[1]Dundalk Institute of Technology, Ireland [2]University of Applied Sciences, Bern, Switzerland

Introduction

The use of coercive practices, despite being controversial, remains widespread within mental health services universally.  Apart from being generally disliked both by service users and staff, compelling evidence consistently suggests the potentially serious physical and psychological risks associated with the enactment of such measures [MHCI 2014].  Unsurprisingly, professional and regulatory guidelines mandate that services prioritise the needs of all concerned in the aftermath of coercive occurrences, including mitigating distress, facilitating reflective processing and learning, and strategically planning future-oriented preventative strategies.  Despite consensus regarding needs and mandates for post-occurrence reviews, the specific purpose and function lacks clarity, reflecting a virtual absence of evidence as to what constitutes effectiveness, which contributes to the huge variation in practices within European mental health services.

Aims and objectives

Practice improvement in the aftermath of coercive occurrences was one of four priority workstreams of an EU-COST Action [CA19133/036/20] entitled *Fostering and Strengthening Approaches to Reducing Coercion in European Mental Health Services* [FOSTREN] which involved 222 members from 33 countries.

Methods

The initial step involved a cross-sectional survey study of prevailing post occurrence practices across 17 countries including 61 inpatient units providing acute adult, child/adolescent, and 'secure' mental health services.

Outcomes

Findings revealed: the virtual absence of education regarding the specific purpose, function and enactment of reviews across all disciplines, significant variance in awareness of associated regulatory mandates and a lack consistency in practices between and within countries and services as to how, and for whom, post occurrences reviews were undertaken.  Most services practised some form of review, and while satisfaction with current practice was equivocal, the opportunity to improve practice was positively regarded.

Conclusion

The study informed the collaborative international development of a tentative model of improved practice [which is in-press], and demonstrates the contribution of descriptive surveys in methodically identifying practice-based problems.

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### 2.3 BAME Nurses' Experiences in Western Healthcare: A Qualitative Evidence Synthesis

Mr Anto Ajithpaul Joseph Jayasundar[1], Dr Mel Duffy[2], Dr Kumaresan Cithambaram[3]

[1]Nurse Education Centre, St. Vincent's University Hospital, Dublin, Ireland [2]School of Nursing, Psychotherapy and Community Health, Dublin City University, Dublin, Ireland [3]Department of Nursing and Healthcare, Technological University of the Shannon, Athlone, Ireland

Introduction

The shortage of nurses in Western countries has led to an increased reliance on internationally trained Black, Asian, and Minority Ethnic (BAME) nurses, who now constitute an essential component of the healthcare workforce. However, their working environment is often marked by unique challenges and complexities distinct from those faced by native nurses. Understanding these experiences is crucial for creating a positive work environment, thus underscoring the necessity for diversity and inclusivity in the nursing workforce.

Aims and objectives

To synthesise evidence from qualitative research on the work experiences of internationally trained BAME nurses in Western healthcare settings.

Methods

A qualitative evidence synthesis was conducted by electronically searching databases, including Medline, Embase, CINHAL, Web of Science Core Collection (incorporating the Social Science Citation Index), and grey literature sources. After screening, 36 studies were included in the review. The methodological quality of these studies was evaluated using the CASP tool, and data were synthesised using Thomas and Harden's thematic synthesis approach.

Outcomes

The thematic analysis revealed three main themes: "Initial Adaptation Hurdles", "Professional Adversities", and "Strategies for Coping", each encompassing several sub-themes. Internationally trained BAME nurses experience diverse challenges adapting to Western healthcare settings due to cultural, communication, and workplace differences. Differences in nursing practices, workplace culture, employer expectations, and unfamiliarity with policies and guidelines in the host country make their experience more complex and challenging. In addition, a lack of understanding of the family functioning in caregiving and workplace racism and discrimination further complicate their experiences.

Conclusion

Internationally trained BAME nurses face unique challenges in Western healthcare settings stemming from cultural, communicative, and workplace differences and experiences of discrimination. Culturally tailored orientation programmes, peer mentorship, and equitable career and educational opportunities are essential to improving their integration, job satisfaction, and retention, ultimately increasing organisational safety and performance.

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## 2.4 Exploring the Perceived Needs of Preceptors for NGNs in Bahrain

Mrs Maalac Dinar[1,2]

[1]RCSI Medical University of Bahrain [2]MKCC, Bahrain

Introduction
The role of nurse preceptors is often underappreciated despite their essential role in supporting newly graduated nurses. Preceptorship is crucial for the successful transition of graduates into professional practice. It enhances patient care and safety and improves recruitment and retention rates. However, preceptors' needs are infrequently addressed.

Aim and objectives
This study aimed to answer the research question, 'What do nurses perceive they need before and during their role as preceptors of newly graduated nurses?'.

Methods
A qualitative exploratory descriptive research design was adopted for this study, conducted in a specialist centre in the Kingdom of Bahrain. A purposeful sampling technique was used to recruit, via a gatekeeper n=8 participants. Participants were experienced in-patient nurses who had fulfilled the preceptor role for over two years in the study-setting. Data saturation concluded the face-to-face individual semi-structured interviews guided by a five-question framework created by the researcher's experience, addressing literature gaps, and the study's objectives. Transcripts were verbatim and analysed using Braun and Clarke's thematic analysis.

Outcomes
The thematic analysis resulted in five themes and fourteen sub-themes. Feelings of being Unprepared, Scope of the Preceptor Role, Dual-Role Complexity, Perceived Support and Diversity, and Benefits of Taking on the Preceptor Role were the developed themes.

Conclusion
The study findings contribute to the existing literature, identifying areas for improvement in current preceptorship programmes. This informs the development of educational initiatives, such as preceptor training, and the formulation of policies and guidelines on preceptors' roles and responsibilities. These initiatives, among others, are expected to improve preceptors' guidance, preparation, and support so they can, in turn, better support preceptees. Therefore, enhances the preceptorship experience, sustains preceptor commitment, and ultimately increases satisfaction among both preceptor and preceptee. Improving the recruitment and retention of experienced, well-skilled, and trained nurses within the workforce, contributing to safer and higher-quality patient care.

## 2.5 Making Midwifery Visible – Survey of Midwives and Midwifery students

**Dr Maria Healy**[1], Dr Ciara Close[2], Ms Julika Hudson[3], Ms Emily Moffatt[4], Ms Gillian Robinson[5], Ms Fatimoh Taiwo[6], Prof. Patricia Leahy-Warren[7]

[1,2]School of Nursing and Midwifery, Queen's University Belfast, Belfast, Northern Ireland [3,4]School of Nursing and Midwifery, Trinity College Dublin, Dublin, Ireland [5]Belfast Health and Social Care Trust, Belfast, Northern Ireland [6]Queen's University Belfast, Belfast, Northern Ireland [7]School of Nursing and Midwifery, University College Cork, Cork, Ireland

Introduction

The midwifery workforce in both Northern Ireland and Ireland play a vital role in the provision of quality maternal and newborn care.  Within both countries, there are significant challenges in recruiting and retaining midwives, resulting in a strained maternity care system (RCM, 2021; INMO, 2023).  It is crucial to therefore remind midwives of their reasons to take pride in their profession and make the important work of midwives visible.  Recognising their contributions and reaffirming the impact of their work can boost morale and job satisfaction.  By providing midwives with adequate resources, professional development, and supportive working environments, healthcare systems can create conditions that foster recruitment and retention, ultimately benefiting the well-being of midwives and those they care for, infants, women and their families.

Aims and objectives

The development and evaluation of a digital communication campaign to remind midwives and midwifery students in Northern Ireland and Ireland of meaningful midwifery moments which make them 'Proud to be' a midwife.

Methods

Phase 1 – A piloted questionnaire was disseminated directly to midwives and midwifery students to identify their collective meaningful midwifery moments.  Data was then collated and analysed.  Phase 2 – Involved designing and building of a digital communication resource informed by phase 1 and the PAG.  Phase one, survey data was analysed and primarily descriptive statistics provided.  The open-ended responses were analysed as informed by Braun and Clarke's (2019).

Outcomes

The findings informed the development of a digital communication campaign (including an animation) about what makes midwives and midwifery students 'Proud to be a midwife'.  Quotes from the survey are used to form part of the digital communication campaign.  The results from phase two, an evaluation of the effectiveness continues.

Conclusion

This oral presentation will include presenting the findings from phase one and the sharing of the digital communication resource(s).

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## 2.6 Dancing Towards Well-Being: Social Return on Investment of Dance-Movement Intervention

**Dr Teresa Filipponi**[1], Prof. Mary Lynch[2], Prof. Carolyn Wallace[1]

[1]University of South Wales, Pontypridd, United Kingdom [2]Royal College of Surgeons in Ireland, Dublin, Ireland

Introduction

Improvement in National Health Service (NHS) employees' mental well-being and staff retention are key issues. Evidence shows that dance-movement for health interventions have effectively improved mental health and well-being. However, a Social Return on Investment (SROI) evaluation of dance-movement interventions aimed at NHS staff has not been performed.

Aims and objectives

To evaluate the social value generated from a dance-movement intervention, 'The Body Hotel' Moving Self-Compassion Programme.

Methods

A comparator SROI was employed. Eight NHS employees (Local Health Boards, Wales) and 8 members of the public (n=16) consented to the study. Participants completed a post-intervention questionnaire measuring mental well-being (Short Warwick-Edinburgh Mental Wellbeing Scale) and self-efficacy (General Self-Efficacy Scale) along with Contingent Valuation questions on perceived value and benefits of the programme. Costs were estimated, and financial proxies from the HACT Social Value bank applied to benefits from improved well-being and self-efficacy.

Outcomes

For every £1 invested, 'The Body Hotel' generated social values from £1.94 to £2.32 for NHS employees compared with £0.41 to £1.63 for the public. Participants, on average, are willing to pay £14.50 per month for the health and wellbeing benefits of the dance-movement intervention. Perceived benefits include improved mental, physical, emotional, and social well-being, and increased confidence and resilience.

Conclusion

Evaluation findings suggest 'The Body Hotel' dance-movement for health enhances well-being, self-efficacy, and resilience, especially for healthcare staff, underscoring occupational health value. Dance-movement interventions could be cost-effective for addressing compassion fatigue and burnout, supporting retention. Further research on their impact on employee well-being is warranted.

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### 3.1 Violence and Aggression Training Improves Work Environments in Nursing

Mr Hugh Slevin[1], Dr Aine McHugh[2]

[1]Crisis Resolution Team Mental Health Services, HSE, Sligo, Ireland [2]Department of Nursing Midwifery and Early Years, Dundalk Institute of Technology, Dundalk, Ireland

Introduction

Complex behavioural issues, such as violence and hostility, are common in the healthcare industry and present serious dangers to patients, nurses and midwives creating demanding clinical environment in which to work.  Improving safety and care standards requires accurate reporting of such accidents and effective management of them to foster work environments that support the physical, emotional, and mental well-being and integrity of nurses and midwives.  This study evaluated the impact of training on the reporting of violence and aggression in the Professional Management of Complex Behaviour (PMCB) by examining the data and reporting frequency of Violence and Aggression (V&A) reports in an Irish general hospital.  A total of 429 incidents were looked at over two periods before and after training was provided, utilising the National Incident Management System (NIMS).

Methods

The study used secondary data to quantitatively analyse the events reported from both before and after training.  The NIMS data is employed to quantify alterations in the calibre and precision of event reporting.

Results

Preliminary results show a significant improvement in the quality of incident reports after the training an increase of n=17.4% increase reported incidents, with better organised and complete reports.  A safer and more controlled hospital environment is facilitated by the improved confidence and competence that healthcare workers report having in managing complex behaviours.  The study in question highlights the significance of ongoing professional growth and comprehensive training initiatives in improving handling of incidents within healthcare environments.  The results provide insightful information to hospital managers and policymakers who want to enhance safety procedures and reporting systems in order to create a safer and more effective healthcare environment.

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### 3.2 Evaluation of a National Nursing and Midwifery Mentorship Programme

Dr Martina Giltenane[1,2], Dr Louise Murphy[1,2], Ms Claire McNamara[1,2], Dr Anna Chatzi[1], Ms Marie Kilduff[3], Ms Margaret Williams[3], Dr Aoife Lane[3], Prof. Owen Doody[1,2]

[1]University Of Limerick, Limerick, Ireland [2]Health Research Institute, Limerick, Ireland [3]HSE, National Clinical Leadership Centre, Dublin, Ireland

Introduction

Mentoring has been shown to positively impact patient and organisational outcomes (Wissemann et al. 2022).  It plays a critical role in enhancing skill development, confidence, and preparedness for advanced roles (Baker et al. 2024), while also improving job satisfaction, professional development, and retention among nurses and midwives (Kakyo et al. 2024).  Internationally mentoring programmes are increasingly implemented to support and retain nurses (Noble, 2021).  In Ireland, the National Clinical Leadership Centre for Nursing and Midwifery has supported implementation of a mentoring process within the healthcare sector since 2015 (HSE, 2022).

Aim

To explore the experiences of mentors and mentees participating in a national mentoring programme in Irish healthcare and to provide recommendations for future improvements.

Methods

A sequential three-phase mixed-method study was conducted:
- 1) a narrative literature review
- 2) quantitative survey of both mentors and mentees, and
- 3) a qualitative descriptive study involving focus groups with mentors to gather deeper insights into their experiences.

Outcomes

The mentorship programme was well-received by mentors and mentees.  Mentees reported the programme as accessible and highlighted its role in supporting career development and personal growth.  They benefited from the expertise of senior colleagues, increased their confidence in clinical practice and experienced greater job satisfaction.  However, challenges included insufficient protected time for confidential mentor-mentee meetings due to clinical workload and infrastructure limitations.  Communication inefficiencies within organisations and unclear mentorship roles also emerged as areas for improvement.

Conclusion

Providing protected time for regular mentor-mentee meetings is fundamental for the success of the programme.  Active management support, along with sufficient resources such as physical space and staffing adjustments are essential for balancing clinical workloads with mentoring commitments.  Improved communication is key to ensuring all stakeholders understand the mentoring process and their roles, facilitating the effective implementation of quality improvement initiatives.

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### 3.3 Correlation Between Professional Competencies and Self-Efficacy in Albanian Nurse

**Prof. Blerina Duka**[1], Dr Alketa Dervishi[2], Dr Eriola Grosha[3], Prof. Gennaro Rocco[4], Prof. Alessandro Stievano[4,5], Prof. Ippolito Notarnicola[4]

[1]Catholic University Our Lady of Good Counsel, Tirane, Albania [2]Faculty of Technical Medical Sciences, University of Medicine, Tirane, Albania [3]University of Rome, Italy [4]Centre Of Excellence for Nursing Scholarship, Rome, Italy [5]University of Messina, Messina, Italy

Introduction
Assessing and applying professional competencies in registered nurses is critical for ensuring quality and safe care.  Self-efficacy, a belief in one's ability to succeed, can positively influence these competencies.

Aims and objectives
This study aims to explore the correlation between professional competence and self-efficacy among registered nurses in Albania.

Methods
A cross-sectional observational study was conducted using conventional sampling.  Data were gathered from a convenience sample of 985 registered nurses across 12 Albanian provinces using the Albanian versions of the Nurses' Professional Competence Scale Short Form (A-NPCS-SF) and the Nursing Professional Self-Efficacy Scale (A-NPSES).  The reliability of the instruments was measured through Cronbach's alpha values, which were 0.947 for the A-NPCS-SF and 0.875 for the A-NPSES.

Outcomes
The findings indicate that self-efficacy does not have a substantial impact on the overall development of professional competencies among registered nurses.  The analysis revealed a significant correlation between job satisfaction and the development of professional competencies, particularly in areas like leadership and nursing care.  Registered nurses with higher job satisfaction reported better competency scores, emphasising the role of a supportive work environment in enhancing professional skills.

Conclusions
While self-efficacy alone may not significantly influence the development of professional competencies, job satisfaction emerged as a key factor associated with enhanced professional skills. Fostering job satisfaction through supportive management and continuous professional development could improve nursing competency, ultimately leading to better patient outcomes. This study suggests that healthcare institutions should prioritise job satisfaction initiatives to boost professional competencies among nurses. Implementing policies that address job satisfaction could enhance nurses' abilities to deliver high-quality care, supporting overall patient safety and satisfaction in Albania's healthcare system.

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### 3.4 Microlearning in ICU Education through the Use of EOLAS App

Ms Ciara Moran, Mr Jayson Mark Cuidno

[1] St Vincent's University Hospital, Dublin, Ireland

The increasing complexity of healthcare demands innovative strategies for recruiting, retaining, and educating new nurses, particularly in high-stakes environments like the Intensive Care Unit. Microlearning, which involves acquiring knowledge or skills through small, focused units, is supported by health profession educators as a method to enhance student learning, training, and ongoing education which then translates to safer and more effective patient outcome. (De Gagne, Jennie Chang et al., 2019). The Quality Initiative that we have introduced explores the implementation of microlearning content—specifically videos, quick reference guides, and policy briefs—as effective tools for enhancing the onboarding experience of new ICU nurses through the use of Eolas Medical App platform.

Currently, in the Intensive Care Unit, we use a blended learning approach to effectively foster work environments that prioritise the physical, emotional, and mental well-being of nurses by combining traditional in-person training with online educational resources. The use of Eolas app which contains microlearning videos, quick reference guides, staff well-being portal and educational resources helps healthcare professionals to engage in flexible learning opportunities that accommodate their busy schedules, promoting a better work-life balance. Additionally, the new generation of nurses in the ICU increasingly relies on digital information and resources, utilising technology to enhance their knowledge, streamline communication, and improve patient care in real-time. Not only this approach supports the ICU Nurses well-being but also cultivates a culture of resilience, leading to improved job satisfaction and better patient care outcomes.

As the healthcare landscape evolves, integrating microlearning into ICU training programs will be essential for cultivating a skilled nursing workforce capable of delivering high-quality care.

Overall, the strategic implementation of the use microlearning through the Eolas app not only addresses immediate educational needs but also fosters a culture of continuous improvement, ultimately leading to safer and more effective patient care in the ICU.

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### 3.5 Critical Care Nursing Workforce Retention from an Irish Perspective

Dr Natalie McEvoy[1], Ms Nicki Credland[2], Mr Derek Cribbin[3], Prof. Gerard Curley[1], Dr Niamh Humphries[4]

[1]Department of Anaesthesia and Critical Care, RCSI University of Medicine and Health Sciences, Dublin, Ireland [2]Faculty of Health Sciences, The University of Hull, United Kingdom [3]Critical Care Services, Access and Integration, HSE, Dublin, Ireland [4]Graduate School of Healthcare Management, RCSI University of Medicine and Health Sciences, Dublin, Ireland

Introduction

Retention of critical care nurses has been identified as a growing international concern for a multitude of reasons.  In order to ensure that critical care units are staffed with the expert skills and knowledge required to ensure patient safety, retention of critical care nurses must be a priority.  There is a dearth of evidence in the literature from an Irish perspective.

Aims and objectives

The aim of the survey is to explore the everyday work experience of critical care nurses, including the factors influencing their intention to leave.  Understanding and addressing these issues is key to improving the retention of critical care nurses.

Methods

A cross-sectional, electronic -survey of adult critical care nurses working in the Republic of Ireland was undertaken (n=257) between May and July 2024.  Anonymous quantitative and qualitative data was collected.  Quantitative data were analysed using descriptive statistics and qualitative data were analysed thematically.

Outcomes

58% (n=149) of nurses indicated that they intend to leave their roles, with 36% (n=88) of 245 respondents indicating that inadequate staffing was the main reason driving their intention to leave their current job, followed by lack of pay recognition.  Three main themes were identified from thematic analysis of the open-ended questions: Enjoyment at Work; Encouragement at Work and Engagement at Work.

Conclusion

This study clearly highlights the issues that impact on intention to leave decisions.  An understanding of these issues is key to ensuring the critical care nursing workforce plan in Ireland is designed with nurses as key stakeholders.  This is essential to ensure that the Irish health system has/ensures that it has the right nurses with the right skills in the right place at the right time to deliver safety critical, expert care.

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## 3.6 The Impact of Re-deployment on Registered Paediatric Critical Care Nurses

Mrs Nicki Credland[1], Mrs Carli Whittaker[2]

[1]University Of Teeside, Middlesbrough, United Kingdom [2]Paediatric Intensive Care Society

Introduction

Redeployment of the medical, nursing and allied health professional workforce became a more prevalent feature in filling gaps during the Covid-19 pandemic, however very little evidence exists surrounding the impact of this redeployment of registered nursing workforce. Prior to the Covid-19 pandemic and subsequently, in an attempt to address nursing shortages across paediatric ward areas, there is a growing trend to utilise registered nursing staff more flexibly to meet the demands of the whole organisation.

Aim and objectives

The aim of this study was to explore the incidence and impact of re-deployment to cover workforce shortages on the registered paediatric critical care nursing workforce.

Methods

A cross sectional electronic survey of Paediatric Critical Care Nurses registered with the Paediatric Critical Care Society as nursing members (n=688). Anonymous quantitative and qualitative data was collected in January to March 2023. Quantitative data were analysed using descriptive statistics and qualitative data were analysed thematically.

Outcomes

There were 225 participant responses representing 21 of the 26 Paediatric Critical Care units within the United Kingdom. This represents a response rate of 33%. Five themes were identified: Quality of Care, Wellbeing, Teamwork, Training and Support and Leadership.

Conclusion

This study demonstrates the significant impact that re-deployment has on the paediatric critical care nurse population. With retention of experienced critical care nurses at crisis point, it is essential that we identify factors which contribute to this poor retention and address these factors accordingly. Re-deployment is a significant factor.

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## Novel approaches to perpetual workforce challenges

### 4.1 Feasibility of a National Induction Programme: Key Stakeholder Views

Dr Nipuna Thamanam[1], Mr Karl Conyard[2], Dr Shuhua Yang[3], Prof. Mary Rose Sweeney[3]
[1]UCD, Dublin, Ireland [2]RCSI, Dublin, Ireland [3]Faculty of Nursing and Midwifery, RCSI, Dublin, Ireland

Introduction
A variety of factors, including an ageing population, combined with recruitment and retention challenges in nursing and midwifery has led to an increasing demand for Home Support Workers (HSWs) in Ireland and globally.  HSWs are expected to complete initial qualifications before starting work, with further training during their first year of employment.  These are not transferable between employers, resulting in repeated, redundant training that is costly and burdensome for both employers and employees.

Aim
This study aimed to explore the feasibility of a National Induction Programme (NIP) for HSWs, assess the knowledge and skills required from the perspective of Key Stakeholders in Ireland.

Methods
A mixed methods approach was used, including online surveys, one-to-one interviews, and focus groups with Key Stakeholders in Ireland.  The qualitative data was analysed thematically using a thematic analysis framework.

Results
38 Key Stakeholders representing 42 organisations participated the online survey with 8 participants took part in one-to-one interviews/focus groups.  All agreed that a NIP with standardised content is feasible for HSWs.  87% of them felt that a NIP with a standardised content is feasible across both private and public sector settings.  75% of Key Stakeholders believed that a NIP with standardised content should be mandatory, including existing employees.  89% of Key Stakeholders agreed it should be a blend approach of online and in-person training.  92.1% felt that HSWs from non-native English-speaking countries should be assessed for their English language proficiency.  The main themes emerging from the one-to-one interviews/focus groups included feasibility, necessary, benefits etc.

Conclusions
This provides novel insights.  It demonstrates that Key Stakeholders believe that a single NIP is feasible and important for all HSWs across private and public sector settings.  It would raise the standard and consistency of care delivered and raise the profile and the level of professionalism of HSWs.

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## 4.2 A Roster Maximisation Tool to Support Safe Staffing Framework Implementation

Ms Linda Collins[1], Ms Ann Connolly[1]
[1]Tallaght University Hospital, Tallaght, Ireland

Introduction

The framework for Safe Nurse Staffing Phase 1 was published in 2018, with Tallaght University Hospital awarded 102 new RGN posts to date. While much work was completed on recruitment, CNM's identified a need for additional rostering support in view of the volume of additional staff and new CNM grades in post.

Purpose

An interactive Rostering tool was developed by the Nursing Manpower Manager and Safe Staffing Coordinator to meet the needs of the CNM's. The buffer leave concept was built into the tool (23.5% leave allowance) and Absenteeism and its impact on buffer leave a focus on associated education sessions.

Methods

Six wards were selected for the purpose of this study, three Medical and three Surgical Wards to trace effectiveness. Intern Students and Adaptation Nurses were present on wards during both tested periods to ensure like for like data.

Results

A marked increase in RGN numbers across all shifts were achieved after introduction of the rostering tool and training, and increases were seen even in wards where staffing numbers had reduced since introduction. Absenteeism was reduced in 83% of test wards, and feedback from the CNM group was positive, with a shared governance approach utilised in information sharing and managing areas.

Conclusion

While the framework for Safe Nurse Staffing and additionally funded staff impact care positively, managing these additional resources effectively is key to achieving higher numbers on a roster, with a sense of CNM empowerment when managing buffer leave and Absenteeism in the clinical areas.

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### 4.3 Utilising Lean Six Sigma to Reduce Healthcare Burnout

Mr Timothy Kelly[1]

[1]Suny Brockport, Brockport, United States

Introduction

Healthcare faces a myriad of challenges in a post-COVID world which has further challenged the retention and recruitment of nurses. The holistic view on health, tireless clinical care, empathy and advocacy for patients, and a zealous determination to help others set the nursing profession apart and are reasons why it is critical to the healthcare system. However, many nurses have feelings of negativity related to poor collaboration and teamwork, poor nurse-to-patient ratios, and decreased job satisfaction resulting in burnout and poor quality of life thereby leading healthcare systems to use outside resources, such as counselling sessions, to face these challenges (Khatatbeh et al., 2022). While helpful, these interventions do not fix the underlying concerns that nurses face and are proverbial band-aids to a haemorrhage.

Aims and objectives

Using Lean Six Sigma (LSS) in healthcare settings can help identify potential causes of these issues, and provide solutions.

Outcomes

When implemented, LSS methodologies have helped to engage nurses in evidence-based quality Improvement (EBQI) programs on issues they brought forward and received administrative support (Lavin & Vetter, 2021).

Conclusion

LSS brought cohesion, precision, verification, and timeliness to EBQI proposals leading to the empowerment and increased satisfaction of nurses, improved satisfaction of patients, and cooperation among healthcare teams (Lavin & Vetter, 2021).

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## 4.4 Digital Skills Needs of Nurses Across Europe

Prof. John Wells[1], Mr Florian Scheibein[2], Prof. Martina Gooney[1], Dr Frances Cleary[1], Dr John Sheppherd[1], Dr Frances Finn[1], Mr James McGibney[1], Mr Nicolas Zampiero[2], Dr Claire Magner[2], Prof. Thilo Kroll[2], Prof. Walter Cullen[2], Dr Geoff McCombe[2], Dr Helen Murphy[1], Ms Laura Widger[1], Ms Chloe Green[2], Prof. Fiona Timmins[2]
[1]South East Technological University, Waterford, Ireland [2]University College Dublin, Dublin, Ireland

Introduction

The EU4 Health Programme, established in 2021, aims to build resilience across the European Union's Health Service Eco-system and support the goals of the EU Pact for Skills within the health care. One significant area where the EU needs to build resilience and promote skills acquisition and retention is digital health care, an area in which nurses are playing an increasingly important role. This paper reports on a project which undertook to survey EU nurses within the context of the wider EU health care workforce on their use of digital technologies and their needs for training.

Aims and objectives

The aim of the project was to design and implement a survey instrument in nine EU countries to assess the use of digital technologies with reference to well-being and digital training needs by nurses in the context of the wider EU health care workforce.

Methods

An exploratory 36-item survey design in 9 European languages, including English, was developed to measure frequencies of digital technology use, knowledge of digital tools, training needs, organisational readiness to implement digital technology and wellbeing related to digital technologies. Ethical approval was granted by relevant ethics committees in all participating jurisdictions. The survey was implemented from October 2023 to January 2024. 2,028 health workers responded of which 894 were nurses. Variables were analysed using descriptive statistics whilst Cronbach's alpha, the Pearson's Chi Square Test and the Mann Whitney test were used where appropriate.

Outcomes

There was wide variation found in the use of digital health technologies. Cyber security training was found to be a concern in relation to need to train and this seemed to play a part in sense of wellbeing.

Conclusion

Significant investment in digital training should be seen as a strategic intervention that links confidence and wellbeing to promote health systems resilience.

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## 4.5 Empowering Nurses with a Novel Approach to Continuing Education

Miss Colette Lyng[1], Dr Peter Tiernan[2], Dr Eamon Costello[2]
[1]Beaumont Hospital, Dublin 9, Ireland [2]Institute of Education, Dublin City University, Dublin 9, Ireland

Introduction

Many nurses have expert knowledge and skills related to their area of work. However, these clinically based nurse experts (CBNE) do not usually have training or qualifications relating to educating others. Their primary role is clinical practice, and their training, education and qualifications tend to relate to this.

Aims and objectives

This research, being completed as part-fulfilment of a professional doctorate, is exploring CBNEs' engagement with educating nursing colleagues, their perceptions of their own knowledge about educating, and the supports or interventions they need to enable them to develop accreditable educational resources. An extensive literature search and review suggests that this is a little explored area in nursing education.

Methods

A single-site, non-experimental, cross-sectional, sequential, two-stage, multiple methods case study has been designed to explore the research question. Stage 1 is an online survey to gain an initial insight into the supports that CBNE require to develop accreditable educational resources. Stage 2 will be semi-structured focus group interviews to explore in-depth the findings from the online surveys.

Outcomes

Data collection is ongoing at present.

Conclusion

Eliciting this information will provide a robust foundation to enable identification of interventions and supports required to enable CBNE to develop pedagogically sound educational strategies that are constructively aligned (Biggs 1996) to the subject matter and the desired learning outcomes. This has many potential benefits for nurses, patients and the health service including:

- Empowerment of CBNE to share their valuable expertise, knowledge and skills.
- Assisting registered nurses to tailor their learning needs to their own work areas and interests.
- Development of educational resources that could be accredited by NMBI or HEIs.
- Better educated nurses leading to better patient outcomes (Aiken et al., 2014)
- Attracting and retaining staff at a time when worldwide demand for nurses exceeds supply (WHO, 2020).

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## 4.6 Lateral Violence in Nursing - A Scoping Review

Mrs Claudia Morton[1]
[1]Anglia Ruskin University, Chelmsford, United Kingdom

Introduction

Why nurses eat their young and each other!  A paradox, called Lateral Violence (LV), acknowledged over decades, nevertheless a current problem in healthcare. LV is described as the verbal, physical and emotional abuse between nurses, and as consistent behaviour patterns of nurse-to-nurse aggression with the aim to control and/ or devalue their peer (Embree and White, 2010).  Countless negative behaviours linked to LV are visible in clinical practice on a regular basis and they pose a threat to the wellbeing of nurses and patient safety.  Moreover, LV is detrimental to the public image of nursing and contributes significantly to nurses leaving the profession (Roberts, 2015).

Aims and objectives

The aim for this scoping review was to gain an overview of the knowledge base published around LV with the rationale to identify a gap in research and therefore guide the direction of my doctoral study.

Methods

Arksey and O'Malley's (2005) six stage framework was applied. MEDLINE, CINAHL and Psych INFO databases were searched for primary research papers that focused on nurse-to-nurse aggression. The PRISMA – ScR checklist was adhered to.

Outcomes

17 primary research studies met the inclusion criteria.  Five themes were identified: 1) Application of terminology, 2) Organisational culture and environmental factors, 3) Impact on patient care and patient safety, 4) Intention to leave, 5) Proposed interventions.

Conclusion

Ambiguity over terminology and an ingrained organisational culture which tolerates lateral violence reduces the quality of patient care and impact on patient safety.  The intention to leave the profession was highlighted, however educational interventions, reinforced zero tolerance policies and effective leadership were seen as positive/ effective means of achieving culture change.  In addition, a lack of evidence around the issue of LV in the United Kingdom (UK) with a specific direction as to the experience of nurses with the phenomenon was revealed.

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## 5.1 Redefining Professional Registration: Unlocking Opportunities for Global Nurses

Dr Dilla Davis[1], Dr Agimol Pradeep[2]
[1,2]Kings College, London, United Kingdom

Introduction

The UK healthcare system has struggled with a persistent shortage of nursing staff.  Yet, thousands of Internationally Educated Nurses (IENs), who have contributed to the NHS for over a decade as unregistered practitioners, remained largely overlooked.  The authors challenged a powerful regulatory organisation, scrutinising whether its registration policies were truly fair and proportionate.

Aims and objectives

The primary aim was to conduct research and provide innovative pathways for NMC registration of these IENS, thereby increasing the nursing workforce.

Methods

After three years of tireless campaigning, which involved pioneering research, NMC round table briefings, engaging in external stakeholder meetings chaired by NMC, public consultations, and a strong presence on social and digital media, the authors succeeded in driving policy change at the Nursing and Midwifery Council (NMC) regarding English language test requirements for IENs.  The determined efforts were able to disrupt outdated policies and generate substantial change, transforming lives.

Outcomes

This brought about successful implementation of Supporting Information from Employers (SIFE) pathway which resulted in seamless integration of 11,949 experienced nurses into the registered workforce.  Additionally, the timeframe for combining scores from English language tests, such as OET or IELTS, was extended from six to 12 months.  This innovative and ground-breaking policy change enables applicants who have been working under UK nurse managers for over 12 months to provide employer assessment as additional proof of English language proficiency (NMC Council report 2024).  The results are cost-effective, as recruiting nurses from developing countries costs approximately £15,000 to UK taxpayers which is saved when registering overseas nurses already in the UK.

Conclusion

The team continues to serve as a member of an external Implementation Advisory Group (IAG) on a voluntary basis at the request of the NMC, to review the process and its impact regularly.

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## 5.2 Enabling a Sustainable Workforce: Process Evaluation of a Novel Interview

Dr Alison Callwood[1]

[1]University of Surrey, Guildford, United Kingdom

Introduction

Ensuring equity, inclusivity, and diversity in selection to health professions training programmes is recognised internationally as an ethical and practical imperative. Globalisation and increased workforce pressures amplify this need.  Fulfilling our responsibility to ensure fair selection is complex due to recent unprecedented change to online interviews and the need to ensure healthcare workforce sustainability.  We adapted the principles of universal design for learning (UDL) aiming to enable applicants to be the best version of themselves at interview.

Aim and objectives

To evaluate the accessibility needs of neurodivergent applicants when undertaking online interviews.

Methods

A co-design approach was used to evaluate an online Multiple Mini Interview (MMI) platform.  100 neurodivergent volunteers took a three question, four-minute MMI which was assessed by independent interviewers.  They completed a semi-structured evaluation questionnaire and were invited to suggest accessibility optimisation features.  An accessibility tool bar comprising these features was built into the platform and evaluated with an additional 100 neurodivergent volunteers.  Data were analysed using descriptive statistics and conventional content analysis. Differential attainment was explored by comparing neurodivergent volunteers mean scores with a random sample of n= 50 neurotypical volunteers using Mann Whitney test.  Ethical approval was obtained from the principal-investigator's university.

Outcomes

Suggested accessibility features included: colour, contrast, sub-titles, font choice, video settings and progress customisation, enabling applicants to optimise their interview set up.  92% of neurodivergent volunteers felt the platform made it easy to complete the interview; 70% thought the interview outcomes were fair and 70% were less anxious.  Statistically significant differences were not found in mean interview scores (per question or total) between neurotypical and neurodivergent volunteers.

Conclusion

These preliminary findings suggest the co-designed interview platform was fair and highly acceptable to neurodivergent applicants. Inclusive optimisations should be designed into online interviews enabling a wider community of applicants for a more sustainable workforce.

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## 5.3 Bilateral Labour Agreements to Safeguard Internationally Educated Nurses

Ms Mary Godfrey[1], __Dr Kirsten Brubakk__[2], Ms Felicia Kwaku[3], Mr Torbjørn Solberg, Ms Yama Toure
[1]Faculty Of Nursing and Midwifery, RCSI, Dublin, Ireland [2]Nordic Nurses Federation, Norwegian Nurses Organisation, Norway
[3]King's College Hospital NHS Foundation Trust, England

Introduction
Bilateral Labour Agreements (BLAs) between governments can play a pivotal role in ensuring health worker migration benefits both workers and health systems of participating countries.  The World Health Organisation's (WHO) new guidance strengthens the capacity of state actors in the processes of BLA's, aligning with the Global Code of Practice on the International Recruitment of Health Personnel.

Aim and objectives
- Raise awareness of nurse leaders regarding BLA's
- Examine the potential of BLAs to safeguard the rights, health and well-being of Internationally Educated Nurses (IENs).

Method
A multi-method approach was utilised, including literature reviews, expert consultations, and a survey of Chief Nursing Officers (CNOs) and National Nursing Associations (NNAs).  The research focused on identifying the knowledge base, best practices and challenges associated with BLAs regarding IEN migration.

Outcomes
Findings indicate that BLAs have significant potential to safeguard IENs through fair recruitment practices, equitable working conditions and professional recognition.  These agreements often lack critical provisions e.g. social integration, language support, and acculturation for successful integration.  The survey highlighted a widespread lack of awareness and involvement of nurse leaders in the BLA process, and a lack of access to reliable data, hampering effective monitoring and evaluation of BLA outcomes.  This led to the development of the Tripartite Model for BLAs as an approach to involve governments, CNOs and NNAs in BLA's for IENs.  The model advocates for the active engagement of nurse leaders throughout the BLA process to ensure that the rights, health and well-being of IENs are adequately safeguarded.

Conclusion
Implementing this Model could lead to enhanced ethical recruitment practices and retention, a more stable and inclusive healthcare workforce, and can be utilised globally.

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## 5.4 Mind the Gap: Bridging Academics and Practice for Nursing Retention

<u>Miss Stacy Hunt</u>[1], Ms. Gina Fleming
[1]Saskatchewan Polytechnic, Regina, Canada

Introduction

Research indicates that the proportion of young and newly graduated nurses leaving the profession has increased worldwide over the past decade (Faubert, 2024; Song & McCreary, 2020).  This alarming trend has further exacerbated the nursing shortage and compromised vulnerable systems struggling to meet modern healthcare demands.  It has been widely recognised that workplace issues such as bullying, lack of mentorship, burnout and stress contribute to attrition (Chachula et al., 2015).  In addition to these factors, new graduates report low nursing competency as a major contributor to their decision to exit the field.  This is defined as lacking advanced technical skills, critical thinking, communication, teamwork, professionalism and supporting patients to make informed decisions.

Aims and objectives

The purpose of this oral presentation is to discuss these challenges and provide recommendations about how curricular changes in primary nursing education programs may improve retention rates for newly graduated nurses.

Methods

A scoping review of the literature was conducted to determine how nursing education programs can potentially reduce the attrition rate of new graduates.

Outcomes and conclusion

Better retention outcomes may be achieved by better preparing students to cope with the complexities of healthcare environments and the demands of professional nursing practice. Strategies include augmenting soft skill development, increasing opportunities to practice supervised skills, and fostering resilience (Song & McCreary, 2020).

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## 5.5 Dementia Workforce Education in Acute Care: A Pilot Evaluation

Dr Leah Macaden[1], Dr Kevin Muirhead, Ms Siobhann Blair, Prof. Juliet MacArthur
[1]The University of Edinburgh, Edinburgh, United Kingdom

### Aim
To understand dementia care knowledge, attitudes, and confidence among acute-care support staff following a dementia education intervention.

### Design
A convergent parallel mixed methods pilot study.

### Methods
Data were collected from 30 participants using an online survey and three individual interviews between January and March 2024.  Descriptive statistics were used to analyse the survey data and a thematic analysis underpinned by Kirkpatrick's framework was used to analyse the qualitative data from interviews.

### Results
Survey data reported good levels of dementia knowledge, attitudes, and confidence among support staff with enhanced attitudes among staff who completed the training.  Motivation for learning and evaluation of the intervention on four-levels [satisfaction, learning gains, behaviours, and results] emerged as key themes from the interviews.

### Conclusion
The mixed methods integration highlighted the need for dementia education in the acute hospital and learning gains following this training.  Findings suggest that the dementia education intervention used in this study is an innovative and comprehensive approach to dementia training that promotes person / relationship - centred compassionate dementia care across all stages of the dementia journey.  Future evaluations will require organisational support to optimise staff engagement with dementia research and education.

### Implications for Nursing
This unique journey-based approach to dementia training will empower nurses to appreciate the complexities associated with dementia, the person behind the illness and provide person centred care solutions.  Additionally, the findings from this study also offer a lot of insight and new learning on the pedagogical approaches that are inclusive of peer supported reflective learning in small groups to enhance staff morale that remain untapped for nursing workforce development.

### Patient or Public Involvement
Dementia care scenarios used in this study were co-designed with experts by lived experience of dementia or family care partners with these experts involved in the delivery of this training where appropriate.

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## 5.6 Pathway to Registration Programme for Internationally Educated Nurses

Miss Joanne Peters[1], Prof. Mary Rose Sweeney[1], Mr Paul Mahon[1], Prof. Mark White[1], Ms Gillian Berry[1]
[1]Faculty of Nursing and Midwifery, RCSI, Ireland

Introduction

The global demand for healthcare professionals has surged, intensified by rising challenges in staff retention, especially following the COVID-19 pandemic. This is particularly evident in nursing workforce shortfalls across the world, including Ireland. Many nurses who have qualified abroad are facing significant obstacles with obtaining their registration in Ireland, due to differences in training, practice or regulation. Addressing these gaps and providing a structured route to registration is crucial when tackling the nursing staff deficits faced by the Irish healthcare system. The Pathway to Registration Programme (PRP) will provide an opportunity for internationally educated nurses to develop the necessary skills and knowledge required to meet the NMBI standards, adhering to the EU Directive and provide supported integration into the Irish healthcare workforce.

Aims and objectives

The programme aims to provide a pathway for nurses who have qualified overseas to bridge any gaps required to practice in Ireland. It incorporates a mix of clinical placements and theoretical modules focusing on clinical skills, patient safety, cultural competence, regulation, professional communication and the role of the nurse in the Irish context. Participants will be supported by a preceptor, enabling them to learn and integrate smoothly into the clinical setting. Regular assessments, reflection and feedback will ensure the programme is continuously responsive to the participants needs and evolving healthcare challenges.

Conclusion

The PRP will play an essential part in addressing the nursing staff shortages experienced in Irish healthcare. This programme will give many internationally educated nurses a clear and structured pathway to gaining their registration to practice in Ireland. By equipping them with the necessary skills and support, this programme not only enhances patient care but also fosters a sustainable and diverse workforce in Irish healthcare. An evaluation planned at the end of the first year will help refine and enhance its impact.

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## Expanding our professional view and impact

### 6.1 Knowledge Translation on Understanding Dignity: Development and Evaluation of DigniSpace

**Miss Yajing Wang**[1], Dr Elaine Webster[2], Dr Sheila Douglas[3], Dr Liz Ellis[4], Dr Leah Macaden[1]

[1]University of Edinburgh, Edinburgh, United Kingdom [2]University of Strathclyde, Glasgow, United Kingdom [3]University of Dundee, Dundee, United Kingdom [4]University of South Wales, Pontypridd, United Kingdom

Introduction

The concept of dignity is at the heart of health and social care practice; however, translating this abstract ideal into care presents challenges for practitioners. A decade long programme of research has resulted in the codesign of DigniSpace with nursing students: the first online space created as a Massive Open Online Course (MOOC) focusing on the concept of dignity through the lens of human rights law, and underpinned by the PANEL (Participation, Accountability, Non-discrimination & Equality, Empowerment and Legality) principles of human rights as the overarching framework.

Objectives

1. To create a sustainable dignity education resource to support flexible learning and reflective practice for health and social care practitioners.
2. To provide learning opportunities with free and equitable access to influence health and social care practice within the UK and beyond.

Methods

Development of the MOOC involved a three-stage process: pre-production; production and post-production. For evaluation purposes, two surveys were embedded in the MOOC: the first focused on learner engagement and satisfaction with DigniSpace, while the second examined learners' knowledge, understanding, and confidence in promoting dignity in practice. Additionally, learners' feedback and comments in the DigniSpace discussion forums were analysed through thematic analysis.

Outcomes

Since launch, 996 learners have enrolled in Dignispace from all over the world. The MOOC has helped provide inclusive and equitable high-quality education with opportunities for lifelong learning. From the 20 responses received so far (10 for each survey), over 90% of learners expressed satisfaction with DigniSpace and indicated they would recommend it to others. Initially, 40% reported insufficient knowledge and understanding of dignity and human rights, and a lack of confidence in upholding human rights principles in practice; however, this dropped to below 10% after completing the course. Data analysis of feedback/comments will be completed by February 2025, with findings reported at the conference.

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## 6.2 The Nursing Theory of Complex Adaptive Systems (NTCAS)

Prof. Ippolito Notarnicola[1], Prof. Blerina Duka[2], Dr Eriola Grosha[3], Dr Sara Carrodano[1], Prof. Rocco Gennaro[1], Prof. Alessandro Stievano[1,4]

[1]Centre of Excellence for Nursing Scholarship Opi, Rome - Italy, Rome, Italy [2]Catholic University Our Lady of Good Counsel, Tirane, Albania [3]University of Rome Tor Vergata, Rome, Italy [4]University of Messina, Messina, Italy

Introduction

The Nursing Theory of Complex Adaptive Systems (NTCAS) offers a framework for understanding how nursing systems function within the broader healthcare context.  By viewing healthcare organisations as complex adaptive systems, nurses can better navigate the dynamic nature of patient care and organisational change.

Aims and objectives

This study aims to explore the application of the NTCAS in nursing practice, focusing on how it can be used to improve patient care delivery, adapt to changes in healthcare systems, and enhance nurses' ability to work effectively in interdisciplinary teams.

Methods

A theoretical analysis was conducted to apply the principles of the NTCAS to nursing practice. Key concepts such as emergence, self-organisation, and interdependence were examined in relation to nursing workflows, decision-making processes, and team interactions.  Data were also collected from case studies where NTCAS principles were applied in clinical practice to observe its impact on care coordination and patient outcomes.

Outcomes

The application of NTCAS principles in nursing practice led to improved adaptability among nursing teams, enhanced decision-making, and better coordination of care.  Nurses working within complex adaptive systems were more capable of responding to changes in patient conditions and adjusting care plans accordingly.  Additionally, NTCAS facilitated more effective interdisciplinary collaboration and communication.

Conclusion

NTCAS provides a valuable framework for enhancing nursing practice in complex healthcare environments.  Its principles encourage flexibility, adaptability, and collaboration, which are crucial for managing the unpredictability of patient care.  Integrating the NTCAS into nursing education and practice can improve care delivery by fostering adaptive decision-making and interdisciplinary collaboration.  Future research should explore further applications of NTCAS in diverse healthcare settings.

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### 6.3 Teaching Planetary Health During the Anthropocene Epoch

Dr Sarah Oerther[1]
[1]Goldfarb School of Nursing, Barnes-Jewish College, Rolla, United States

Introduction

Currently, communities worldwide are facing new health challenges related to significant fluctuations in temperature.  These have led to droughts, floods, changes in air quality, and unexpected variations in insect and rodent disease vectors.  Unfortunately, many nursing students lack the knowledge, experience, or skills to collaboratively respond to these complex health challenges emerging in the 21st century.

Aims and objectives

The objective of this presentation is to describe how a Planetary Health lens can enable an understanding and appreciation of the critical linkages, cause-effect relationships, and feedback loops between environmental change and human health in the Anthropocene epoch.

Methods

Lecture, discussions, case studies, and interactive activities that explore Planetary Health and its implications on nursing educations.

Outcomes

By the end of this presentation learns will be able to:

1.  Define Anthropocene epoch.
2.  Describe how a Planetary Health lens will enable an understanding and appreciation of the critical linkages, cause-effect relationships, and feedback loops between environmental change and human health.
3.  Identify Anthropocene-related diseases based on The Centers for Disease Control's (2022) "Climate Effects on Health" diagram.
4.  To re-evaluation of the nursing curriculum to include skills for real-world nursing practice in the Anthropocene Epoch

Conclusion

By integrating a Planetary Health perspective into the nursing curriculum, we can foster a deeper understanding of the intricate connections between environmental shifts and human health.  This approach not only enhances students' ability to identify and respond to climate related diseases but also prepares nursing students to effectively collaborate and innovate in the face of unprecedented global health challenges.  Embracing these educational transformations will ensure that our healthcare workforce is well-prepared to safeguard community health amidst the dynamic landscapes of the 21st century.

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## 6.4 Expanding Horizons: Nurses and Midwives Shaping Impactful, Innovative, Transformational Healthcare

Mrs Alice Sony[1]
[1]Christian Medical College, Vellore, India

Introduction

The healthcare landscape is evolving rapidly, necessitating expanded roles for nurses and midwives. These professionals are increasingly recognised as leaders not only in patient care but also in policy-making and research-driven practice improvements (WHO, 2020; ICN, 2021).

Aims and objectives

The aims were to examine the evolving responsibilities of nurses and midwives and to emphasise their potential impact on healthcare transformation. The objective is to highlight key areas where nurses and midwives can drive change, including innovations in care delivery, research engagement, and policy influence.

Methods

A literature review was conducted, drawing on reports from global health organisations and peer-reviewed studies on the evolving role of nurses and midwives. Prospective observational methodology was used to evaluate nurse – led interventions and clinics established within the health care settings tracking patient outcomes over time and to assess the impact.

Outcomes

Nurse - led initiatives have reduced hospital readmissions, improved patient outcomes, and contributed to cost-effective care delivery. The findings revealed positive impact on patient care, improvements in patient outcomes and health care efficiency.

Conclusion

By 2040, it is anticipated nurses and midwives, will take on broader roles in multidisciplinary leadership, digital health and public health policy formation. As the scope of nursing and midwifery continues to expand, there is a critical need for advanced training in evidence-based practice, clinical competencies, health informatics and advocacy. These advancements will empower nurses and midwives to demonstrate measurable impacts on patient care and healthcare equity, solidifying their position as transformative leaders within healthcare systems.

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## 6.5 IRESTORE Residential Older Persons EWS Pilot - What's the Verdict?

**Mrs Mary Bedding**[1]

[1]National Deteriorating Patient Improvement Programme, Dublin, Ireland [2]National Quality & Patient Safety Directorate, Ireland

### Introduction

Early detection of acute physiological deterioration in older people in residential care facilities (RCFs) is vital to ensure timely treatment, but poses challenges as presentation of illness in older people is often subtle or atypical.  A proof of concept project was commissioned to scope out and test a EWS for use in older people (OP) in RCFs

### Aim

To scope out, identify and test a EWS to aid early detection of acute clinical deterioration in older people in RCFs.

### Methodology

Using PDSA QI methodology, a UK deterioration detection tool was adapted for testing in Irish OP RCFs, (re-branded IRESTORE).  15 pilot sites were chosen for a 3-month pilot (May-August 2024). Train-the-Trainer methodology was used to train local IRESTORE facilitators responsible for providing local education and data collection.  Data was collected on deteriorating resident episodes and nursing and HCA evaluations were undertaken to assess; staff acceptance of the tool, the implementation process and usefulness of the tool in practice.

### Results

There was a 22% decrease in the number of unplanned transfers from the pilot sites compared to same months in 2023.  HCAs positively evaluated the tool citing greater understanding of soft signs in relation to deterioration and increased confidence in reporting.  Nursing staff felt the tool aided identification of early deterioration, empowered nurses to care for unwell residents within RCFs and improved communication with other healthcare professionals.  Some felt the tool increased their workload, but acknowledged that it benefitted the residents.  Evaluations identified the Escalation Protocol was challenging for residents with a baseline INEWS greater than zero.

### Conclusion

The EWS tool was widely accepted by nursing and HCA staff who felt it improved their confidence to manage and/or escalate unwell residents.  The Escalation Protocol requires a review, after which it is hoped to scale-up the use of the tool nationally.

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## 6.6 From Bedside to Boardroom

Ms Niamh Rohan[1], Dr Chanel Watson[1], Prof. Robert McMurray, Dr John Paul Byrne[1]

[1]RCSI, Dublin, Ireland

Background

Nurses are the largest cohort of healthcare professionals, with a global nursing workforce of 27.9 million which accounts for 59% of the healthcare professional workforce (WHO, 2019).  They are in a prime position to make strategic change, yet under representation of nurses on the senior decision-making boards is common place.  In the United States, 4% of hospital and health system board seats are occupied by nurses (Sundean, 2022).  Empowering nurses to promote themselves with their unique knowledge and skillset is key to increasing their representation on multi- stakeholder health boards and improve healthcare outcomes.

Aim

The aim of this study is to explore the journey of nurses on executive level boards within healthcare services in terms of the structures and processes that impede or assist their progress.

Methods

Qualitative narrative inquiry methodology aligned with a theoretical perspective of constructivist knowledge attainment.  Methods include, one to one semi- structured online interviews with nurses who currently sit at multi- stakeholder executive level boards in different health care settings.  Data analysis was conducted through the use of reflexive thematic analysis.

Results

Twenty-five in depth interviews were conducted with nurse participants from 10 countries spanning across 3 continents.  Initial coding of data is completed and thematic development and refinement is in progress.  The question that the data poses is whether ambivalence to nurse membership is a consequence of its status as a profession, its relatively limited political power when set against its size, its gender composition or a combination of all these factors.

Conclusions

This was not an attempt to construct a grand theory but to make conceptual/theoretical contributions to help build a body of knowledge that will assist nurses to become influential representatives on multi- stakeholder executive level health boards.

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## 7.1 Can the UN Sustainable Development Goals Provide Opportunities for Nursing?

Dr Khadija Ahmed Matrook[1]
[1]Royal College of Surgeons in Ireland- Bahrain, Adliya, Bahrain

Introduction

With the shift in consciousness, nursing practice advocates effective contributions to the Sustainable Development Goals (SDG).  Nurses take key actions to plan care for patients, families, and the communities, thus promote well-being for all [SDG 3] (1).

Aim and objectives

Review nurses' reported contribution to the SDG, and suggest recommendations on nursing contribution, with interest in Bahrain.

Methods

Search database included MEDLINE, CINAHL, and WHO platform.

Outcomes

The review yielded 11 articles eligible for inclusion.  Through multidimensional scaling and cluster analysis in CINHAL, the number of indexed articles on the MDG/SDG shifted from null (2000) to 296 (2015) (2).  The identified MDGs focused on maternal, nutritional, and child health (MDG4, 5) (2, 3).  Mapping the MDGs against the SDGs highlights the significance of Midwifery (SDG3, 8) (2, 3).  Among SDGs, 23 of the 169 targets/enablers are health-related, with a 14% of SDGs compared to 35% of MDGs targets are health-focus (3).  In Bahrain, nurses comprise the largest healthcare workforce (N=7404) (2021) (4).  The WHO Bahrain Cooperation Strategy support the Government Action Plan (2019–2022) (5).  Bahrain was pioneer in adopting the SDGs, and potentially demonstrates a model in measuring the progress indicators (5).  However, despite the heavier reliance on nurses, they are less likely to be aware of or engaged in contribution to the SDG (2, 3).

Conclusion

The review reported that maximising the nurses' awareness can empower them to take key actions towards achieving the SDG.  It is recommended that actively engaging the nurses in the SDG enhances nursing profile and visibility, thus, promote a healthier population. Expanding nursing research and empowering nurses to contribute to the SDG can enhances nursing profile and visibility in Bahrain and worldwide.

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## 7.2 CALD Nurses: Their Role and Value

**Assoc. Prof. Maria Cassar**[1], Assoc. Prof. Roberta Sammut[1]

[1]University Of Malta, Tal Qroqq, Malta

Introduction

The participation of culturally and linguistically diverse nurses (CALD) in healthcare systems across Europe is widely sought and valued. The predicted future holds no change. Gaps in recruitment and retention processes of CALD nurses are however evident. Observed limitations in governance structures are concerning.

Aim

A country-specific account CALD nurses' participation in the nurse workforce over the last two decades is presented in this paper.

Methods

The turn of the millennium unveiled an unparalleled momentum of nurse migration toward Europe. The rate of growth of the proportion of CALD nurses in the nurse workforce in XXX since the turn of the millennium has been phenomenal; one-third of the nurses in the public sector and 72% of the nurses in the private sector are CALD nurses. The evidence available to-date indicates that conflict in one's homeland and the pursuit of professional growth and enhanced socio-economic prosperity have consistently been the main reasons for nurse migration. The experiences of recruitment, and employment in XXXX and the decision to move on or stay are varied in the evidence. Through a SWOT analysis of the main initiatives taken by the XXXX in view of (1) influencing justice across all parties, (2) enhancing sustainability of CALD nurses' participation in national policies and systems across the health and social care systems, and (3) securing reasonable social return, the authors critically discuss the evolving reality that they have navigated as nurse education leaders in XXXX. Successful outcomes are shared, challenges described, difficulties are discussed and predicted opportunities are cautiously forecasted.

Outcomes and conclusions

It is hoped that, in the least, this paper contributes to current relevant conversations on nurse migration. At best, this paper may inform the development of ideas, initiatives, policies pertaining to the participation of CALD nurses in other health and social care systems.

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## 7.3 The Effect of Music on Cardiac Surgery Patients

Dr Diane Carroll[1]

[1]Massachusetts General Hospital, Beverly MA, United States

Introduction

Patients undergoing cardiac surgery (CS) often have adverse physical/psychological responses to the experience.  These responses make the early post-operative period a challenge for patients.  The use of a music intervention may impact patient's responses with minimal safety concerns.

Aims and objectives

The purpose of this study was to measure physical/psychological responses pre and post a 30-minute music intervention compared to a standard of care (SOC) responses in CS patients.

Methods

A randomised, two group, pre-post clinical trial was initiated to demonstrate the effect of music on outcomes in adult patients after CS.  Those assigned to the intervention group listened to 30-minutes of music with headphones.  The SOC group listened to sound in the environment.  Serum cortisol and Immunoglobulin A, blood pressure, heart rate, respirations, pain as measured by a visual analogue scale and anxiety by Spielberger State Anxiety Scale were collected pre and post the intervention period in both groups.

Outcomes

There were 247 patients approached, and 120 patients were randomised, 59 subjects to SOC group and 61 subjects to the music intervention group.  The sample was 84 males and 36 females, with a mean age of 62.4 years, having valve repairs, aortic repair, valve replacement and/or coronary artery surgery.  There were no significant differences between groups on study outcomes before study intervention.  Post intervention, those randomised to the music intervention group had lower pain scores (3.8 vs 4.5, $p<.04$) and lower heart rates (beats per minute) (78 vs 81, $p=.05$) compared to the SOC group.

Conclusions

Music was effective in reducing pain and lowering heart rate.  Music is a safe nursing intervention that can be easily used for pain management.  Further exploration of the impact of music on other outcomes are needed to demonstrate the effects of music to reduce the burden of the CS experience.

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### 7.4 Addiction Care in The Health System

Mrs Samantha Makiwa[1], Prof. Mary Rose Sweeney[2]
[1]Dublin Simon Community, Dublin, Ireland [2]Royal College of Surgeons Ireland, Dublin, Ireland

Introduction

Studies have shown that the prevalence of drug and alcohol addiction, as well as the misuse of substances such as opioids, benzodiazepines, marijuana, methamphetamines and cocaine has increased over the past few years (Department of Health 2016, Irish Medical Organisation 2015). Addiction to these substances has detrimental effects on the physical and mental wellbeing of affected individuals, and often requiring emergency treatment or admission to hospital. Specialist expertise in the treatment and care of individuals experiencing addictions is rare with very few health professionals knowledgeable or specialised in that field. Healthcare staff now routinely encounter patients/service users experiencing addiction to multiple substances within everyday health care settings. Due to the scarcity of specialised addiction knowledge and expertise within the healthcare system, most staff are not equipped to provide optimum care to service users/patients experiencing addictions. Therefore, patients often do not receive care and support specific to their needs. Furthermore, staff working under these conditions without the appropriate training, knowledge and skills are also at higher risk of stress and even burnout themselves.

Aim

The aim of this research/practice development initiative is to bridge the knowledge gap in addiction treatment and care through empowering healthcare professionals to be confident in their understanding of addiction, and how to assess, diagnose, intervene and care for individuals experiencing addiction/s.

Methods

In this presentation we will describe the development of this fully online CPD programme which will run for 12 weeks and incudes lecturers with multidisciplinary expertise working across academic and frontline services in national and international settings.

Implications for health practice/research

This CPD will equip healthcare staff who routinely interact with service users /patients experiencing addiction with the knowledge and skills required to provide better care and treatments. It will also increase their confidence levels, foster better working environments and improve job satisfaction.

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## 7.5 'Mums-using-Music' (MuM): An Interdisciplinary Programme for Mental Wellbeing in Pregnancy

Assoc. Prof. Triona McCaffrey[1], Assoc. Prof. Sylvia Murphy-Tighe[2], Dr Pui Sze Cheung[3]

[1]Irish World Academy of Music and Dance, Participatory Health Research Unit, Health Research Institute, University of Limerick, Limerick, Ireland [2]Department of Nursing and Midwifery, Participatory Health Research Unit, Health Research Institute, University of Limerick, Ireland [3]Edge Hill University of Liverpool and Health Research Institute, University of Limerick., Liverpool, United Kingdom/Ireland

### Introduction
The idea of music as a health resource in pregnancy is gaining wider recognition internationally. There is research that shows positive effects of music on the mental and physical wellbeing of a woman and their foetus.  However, there are few opportunities for pregnant women in Ireland to learn about efficacious use and application of music for wellbeing in the antenatal period.

### Aims and objectives
This interdisciplinary research led by midwives and music therapists aimed to design, deliver and evaluate the 'Mum's Using Music' (MuM) online programme that aimed to resource women with music knowledge and tools to support their mental wellbeing and prenatal attachment during pregnancy.

### Methods
A participatory action research approach was employed where women with lived experience of using music in pregnancy, midwives and music therapists, co-designed and evaluated this controlled-trial study.  Participants (n=16) were women who were over 18 years of age, spoke English and were first-time pregnant between 18-35 weeks.  Each were assigned to a usual care group (n=8) or a music group (n=8) that comprised of four online 60-minute sessions co-facilitated by a music therapist and a midwife.  Programme evaluation involved participants' self-completion of the Warwick-Edinburgh Mental Wellbeing Scale and Prenatal Attachment Inventory in addition to exploration of their lived experience as described in an online focus group.

### Outcomes
This presentation will describe MuM findings in terms of maternal wellbeing, anxiety and lived experiences of participation. It will also reflect on the participatory nature and online environment of this innovative programme.

### Conclusion
Through this presentation we will showcase the value of interdisciplinary collaboration between midwives and music therapists in addressing UN Sustainable Development Goals (SDGs 3 & 5) to ensure healthy lives and promote well-being while also progressing the empowerment of women.

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## 7.6 Validating Rates of Nursing-Sensitive Adverse Events: A Retrospective Chart Review

Ms Anna Connolly[1], Ms Maria Unbeck[2], Mr. Fiachra Bane[3], Ms Kasia Bale[4], Ms Margaret Craig[1], Ms Anne Matthews[1], Mr Anthony Staines[1], Ms Marcia Kirwan[1]

[1]School of Nursing, Psychotherapy and Community Health, Dublin City University, Dublin, Ireland [2]School of Health and Welfare, Dalarna University, Falun, Sweden [3]Healthcare Pricing Office, Dublin, Ireland [4]Department of Nursing and Midwifery, University of Canberra, Canberra, Australia

Introduction

Adverse events (AEs) are disproportionately experienced by older adults given their complex care needs.  Pneumonia, urinary tract infections (UTIs), pressure ulcers and delirium commonly occur in older patients when nursing care demands exceed supply.  Hospital In-Patient Enquiry (HIPE) data informs the planning and provision of hospital services and must accurately represent a patient's encounter with the healthcare system.  Retrospective chart reviews are commonly used to validate such datasets.

Aims and objectives

To validate HIPE data rates of pneumonia, pressure ulcers, UTIs and delirium in patients over 65 years of age through comparison with retrospective chart review data.

Methods

A total of 1000 randomly selected admissions of inpatients aged over 65 were reviewed using a two-stage retrospective chart review.  The researchers, healthcare professionals and patient representatives co-produced a data collection instrument and structured protocol to guide the chart review.  AEs were confirmed by chart review and the HIPE data were validated by comparing the chart review and HIPE data.

Outcomes

Of the 1000 admissions reviewed, 233 (23.3%) had at least one AE.  On secondary review, a total of 381 AEs were identified.  Overall, 84 cases of pneumonia, 55 UTIs, 140 pressure ulcers and 102 cases of delirium were identified.  Of these, 32 cases of pneumonia, 10 UTIs, 10 pressure ulcers and 44 cases of delirium were recorded in the administrative data and assigned Hospital Acquired Diagnosis flags.

Conclusion

The AEs rates identified during the chart review are in line with international studies.  The divergence between the chart review and HIPE data suggests that HIPE may not accurately represent these AEs.  Improvements to coding and clinical documentation processes are necessary to improve the accuracy of these datasets and increase the visibility of nursing within them.  This will provide opportunities for improvements in patient safety and healthcare quality within nursing care.

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## 8.1 Evaluating the Impact of Ireland's First Student Nursing Podcast

Ms Erika Jones[1]

[1]St James's Hospital, Dublin 8, Ireland

Background

The nursing profession in Ireland faces significant challenges, particularly in staff retention and transitioning from academic settings to clinical practice.  Approximately 73% of newly qualified nurses are considering leaving the Irish healthcare system upon qualifying, highlighting the need for innovative solutions to support student nurses.  In response, a student-led podcast was launched to provide ongoing professional development, mental health support and to foster community among nursing students.

Aims and objectives

This study assesses the impact of a novel student nursing podcast on the educational experience, professional development, and well-being of nursing students, while exploring student feedback to inform future content development.

Method

An initial survey of 80 nursing students in the author's hospital revealed overwhelming interest, with 79 expressing support of the podcast creation.  Based on this demand and feedback, the podcast was launched on the 26th of February 2024, providing content on clinical skills, mental health and career advice.  The podcast attracted over 2000 global listeners.  A follow-up survey assessed satisfaction and content relevance. Ethical approval was obtained from the author's hospital's research department.

Outcomes

Survey results indicated high satisfaction, with 60.71% of respondents very satisfied and 37.5% satisfied.  Furthermore, 87.72% found content extremely relevant or very relevant.  Key themes for future episodes include internship guidance, career development, practical skills and specialty insights.

Conclusion and impact

With over 2000 listeners globally, endorsements from NMBI and TCD and recognition as a shortlisted entry for the Irish Healthcare Awards, this initiative has demonstrated significant engagement and impact.  Survey feedback highlights high satisfaction and relevance, supporting the podcast's role in building clinical skills and resilience.  By reducing reliance on physical resources and offering flexible learning, the podcast advances cost savings and enhances patient care, contributing to Ireland's healthcare education and workforce retention efforts.

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## 8.2 Twelve Steps to Maximising Your Professional Development

Dr Maria Colandrea[1]

[1]Society of Otorhinolaryngology Head and Neck Nurses, Cary, United States

This presentation outlines twelve essential steps to maximise the professional potential of healthcare professionals, particularly within nursing.  These strategies include joining professional organisations, pursuing continuous learning, and contributing to the field as a published author.  Emphasis is placed on developing effective communication skills, building self-awareness, and constructing a strong curriculum vitae.  The importance of receiving and providing mentorship is underscored to foster growth within the field.  Networking and embracing leadership roles are highlighted as pathways to influence and impact.  Additionally, the presentation discusses the importance of building resilience to maintain career satisfaction and overcome the challenges of a demanding profession.  These steps provide a framework for nurses to advance their careers, become leaders in their field, and contribute to improved patient outcomes.

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### 8.3 Nurses and Polypharmacy: A Study on Older Adults in Italy

Dr Sara Carrodano[1], Prof. Ippolito Notarnicola[1], Prof. Gennaro Rocco[1], Prof. Alessandro Stievano[1,2]

[1]Centre of Excellence for Nursing Scholarship, Rome, Italy [2]University of Messina, Messina, Italy

Introduction

As one of the largest professional groupings, nurses are ideally placed to initiate and lead changes with a focus on patient safety.  As the population ages, the challenge of drug interactions grows exponentially. World Patient Safety Day 2023 offered a unique opportunity to test nurses' ability to manage therapeutic complexity using state-of-the-art tools.  One of them is INTERCheck, a platform that can be utilised to detect potentially harmful drug interactions.

Aims and objectives

To explore how nurses, through the use of advanced technology, can design a safe and effective polypharmacy management system, ensuring a robust framework for patient health.

Method

46 multidisciplinary health professionals' teams carried out a free therapeutic reconciliation check on 488 elderly patients.  This was supported by INTERCheck, a platform that helped nurses identify possible harmful drug interactions.  Afterwards, the participating nurses shared their experiences through a questionnaire.

Outcomes

95% of patients were at risk of noxious drug interactions, and 66.5% of these were at a severe risk. Although, prior to the initiative, 35.7% of nurses were not completely aware of potentially damaging drug interactions regularly, INTERCheck had a revolutionary impact. 100% of nurses recognised its usefulness, and 93% were willing to participate in future studies to evaluate its impact on patient safety.

Conclusions

Nurses possess a pivotal role in addressing patient safety.  Through technology and education, they can transform the complexity of polypharmacy into a safe and sustainable practice for patients.

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## 8.4 Achieving Sustainable Improvement in Nursing Practice thru Collaboration

Ms Kevin Callans[1,2], Mr Devin Chaves[2,3,4], Mr Eamonn Farrington[2,3,4], Mr Marc Silva[1,2,3,5], Ms Abigail Siebert[2,3,5], Lic. Ana Milena Ospino[5], Lic Yelaine Salinas[5], Lic Jessica Rivera[4]

[1]Mass Eye and Ear Infirmary, Boston, United States [2]Mass General Hospital for Children, Boston, United States [3]CareWays Collborative, Lexington, United States [4]Hospital San Juan de Dios, Guatemala City, Guatemala [5]Napoleon Franco Hospital for Children, Colombia

CareWays Collaborative is a Boston-based global health surgery and research foundation that partners with public paediatric hospitals in Latin America. A team of health care professionals from Mass General Brigham (doctors, nurses and speech language pathologists) support care for patients who cannot breathe or speak due to airway complications by teaching in-country physicians and nurses resulting in sustainable airway surgical programs. CareWays Collaborative returns to the same hospitals for five years, making a sustained investment in relationships and knowledge transfer.

We implement a multi-faceted program designed to improve nursing confidence, caring for children that have complex surgeries to address airway complications. CareWays Collaborative's has made contributions to sustainable nursing practices over the past few years working in Colombia and Guatemala, collaborating with nursing directors to tailor our programs to the particular needs of the nursing staff and raise the level of nursing practice. The CareWays Collaborative program has three distinct elements:

1. We provide video teaching to nurses focusing on post-operative critical care. Our expanding video teaching library leverages the 'Canvas' platform, which hosts recorded training sessions for review or asynchronous training. The videos are available in Spanish and accessible on a smart phone or other device.
2. We provide simulation manikins and demonstrate how simulations with teams of nurses improve assessment and provide interventions, including the need for CPR. The simulations can also be conducted remotely from our offices in Boston between visits.
3. Our team emphasises and models the role of nurses an integral part of the team in bedside daily "huddles", delivering sustainable increases in practice by breaking down longstanding cultural barriers between physicians and nurses.

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## 8.5 Methods Evaluating the Impact of CPD Educator Courses

**Dr Giuseppe Aleo**[1,2], Dr Catherine Fitzgerald[1,2], Ms Niamh Walsh[1,2], Dr Nicola Pagnucci[1,2], Ms Claire MacRae[3], Prof. Thomas Kearns[1,2], Mr Lawrence Sherman[4]

[1]European Centre of Excellence for Research in Continuing Professional Development (UPGRADE), Faculty of Nursing and Midwifery, Royal College of Surgeons in Ireland, Dublin, Ireland [2]Faculty of Nursing and Midwifery, RCSI, Dublin, Ireland [3]Association for Medical Education in Europe (AMEE), Dundee, United Kingdom [4]Meducate Global, LLC, Tierra Verde, USA

### Introduction
There is little evidence indicating whether Continuing Professional Development has an impact on educational practices, therefore its evaluation is crucial, because gains in knowledge are not automatically reflected in practice and improvements in patient outcomes.

### Aims and objectives
This study aimed to identify an effective method to evaluate the views, opinions, beliefs and experiences of attendees from Botswana, Kenya, Lesotho, Malawi and Rwanda with regard to a course to train CPD educators, which included the use of an innovative Community of Practice platform and assess how this course enabled participants to effectively design, develop, deliver, and evaluate their own CPD initiatives.

### Methods
Mixed methods including a survey and focus groups.

### Outcomes
The quantitative phase, where approximately 60-75 participants replied to a survey evaluating the effectiveness of the CPD Educator course.  This survey consisted of 14 items spread across 4 sections (Learning Experience and self-efficacy; Networking and Building Community; Achievement and Validation; and Outcomes/Impact).

The qualitative phase involved various focus groups with the same participants who responded to the survey, which enabled to delve further into the responses given in the survey to elaborate the participants' views, opinions, beliefs and experiences regarding the effectiveness of the CPD Educator course and its impact on their educational practices.

### Conclusion
Few data are available on the evaluation of the impact and effectiveness of CPD for healthcare professionals.  Therefore, this quality assessment methodology could enable to gain a better understanding of how our participants not only rate the quality of CPD Educator Course, but principally how it impacted on their profession and changed their educational practice.  The implementation of effective online education requires an ecosystem of formal, informal, and social resources to support it, such as library resources, career progression, and mentoring services.

We thank our African country liaisons.

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### 8.6 2025 – 8 Billion People; 11.5 Million Prisoners; Who Cares?

Mr Enda Kelly[1,2]

[1]Irish Prison Service, Dublin 7, Ireland [2]Faculty of Nursing and Midwifery RCSI, Dublin, Ireland

Introduction

In 2024 the world population is estimated to be in excess of 8 billion. Of this over 11.5 million people are in prison. The profile of those in prison can be evidenced with living histories of poverty, marginalisation, trauma, exclusion, addiction, mental ill health, familial and societal neglect, vulnerability and desperation.

Aims and objectives

Far from being apologists for crime, those who work in the prison environment strive to create functional lives and futures for those who are incarcerated. They aim to bring and restore a sense of hope for the future and support people to live and participate in their communities after they leave prison.

While nurses are recognised worldwide as the largest profession in health and social care so they are also the largest profession providing that same health and social care in prisons. Nurses' professionalism in the prison environment not only caters for ill health but contributes hugely to the safety of prisoners, the prevention of avoidable harm and the management of risk regardless of location or situation.

International literature provides guidance for the highest standards of delivery of healthcare in prisons. The question is how is the best care delivered in prisons? The answer relies on the absolute caring approach of professional, dedicated, compassionate and competent nurses.

Outcome

In prisons nurses deliver care 365 days a year in environments where health and caring is not the core purpose of the organisation they work for or the environment they work in. This brings unique challenges and barriers for nurses where their primary responsibility of accountability to their patient can be tried and tested both overtly and covertly and where more importance is often placed on expediency over integrity.

Nurses in prisons work in some of the most repressive, professionally isolated, ethically challenging and yet rewarding environments.

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## Nursing and midwifery in a new world of health determinants

### 9.1 Using Nature Based Therapy in a Bog Improves Mental Health

Ms Clare Carvill[1], Ms Madeline Colwell[1], Dr Kevin McKenna[1], Dr Áine McHugh[1]

[1]Department of Nursing Midwifery and Early Years, Dundalk Institute of Technology, Dundalk, Ireland

Introduction

There is evidence in Ireland and internationally, of the many benefits that spending time in natural environments can have on mental health and overall wellbeing. This study was comprised of an 8-week programme, in which participants (n=34) attended the bog for 2 hours every week to participate in activities. These activities included walking, bird watching, flora and fauna education, photography, artwork, poetry and engaging in mindfulness and meditation activities. Co-production is a collaborative approach which involves shared decision-making, in which participants choose and plan the activities undertaken during the study, promoting team work, recovery and equality.

Aims and objectives

This research study aimed to explore the role of nature-based therapeutic interventions (in bog environments) on the maintenance and improvement of mental health in a group of people attending the mental health services for support in the counties of Louth and Meath in Ireland. The study aimed to empower the participants by using co-production practices, and foster social connections to reduce feelings of loneliness.

Methods

This research study had a mixed methods design, using both quantitative and qualitative data collection methods. The quantitative approach consisted of four validated questionnaires, which participants completed on the first and final weeks of the programme. In order to collect qualitative data, participants took part in focus groups following the programmes completion, in which they answered questions about their experiences on the bog.

Outcomes

The findings of the research have been profound, with reductions in anxiety and depression symptoms for participants, social and nature connection, empowerment and a sense of belonging, happiness and peace.

Conclusion

The study highlights the role of bogs and nature-based therapeutic interventions in enhancing wellbeing for those living with mental health difficulties. Bogs are places of beauty where one can go to connect with themselves, their local community, and cultural heritage.

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## 9.2 A Nurse-Led Programme to Tackle Healthcare Inequalities

Dr Pippa Sipanoun[1]

[1]University Of Surrey / Great Ormond Street Hospital for Children NHS Foundation Trust, London, United Kingdom

Introduction

Over half of families at Great Ormond Street Hospital for Children (GOSH) are disproportionately at risk of or vulnerable to experiencing avoidable healthcare inequalities (HI), impacting patients' and parents'/carers' ability to access care, their experience of healthcare, with the potential to impact outcomes. For this reason, tackling HI is high on the agenda at GOSH.

Aims and objectives

A full nurse-led programme which aims to evaluate and mitigate HI, educate staff members, and advocate for change in child health policy is underway at GOSH.

Methods

This nurse-led initiative includes:

- A HI Steering Committee, responsible for leadership and accountability
- Six working groups (Access to care, Clinical outcomes, Digital exclusion, Raising awareness, Patient experience, Data dashboard)
- A Trust-wide quality improvement project iteratively evaluating the HI programme, focusing on key priority areas identified by young people, parents and staff members (including Equitable access to healthcare services, Digital inclusion and literacy, Language and communication, Logistical coordination and support for families)
- A Scoping review of the literature evaluating the impact of HI on children and young people with long-term health conditions
- A Child health advocacy campaign with local, national and international influence.

Outcomes

Through compassionate, inclusive leadership, and extensive engagement, over 120 people from GOSH are now involved across the workstreams, tackling all aspects of inequities that result from HI. This includes a comprehensive package to tackle digital exclusion, in collaboration with Good Things Foundation charity, effective workstreams, and significant shifts in emphasis in child health policy over the past 12 months as a result of our advocacy campaign.

Conclusion

A formal, methodological, evidence-based, nurse-led HI programme has successfully been implemented at GOSH, with the overall aim of creating sustainable change in improving access to care, patient experience and outcomes.

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## 9.3 Advance Nursing Role in Disaster and Emergency Management

Dr Yousef Al-Shaabi[1]

[1]Ministry of Health, Sana,a, Yemen

In light of international changes, conflicts and wars in Russia, Ukraine, the Middle East, Africa and Europe, nuclear threats due to conflicts, as well as climate changes and the resulting hurricanes, earthquakes, cold and heat waves, epidemics such as Corona Covid 19, and the increase in various disasters according to all global indicators, all of this confirms that we, the health sector, are facing. The biggest challenges are to save people's health, and nursing is the largest and most important part of the health system, and enabling nursing to play advanced roles in confronting disasters will play a major role. This paper highlights the importance of empowering and qualifying nurses to play a major global role in confronting disasters and emergencies in mitigation, preparedness, response, and recovery.  We will highlight some important interventions that must be prepared for in order to arrive as soon as possible to an advanced nursing cadre qualified to confront disasters and emergencies in the world.

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## 9.4 Exploring and Understanding the Saudi Newly-Qualified Nurses and Midwives Experiences

Dr Nasreen Alshamy[1]
[1]King Saud University, Riyadh, Saudi Arabia

Background

There is a need to understand the experiences of newly qualified Saudi Nurses and Midwives (NQMs/NQNs) during the transition period in the context of Saudi Arabia and to understand the perspectives of other key informants, such as head Nurses/midwives, clinical instructors, and preceptors.

Aims

To explore the individual experiences of Saudi Female NQNs and NQMs in clinical practice during the transition period.

Methods

This study is a qualitative multiple-case study design.  Data were collected by conducting face-to-face, semi-structured interviews for ten NQNs and NQMs, and six health care staff, and documentary reviews in two government hospitals in KSA.  Data analysis from within and cross cases are according to Meleis et al. (2000) transition theoretical framework.

Results

Three factors were found to facilitate or inhibit the transition: personal, society undergraduate education, and working environment. NQNs and NQMs are adopting several strategies to facilitate their transition experience.  Finally, NQNs and NQMs explain their need for further changes to improve the Saudization program to achieve the KSA 2030 vision.  Healthcare staff emphasised the need to prepare the NQNs and NQMs to facilitate their transition.

Conclusion

Despite the factors affecting the transition experience, SaudiNQNs and NQMs are managing and coping with the challenges to remain in the profession.  Saudization program policies and health care staff are supporting NQMs to improve the transition experience.  However, there is a need to review these policies to reduce the challenges faced by NQNs and NQMs.  This study explores the Saudi NQNs and NQMs experience during the transition, the facilitator and the inhibitors, and patterns of response.  From the findings and the discussion of this study, some recommendations need to be addressed for further actions and explorations in different aspects such as the Saudi government and Health Care Organisation, Sociocultural, Nursing Education, and area for further research.

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## 9.5 Threats, Pressure and Veiled Coercion: Decision-Making About Induction of Labour

Dr Susann Huschke[1], Ms Pam Davis[1], Ms Roísín Smith-Meagher[1]

[1]School Of Medicine, University of Limerick, Limerick, Ireland

Introduction

The analysis presented in this paper focuses on the experiences and views of birthing people in relation to the decision-making process that led to their induction of labor, an issue that has not been investigated in the Irish context.

Methods

We present qualitative findings from a national mixed methods survey. A total of 3,824 people started the survey, and 2,522 respondents completed the entire survey (66%). Of the 1,198 respondents who had an induction, 474 left a text response describing their induction experience. The guiding question for our analysis of these open text responses was: to what extent did birthing people feel involved in the decision-making process, making informed and voluntary decisions to have an induction of labor?

Results

A minority of women described feeling respected, informed and involved in the decision-making process around induction of labour. These responses were outweighed by women describing a lack of balanced information about the risks, benefits and alternatives to induction, leaving them feeling unprepared and misguided. Respondents also described practices of coercion and duress, such as repeated and persistent asking until "consent" was obtained, and fear-mongering through highly emotive language and over-stating the risks of waiting for spontaneous labor. In a small number of cases, women described assault, when interventions such as cervical sweeps and breaking of the waters were performed without even asking for consent.

Discussion

We propose that using the legal framework of the HSE National Consent Policy as a discursive tool, both in research and in practice, can be one of way of un-normalising coercive, non-consensual practices in maternity care.

References

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## 9.6 A Multilevel Intervention to Promote HPV Vaccination in Hong Kong

Prof. Janet Wong[1], Ms. Evelyn Lee[2]
[1]Hong Kong Metropolitan University, Hong Kong, Hong Kong SAR, [2]United Christian Nethersole Community Health Services, Hong Kong, Hong Kong SAR

Introduction

Human papillomavirus (HPV) vaccination is a powerful cancer prevention tool that protects against cervical cancer and other HPV-related diseases.  Despite the availability of effective vaccines, HPV vaccination (HPVV) uptake remains suboptimal due to various barriers.  In Hong Kong, complimentary HPVV is provided to schoolgirls aged 10 since 2019-2020.  However, many adolescents in secondary schools have yet to complete the vaccination.

Aims and objectives

This presentation includes design, implementation and evaluation of a multilevel intervention to promote HPVV in Hong Kong in 2019-2023.  According to socioecological model, the intervention targeted HPVV uptake in adolescents (individual level); tailored educational talks to parents and teachers (interpersonal level) and communicated with school principals for out-reached HPVV programme (organisational level).

Methods

A mixed-methods evaluation was employed, involving quantitative surveys and qualitative interviews. Participants were secondary school students.  They were provided a workshop and an interactive decision-based game that can be played at home.  The primary outcome was the HPVV uptake rate at six months, with secondary outcomes including HPV and HPVV knowledge, perceived barriers, and perceived benefits.

Outcomes

In total, 1,830 participants attended the workshops, 867 downloaded and played the game.  The HPVV uptake rate increased significantly, with 51.2% vaccinated at three months and 88.6% at six months. Knowledge scores, perceived severity, and perceived benefits improved significantly, while perceived susceptibility decreased.  Qualitative interviews with teachers highlighted barriers such as high vaccine cost and insufficient knowledge among teachers and parents.

Conclusion

A multilevel HPVV promotion programme is needed.  It effectively promoted HPVV uptake and improved HPV-related knowledge and perceptions among adolescents.  Despite challenges posed by the COVID-19 pandemic, the game demonstrated potential for scaling up HPV vaccination promotion. Future efforts should focus on addressing vaccine cost, enhancing access to HPVV, fostering health literacy among teachers and parents and incorporating HPVV information in curricula.

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## 10.1 Characterising Pediatric Discharge Diagnoses Associated with Daily Extreme Heat Exposure

Dr Sarah Oerther[1], Dr Zidong Zhang[2], Ms Joanne Salas[2]

[1]Goldfarb School of Nursing, Barnes-Jewish College, Rolla, United States [2]Saint Louis University, St. Louis, United States

Introduction

Globally, extreme heat has become a significant concern due to its increasing frequency, intensity, and duration, which can severely impact human health.  Few studies have examined associations of extreme heat exposure with paediatric morbidity in the Midwestern United States.  This research gap is significant because environmental factors such as humidity and urban heat islands in the Midwestern United States can differ significantly from those on the East or West Coast of the United States.

Aims and objectives

The aim of our study was to examine the relationship between daily extreme heat exposure (daily temperature is greater than the 90th percentile for the month) and paediatric discharge diagnoses across various healthcare settings, including Urgent Care clinics, Emergency Departments, and inpatient hospitalisations.

Methods

A time-stratified case-crossover design was used to analyse health records from the SLU-SSM Health Virtual Data Warehouse from Missouri, Oklahoma, Southern Illinois, and Wisconsin.  Estimates were stratified by age group, sex, black vs. white race, and neighbourhood socioeconomic status to examine the varying impacts of extreme heat on specific demographic groups.

Outcomes

We found significant associations with dehydration, general symptoms, heat-related illnesses, and infections.  The impact of extreme heat exposure varied across demographics, with vulnerable groups including children aged one to four, males, and individuals from low socioeconomic status areas.

Conclusion

Our results could help shape the future of science and healthcare by contributing to better guiding clinical and public health prevention practices to promote environmental justice and better climate resilience. Our research may also lead to future behavioural adaptations that prioritise health equity and protect physiologically vulnerable children from temperature-related health risks.

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## 10.2 LGBTQ Health Research in Ireland, Where We Go from Here

Dr John Gilmore[1]

[1]University College Dublin, School of Nursing Midwifery and Health Systems, Dublin, Ireland

Introduction

LGBTQ+ health research in Ireland is notably limited, with significant gaps in understanding health disparities across diverse LGBTQ+ communities. This scoping review provides the first comprehensive synthesis of LGBTQ+ health research conducted in Ireland, offering a baseline overview of existing knowledge and identifying priority areas for future investigation.

Aims and objectives

To map the current landscape of LGBTQ+ health research in Ireland, identify primary areas of focus, and highlight critical gaps in representation to inform future research directions and health policy.

Methods

A systematic search was conducted across PubMed, PsycInfo, CINAHL, and Embase, with search terms developed in collaboration with a specialist librarian. This yielded 1,455 records, which were refined to 1,197 unique studies after duplicate removal. Title, abstract, and full-text screening reduced the selection to 59 studies.

Outcomes

The studies reviewed predominantly addressed mental health (22 studies) and sexual health (20 studies), with additional focus on substance use (6), cancer (3), and ageing (1). Eight studies were transgender-specific, while two examined happiness and social connection, reflecting central themes within LGBTQ+ health research in Ireland.

Conclusion

The findings indicate a heavy focus on gay, bisexual, and other men who have sex with men (gbMSM), with intersex individuals, bisexual people, and sexual minority women significantly underrepresented. Much of the research relies on minority stress theory, an explanatory model for health disparities that may not fully capture the intersecting influences on health within diverse LGBTQ+ communities. Additionally, the absence of systematic sexual orientation and gender identity (SOGI) data collection in national health studies and electronic health records limits our ability to monitor health disparities effectively. To advance health equity for all LGBTQ+ populations, future research must prioritise underrepresented groups, integrate intersectional frameworks, and advocate for the inclusion of SOGI data in health systems.

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### 10.3 Virtual Ward - Curriculum Development for Nurse Education in Ireland

Ms Patricia Gohery[1], Ms Sarah Keane[2]

[1]Centre for Nursing and Midwifery Education, HSE Mid-West, Limerick, Clare & North Tipperary, Ireland [2]Nurse Education Centre, St. Vincent's University Hospital, Dublin, Ireland

Introduction

The concept of the virtual wards within Ireland is introduced as part of current health reforms. Two model four hospitals in the Republic of Ireland were selected to pilot a virtual ward model, in accordance with an exciting new initiative launched by Health Minister Stephen Donnelly in December 2023. The two Model 4 hospitals chosen to partake in this stimulating new venture were St. Vincent's University Hospital, Dublin and University Hospital Limerick, HSE Mid-West.

Aims and objectives

A Registered Nurse Tutor, from each pilot site, were tasked with the unique opportunity to collectively design, develop and co-ordinate a national education curriculum aimed at supporting staff as they transition into the Virtual Ward Setting.

Methods

The education programme was delivered face to face supported with simulated clinical practice using digital technology and guided by our clinical subject matter experts, educational and technical supports.

Outcomes

Virtual ward staff who attended the programme were invited to complete an evaluation at the end of each day. Programme facilitators also completed an evaluation, providing a 360-degree appraisal of the programme. The evaluation process revealed that the education programme was well received on both sites. Excellent channels of communication, networking and collaboration between both pilot sites had a positive reflection upon the education programme delivered.

Conclusion

This collaboration between the Centre of Nursing & Midwifery Education, HSE Mid-West and the Nurse Education Centre at St. Vincent's University Hospital, reflects a shared commitment to improving healthcare delivery and offering better outcomes for patients. This is an exciting time in healthcare and allows the combination of digital technology with the provision of high-quality education and training. This virtual ward national education curriculum serves as an educational building block that can be adapted to meet the evolution of the virtual ward within the Republic of Ireland.

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## 10.4 Promoting Health and Inclusion: Accessing Amenities for People with Disabilities

**Ms Andrea McFeely**[1], Mr. Johnny Loughery[2], Dr Damien Duddy[2], Miss Lily Pyper[2], Ms Niamh Walsh[3], Mr Paul Gallen[2]

[1]Occupational Therapy Consultancy Services and Paediatric Care, Occupational Therapy Clinic, Letterkenny, Ireland [2]No Barriers Foundation, Unit 5, Mountain Top, Letterkenny, Co Donegal, Ireland [3]Royal College of Surgeons Ireland, 121 Saint Stephens Green, Co Dublin, Ireland

Introduction

Despite several efforts to redefine and promote inclusion for people with disabilities, social exclusion among people with intellectual disabilities persists in their local communities (Carnemolla et al., 2021). People with Down syndrome continue to be at higher risk of cardiovascular diseases and cognitive decline compared with other populations.  They engage in less exercise and physical activity and experience higher rates of depression and social exclusion leading to feelings of segregation and social isolation.  The Down Syndrome Champions programme at the No Barriers Foundation in the Northwest of Ireland, embarked on quality improvement initiatives to enhance and improve the health of people with Down Syndrome in their community by increasing access to local amenities.

Aims and objectives

To develop awareness of the inclusion needs of people with intellectual disabilities within their local communities.  To develop a co-produced accessible menu with a local restaurant.

Methods

This was a co-production quality improvement initiative and included people who have Down syndrome, clinicians and local amenities to develop an accessible menu with a local restaurant. Mixed method research methods were employed to gain insight into the use of the menu via an anonymous feedback survey.

Outcomes

People with Down syndrome successfully ordered from the accessible easy read menu.  This transition from a written and often cluttered menu to an accessible easy read menu enabled them to make preferred food choices on their own, without relying on others to read the menu for them.  This facilitated a human rights approach, empowering independence, autonomy while also improving their quality of life.

Conclusion

Using an accessible easy read menu to support people with Down syndrome, cognitive challenges and neurodiversity can have a positive social impact on society in the form of community inclusion, overall mental health and emotional wellbeing and provide for opportunities for a heathy lifestyle.

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## 10.5 Nurses and Caregivers During the Irish War of Independence, 1919-1921

Ms Julie Crowley[1]

[1]South East Technological University, Mallow, Co. Cork, Ireland

Introduction

The Irish War of Independence affected nurses, doctors, and other caregivers who provided medical assistance to the Irish Volunteers.  The Volunteers were constantly at risk of arrest during the War of Independence, and they went on the run to evade prosecution.  They experienced casualties during conflicts with the British forces, and gunshot wounds necessitated emergency medical treatment.

Aims and objectives

To gain a full understanding of the role of nurses and caregivers during the revolutionary period, analysing the perspectives of medical professionals and non-professionals is necessary.

Methods

This study uses document analysis as a primary method, drawing on witness statements from Irish medics and caregivers who provided testimony to the Defence Forces about their history with the republican movement.  The Irish Military Archive's Bureau of Military History holds witness statements that provide insights into interactions between revolutionaries and the medical profession between 1913 and 1921.

Outcomes

Civilian doctors who provided medical assistance to the revolutionaries came under scrutiny, and they had to act carefully to avoid suspicion.  Irish doctors had differing perspectives on the revolutionary movement: some were deeply involved with nationalist organisations while others became involved due to circumstance.  Medical Officers in Irish Republican Army battalions and members of Cumann na mBan who attended first aid classes but lacked professional qualifications played an important role in providing emergency medical care, particularly in situations where it was too dangerous to immediately seek a doctor.  At times, they blurred the boundaries between healthcare workers and combatants because some of them were armed.

Conclusion

Formal and informal caregiving networks were necessary when treating injured revolutionaries. When Volunteers became injured and needed the skills of medical professionals, nurses and caregivers had to act carefully to provide medical attention while evading the British authorities. Caregivers acted diligently to provide assistance during wartime.

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## 10.6 The Use of Artificial Intelligence in Education: Blessing or Curse?

Dr Zoltán Balogh[1], Mrs. Erzsébet Horváthné Kónya[1]
[1]Semmelweis University, Budapest, Hungary

Introduction
ChatGPT, a large language model developed by OpenAI, offers new possibilities in both education and research.  AI tools like ChatGPT are revolutionising healthcare education by enabling students to practice patient admission and communication through virtual simulations.  Additionally, educational materials can be tailored to meet the individual needs of each student.

Aims and objectives
Our study aims to explore the benefits and challenges of applying artificial intelligence in education. We highlight how AI, particularly ChatGPT, can enhance students' skills and confidence while raising ethical and social questions, especially regarding the preservation of human aspects in teaching.

Methods
ChatGPT was used to create various educational simulations where students received real-time feedback and the learning materials were customised to individual needs.  By fine-tuning the model, we enhanced the realism of responses and integrated empathy into the system to make the simulations more lifelike.

Outcomes
The simulations developed with ChatGPT allowed students to practice essential skills without needing real patients.  In a safe environment, students improved their skills independently, boosting their confidence and reducing anxiety.

Conclusion
The use of AI in healthcare education has a dual impact: it offers significant benefits to the learning experience but also raises ethical dilemmas concerning preserving human connection in teaching. Tools like ChatGPT can transform education if integrated responsibly, with human values kept at the forefront of training processes.

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## Lightning Presentations

### 11.1 Nursing Competencies for Evolving Healthcare: A Systematic Review

**Prof. Ippolito Notarnicola**[1], Prof. Blerina Duka[2], Prof. Gennaro Rocco[1], Prof. Alessandro Stievano[3]
[1]Centre of Excellence for Nursing Scholarship Opi, Rome - Italy, Rome, Italy [2]Catholic University Our Lady of Good Counsel, Tirane, Albania [3]University of Messina, Messina, Italy

Introduction
Nursing is poised for significant transformation due to rapidly changing sociocultural, environmental, and technological factors.  Defining and assessing competencies in nursing is essential to ensure high-quality care and support professional growth.

Aims and objectives
This literature review examines future nursing competencies and the sociocultural phenomena influencing their development.

Methods
A systematic search was conducted across PubMed, CINAHL, Scopus, and Web of Science using keywords like "nursing competencies," "future," "healthcare systems," and "demographic change." Studies published within the last five years were included and rigorously assessed for quality.

Outcomes
Findings indicate that environmental sustainability, technological progress, globalisation, urbanisation, policy uncertainties, and demographic shifts will play major roles in shaping nursing competencies.  Projections suggest that around 70% of the nursing workforce will operate in settings marked by high uncertainty.  The review highlights the importance of interpersonal, advanced cognitive, and system-level competencies, along with skills in personal service, decision-making, technology, creativity, and scientific methods.

Conclusions
Addressing future nursing challenges requires a strategic, comprehensive approach, fostering cultural change within the profession and supporting it with policies, training investments, and ongoing professional development.  Education and training must prioritise "structural" competencies and lifelong learning to adapt to the evolving demands of healthcare.  This review underscores the need for a proactive approach to nursing education that aligns with a dynamic healthcare landscape.  Fostering skills in technology, decision-making, and interpersonal relations is crucial to prepare nurses for unpredictable environments.  Investments in adaptable curricula, training, and continuous professional development are vital to ensure a resilient nursing workforce prepared to meet future challenges.

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## 11.2 Development of a Competence Assessment Tool for Postgraduate Nursing Practice

Mrs Maryam Husain[1]
[1]RCSI, Dublin, Ireland

Introduction

Competence assessment is vital in nursing practice, care delivery, patient safety and education (Cowin et al., 2008).  Valid and reliable competence assessment tools for postgraduate nursing practice are needed to maintain high standards of care delivery and patient safety.

Aim

To develop a competence assessment tool for postgraduate nursing practice in Ireland.

Objectives

To evaluate the psychometric properties of the Nurse Competence Scale (NCS), to establish the relationship between years of practice and levels of competence and to compare the level of competence over a period of time.

Methods

A multi-phase, mixed method design was used. Methods included a scoping review using the Joanna Briggs Institute PRISMA ScR guidelines (Aromataris and Munn, 2020).  The evaluation of the psychometric properties of the NCS on 102 postgraduate nurses in Ireland, using the COSMIN taxonomy (Mokkink et al., 2006).

Outcome

The 7-factor model of the NCS could not be confirmed using confirmatory factor analysis. However, a model of 3 factors consisting of 47 items was supported by exploratory factor analysis.

Conclusion

The original 7-factor NCS model was not confirmed when tested on postgraduate nurses in Ireland. However, a 3-factor, 47-item model was confirmed.

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## 11.3 Redesigning a Nurse Residency Program to Retain New Graduate Nurses

Dr Jessica LoConte[1], Theresa Johnson[1], Molly Swan[1]

[1]Massachusetts Eye and Ear, Boston, United States

Introduction

Our organisation offered nurse residency programs with varying purposes and goals to meet the needs of organisational initiatives; however, we were unable to retain nurses and experienced a more than 50% turnover rate within two years of program completion.  In researching best practices to retain new graduate nurses, we integrated the Vizient/AACN Nurse Residency Program[i] curriculum and a mentorship program.  These programs help decrease nurse turnover, improve decision-making skills, and enhance clinical nursing practices as well as serve as a strategy to support new graduate nurses (Gularte-Rinaldo, et al., 2023, Vizient, 2024).

Objective

Redesign the nurse residency program to retain new graduate nurses in the organisation.

Method

The program is a 12-month program that encompasses organisational orientation, practice-based experience with unit preceptors, and supplemental learning activities.  Nurses rotate between two units to enhance clinical practice and support organisational needs.  Nurse residents attend monthly meetings that focus on topics and activities to develop the professional nurse role and enhance nursing practice, quality and safety as well as complete an evidence-based practice project.  Debriefing occurs at the monthly meetings as a forum to share experiences.  Nurse residents are paired with mentors and complete the Casey-Fink Graduate Nurse Experience Survey©.

Outcomes

First cohort retention was 100% after the first year and 75% after the second year of program completion.

Conclusion

The redesign includes changing the curriculum and adding the mentoring component and survey.  The expectation is that these changes will increase the overall satisfaction of the new graduates' nurses, which will lead to longer terms of employment with the organisation.

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## 11.4 Continuous Education's Impact on Healthcare Workers' Attitudes to Elderly Nutrition

Dr Lara Delbene[1], Prof. Milko Zanini[1], Prof. Gianluca Catania[1], Dr Stefania Ripamonti[2], Dr Maria Emma Musio[1], Dr Marco Di Nitto[1], Prof. Annamaria Bagnasco[1]

[1]Department of Health Sciences, University of Genoa, Genoa, Italy [2]U.O.S.D. Malattie Endocrine, del Ricambio e della Nutrizione ASST della Brianza Servizio Dietetico P.O. di Desio, Desio, Italy

Introduction
Malnutrition remains a prevalent issue among older adults, often exacerbating adverse health outcomes. Nutritional interventions can improve these outcomes, though their success is largely influenced by healthcare workers' attitudes and knowledge.

Aim and objectives
This study investigates the impact of continuing education on healthcare workers' attitudes and practices regarding nutrition for older adults.

Methods
The study focuses on assessing attitudes in a sample of healthcare staff from nursing homes in Northern Italy, employing the validated Italian version of the SANN-G questionnaire. Conducted as a cross-sectional study, data were collected from 1,789 healthcare workers across 41 facilities, encompassing five dimensions: nutritional norms, habits, assessment, intervention, and individualised care. Responses were gathered both online and in print, and statistical analyses, including chi-square and ANOVA, were performed using R software.

Outcomes
The findings indicate that the majority of respondents were female (68.59%) and aged 41–50 (33.31%), with nursing assistants representing 35.83% of participants. Only 23.48% scored positively on the SANN-G scale, with most exhibiting neutral or negative attitudes. Education on malnutrition significantly improved healthcare workers' attitudes, especially in assessment, intervention, and individualised care. Younger respondents and nurses showed more positive attitudes post-education, whereas older respondents and physicians were more likely to retain neutral or negative views.

Conclusion
Continuing education is essential for promoting proactive attitudes in nutritional care, underscoring the importance of tailored educational initiatives to enhance the quality of nutrition-focused care for older adults.

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## 11.5 Delirium SIMS Enhancing clinical skills

Ms Carol Steyn[1], Ms Harvey McDonnell, Ms Fiona Jacob
[1]Beaumont Hospital, Dublin, Ireland

Introduction

Delirium is a medical emergency and effects 1 in 8 acute hospital inpatients.  The neuropsychiatric disorder is present in 11-25% of older general medical patients on hospital admission and up to 42% during hospital stay.  Simulation is an opportunity for immersive and experiential learning, supported by theoretical knowledge and assessment skills.  This constructivist, instructional experiential learning strategy fosters psychological safety, positively impacting patient care and patient safety with evidence based informed decision making.  It's a valuable teaching strategy, in preventing further deterioration in this vulnerable patient group.

Aims and objectives
- Improve quality of care and patient safety
- Enhance recognition and management of Delirium
- Provide opportunities for standardised clinical experiences
- Enhance competencies and inter professional teamwork

Methodology
- This simulation-based learning incorporate a case study presenting with delirium.
- This teaching method based on adult teaching and learning theories
- SIMS training is learner centred
- A safe and risk-free clinical learning environment
- CPD points for Nursing and Health Care Assistants

Components
- Instructional Design lesson plan
- A whole-body Human patient simulator (mannequin) designed to provide accurate anatomic, physiological signs and physical cues which is remotely controlled through the use of a SIMS Pad.
- Evidenced based assessment and diagnostic guidelines

Outcomes

Simulation training sessions in delirium has shown to increase clinical competence and confidence in the management of delirium.  Participants demonstrated increased competency in recognising the causes, presentation and clinical management of patients.

Conclusions

The incidence and adverse health outcomes in acute Irish hospitals has been established, it is necessary to ensure prompt recognition and treatment.  Delirium pathophysiology and presentation, lends itself well to scenarios for simulation training and recognising the deteriorating patient. Increasing shared clinical decision making contributes to patient safety and optimise better clinical outcomes.

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## 11.6 Fall Risk Prevention for Older Adults in Long-Term Care Facilities

Miss Brooke Tanner[1]

[1]Suny Brockport, Brockport, United States

Introduction

Internationally, there is a widespread health problem of management of falls for older adults in the long-term care setting. Most Long-Term Care Facilities (LTCFs) take the standardised policy approach that utilises the same prevention and interventions for all residents. The leading cause of accidental deaths in older adults is falls. There are adverse health outcomes that can arise from a single fall including hip fractures and head traumas. Since the causes of falls may differ between residents in LTCFs, the importance of shifting towards a more individualised versus standardised approach to fall management is essential.

Aims and objectives

The purpose of this literature review is to examine and compare a standardised versus an individualised approach to the fall prevention and interventions in Long Term Care Facilities in the older adult population.

Methods

CINHAL, PubMed, and Medline databases were searched for peer reviewed research published between 2010-2024 using the following key words: older adults, falls, long term care facilities, and individualised.

Outcomes

The main goal of LTCF settings are to provide a "home like" environment for the residents who live there; this is why the use of certain nursing interventions that are utilised in acute care settings such as bed alarms, chair alarms, or side rails are prohibited. This helps to preserve resident freedoms, dignity, and maintain a home like environment. There should be a shift to plan care for each resident individually instead of through facility-wide policies, taking away from the resident's individuality to improve health outcomes.

Conclusions

The acute care setting has leaned into the approach of planning care for patients with an individualised approach instead of standardised. An individualised approach can be adapted in long-term care settings globally that could improve fall prevention practices and improve overall quality of life among older adult residents.

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## 11.7 Factors that Facilitates and Hinders Nurses and Midwives Professionally

Ms Carly Smith[1], Ms Marie Corbett[1]

[1]HSE West North West Acute Hospitals, Galway, Ireland

Introduction
Nurses and Midwives play a pivotal role in healthcare.  The WHO estimates a shortage of 4.5 million nurses and over 300,000 midwives by the year 2030.  The workforce is further depleted of skill mix, therefore while efforts are made continuously to recruit, we need to focus on the retention of experienced staff.

Aims and objectives
To identify the potential causations which contribute to staff either staying within the organisation or leaving through exploring both factors that are facilitating nurses and midwives in their roles or negatively impacting them through data analysis.

Methods
The research was carried out in a 2 phase study, with phase 1 consisting of a survey of both multiple choice and written answers.  Phase 2 focus group to understand in depth experiences of participants.  Cluster sampling was utilised for a variety of clinical areas across 6 hospitals (7 sites).

Outcomes
The survey was sent to 1770 participants, 810 participants fully completed phase 1 (46% response rate) and 5 participants completed phase 2.  3 Superordinate themes identified:
1. Organisational and environmental factors (role tensions and sustainability, workplace culture-value and respect, resources and staffing)
2. The professional nurse and midwife (hunger for CPD, mentorship and development, novice vs expert, and career opportunities and advancements)
3. Nursing and midwifery leadership and management (feeling heard from above, communication is key, and rostering and work life balance).

Conclusions
Staffing levels were reported as unsustainable (greater workloads = greater stress, which leads to people leaving, compounding the issues for remaining staff).  Rostering and lack of supportive manager will be a key reason as to whether staff will be retained.  Newer staff feel more supported from both their managers and their team than those with more experience.  More communication and recognition from senior management would result in more staff feeling valued and appreciated.

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## 11.8 The Roscommon University Hospital (RUH) Rainbow Project

Ms Michelle McDermott[1], Ms Christine Rohan[1]

[1]Roscommon University Hospital, Roscommon, Ireland

Introduction

- The RUH Rainbow Project is a Quality Improvement Project that evolved from a clinical query.

Aims and objectives

- The aim is to create awareness of issues faced by LGBT+ staff, patients and visitors when accessing healthcare in RUH.
- The ethos is to promote an open, non-judgemental and inclusive healthcare setting.
- The goal is to include all members of staff and to facilitate an open and inclusive working group.

Methods

- Research phase: knowledge obtained from local, national and international policies, research articles and support organisations.
- Design phase: HSE QIP proposal completed and approved with buy-in from senior management.
- Development Phase: creation of an in person education programme.
- Implementation phase: advertisement of project to the hospital community by information stands and informal in person "walk around" to each hospital department.

Outcomes

- Over 15% of staff population attendance to the non-mandated education sessions.
- Gathering and analysing data from online surveys, face to face interaction, lived experiences, hospital processes and polices to improve the project.
- Validation of work through HSE Health Excellence, Irish Healthcare Centre and Workplace Excellence Awards.
- Promote and share learning: Saolta newsletters, presentations at conferences hosting social events e.g. Pride fundraiser or Rainbow Badge Presentation events.

Conclusion

- Future proofing the collective movement of change through addressing key inequalities as identified in the UN Sustainable Development Goals
- Sustainability and transferability of RUH Rainbow Project to other HSE sites through the evolution of a strong institutional commitment to a safer, equal and compassionate healthcare service while continuously striving to improve and being conscious of resources and consumption.
- The project leads are authentic allies who offer positive leadership, are visible and available to patients, staff and visitors in RUH. This promotes the ethos of an open, safe and inclusive healthcare environment for all.

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### 11.9 Reporting Restrictive Practices in Residential Care Services: A scoping review

Ms Veronica Mukwashi[1], Dr Brian Sharvin, Ms Ruth Maher, Mrs Michelle Davitt, Dr Louise Bennett
[1]South East Technological University, Waterford, Ireland

Introduction

Restrictive practice is defined as intentionally restricting an individual's voluntary movement or behaviour (Department of Health 2011). Given the risks associated with restrictive practice, many jurisdictions all over the world, Ireland included have advocated for a reduction in their use, which highlights the importance of reporting restrictive practice. However, a paucity of literature examining the working knowledge of reporting restrictive practice exists.

Aim

The aim of this scoping review is to examine residential care staff working knowledge of reporting restrictive practices within Intellectual Disability and Older Persons care settings.

Methods

A scoping review referenced to JBI and PRISMA guidelines was used.

Outcomes

A total of 2221 papers were identified from the initial search with 15 papers included in the review. Findings demonstrate that residential staff lack knowledge of what is restrictive practice and are uncertain of what should be reported as a restrictive practice. This review also found that some residential staff expressed unwillingness to use alternatives to restrictive practices and found the reporting system as unnecessary, time consuming and burdensome. Barriers to reporting restrictive practice were identified and included: fear; lack of awareness of the reporting system; lack of clear guidelines; time; and staff shortages. While the facilitators to reporting restrictive practice included: awareness campaigns; availability of appropriate reporting structures; and managerial support.

Conclusion

This review suggests that improvements in terms of residential staff understanding of and reporting of restrictive practice is needed. This review has the potential to assist policymakers to understand the macro, meso and micro barriers and facilitators to reporting restrictive practice within Intellectual Disability and Older persons care settings.

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## 11.10 Integrated Response to Increasing Suicidality in those over 65

Ms Joanne Flood[1]

[1]HSE, Dublin, Ireland

Introduction

Annually in Ireland, more than 400 people die by suicide and a further 12,500 present to hospital following self-harm, of which approximately 15% are older adults (aged >60).  Worldwide, the age group that is most likely to die by suicide is older adults, in particular men (SHOAR 2023).  Over the course of 3 years an increase in suicidality was noted within the ANP led Liaison service within the general hospital.  Numbers more than trebled over 3 years reaching 18% of all referrals received.

Aims and objectives
1. To analyse suicidality within the ANP clinical database.
2. To develop an effective cross CHO integrated suicide prevention working group.
3. To develop a Wellbeing Booklet resource for those over 65 living in North Dublin.

Methods
1. Analysis of referrals to the service from an established clinical database was performed to include those referred post suicide attempt or those referred for suicidal ideation or expressing a Passive Death Wish (PDW).  Data was anonymised and recorded using Microsoft excel.
2. The ANP developed a working group to consist of an integrated, inter-agency approach (between primary care and the acute hospital) to this increase in suicidality in the older population.

Outcomes
1. A Wellbeing Booklet for those over 65 was developed and launched within CHO9 in 2024. It highlights support services and contact details with a view to preventing a "crisis" response happening.
2. To increase and improve on integration of care services available for this cohort through annual review of booklet by working group.
3. Improved awareness on factors affecting suicidality in older people through Booklet presentations in CHO9.

Conclusion

Factors affecting suicidality in older people are multiple including physical, social and mental illness. The booklet aims to provide advice and support details for all these issues in CHO9.

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## 11.11 Investigation of Aggression Within Irish Residential Service for Older Persons.

Ms Helena O Reilly[1], Ms Christina Monahan[2], Dr Kevin McKenna[3]

[1]Ireland, [2]Ireland, [3]Ireland

Introduction

Despite aggression toward staff being universally recognised as a challenge within residential services, for older persons, the extent of the problem remains under-researched within an Irish context.  While resulting physical injuries are rare, it is well acknowledged that such encounters are associated with considerable psychological distress, and diminish the quality of the care experience for both recipients and provider.

Aims and objectives

This study went some way to addressing this deficit by methodically measuring the extent of the problem within one regional Irish residential service for older persons.

Methods

This study used a quantitative non-experiential design which methodically recorded all occurrences of aggression and/or violence for a study period of six consecutive weeks on three residential units, using an internationally validated instrument (SOAS-R).

Outcomes

Over the study period 245 occurrences of aggression by a resident towards staff were recorded by a non-probability sample of 88 frontline nursing staff across three sites within the service.  The large majority of occurrences were attributed to a small number of residents, with definitive temporal and location patterns, and care activities being undertaken.  Almost 75% of occurrences involved assistance with ADLs which is consistent with previous research internationally Zellar et al (2009).  The distress experienced by residents during ADL involving invasion of personal space was identified as a particular risk factor.

Conclusion

The findings support the need for specialised person centred supports for a numerically small cohort of residents.  Positive behavioural approaches involving functional assessment of behaviour, and proactive strategies could both avoid or ameliorate the distress experienced by residents and enhance their quality of life.  The findings also support the need for staff to be provided with specialised training preparing them to safely and effectively provide personal care needs.  The presentation will provide specific recommendations in this regard.

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## 11.12 Regional Inequalities in Albania's Nursing Workforce: A Gini Analysis

Prof. Blerina Duka[1], Dr Alketa Dervishi[2], Dr Eriola Grosha[4], Prof. Gennaro Rocco[3], Prof. Alessandro Stievano[3,5], Prof. Ippolito Notarnicola[3]

[1]Catholic University Our Lady of Good Counsel, Tirane, Albania [2]Faculty of Technical Medical Sciences, University of Medicine, Tirane, Albania [3]Centre Of Excellence for Nursing Scholarship, Rome, Italy [4]University of Rome Tor Vergata, Rome, Italy [5]University of Messina, Messina, Italy

Introduction

The uneven distribution of nurses in Albania significantly compromises equitable access to healthcare services. Rural and less developed regions face a chronic shortage of nursing staff, while urban areas attract more health professionals. This study quantifies the inequalities in nurse distribution across Albania, examining the nurse-to-population ratio and its impact on healthcare quality.

Aims and objectives

The primary objective is to analyse the regional disparities in Albania's nursing workforce distribution by using the Gini coefficient and Human Development Index (HDI) to measure and compare inequalities across regions.

Methods

This descriptive-analytical study, conducted in 2024, utilised data from the Albanian Ministry of Health and the World Health Organisation (WHO). The Gini coefficient and Lorenz curve were applied to assess nurse distribution relative to population and regional HDI levels. Data included the number of nurses, population statistics, and regional socioeconomic conditions.

Outcomes

The average nurse-to-population ratio in Albania is 28 nurses per 10,000 inhabitants, with marked regional disparities. Tirana has the highest ratio (60 nurses per 10,000 inhabitants), whereas Kukës and Dibër have the lowest ratios (10 per 10,000 inhabitants). The Gini coefficient of 0.0228 indicates a very low level of inequality in nurse distribution, despite significant regional differences.

Conclusions

Addressing disparities in nurse distribution across Albania necessitates targeted policy interventions. Effective policies should incentivise health workers to serve in less developed regions through economic incentives, improved infrastructure, and access to lifelong learning programs. Such interventions are essential to mitigate regional healthcare disparities and promote equitable access to services nationwide. Implementing economic incentives, enhancing infrastructure, and supporting continuous professional development could attract and retain healthcare workers in underserved regions. This approach promotes a more balanced and sustainable healthcare workforce, improving accessibility and equity in healthcare services across Albania.

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### 11.13 Navigating Leadership: Challenges for DoNs in Long-Term Care in Ireland

Ms Carmel Kelly[1], Dr Giuseppe Aleo[2], Ms Niamh Walsh[2], Dr Nicola Pagnucci[2], Ms Clodagh Killeen[1], Dr Catherine Fitzgerald[2]

[1]LHP Skillnet, Dublin, Ireland [2]European Centre of Excellence for Research in Continuing Professional Development, Faculty of Nursing & Midwifery RCSI, Dublin, Ireland

Introduction

Evidence highlights nursing leaders who remain in roles for longer are associated with improved patient outcomes.  Many Directors of Nursing (DoNs) in Long-Term Care (LTC) settings are increasingly considering leaving their roles, due to poor work environments, scarce resources and lack of career advancement opportunities.  Despite this, there is limited understanding of the issue in Ireland's residential care settings.

Aims and objectives

To identify barriers faced by DoNs, determine the supports needed to enhance their role, and provide recommendations to improve DoNs' ability to fulfil their responsibilities and their retention. Insights were sought from LTC setting owners, Health and Information Quality (HIQA) and DoNs.

Methods

Qualitative phase of a mixed method study.  Data were collected via one-to-one interviews with LTC owners, HIQA representative and DONs.

Outcomes

16 interviews were conducted: Four with DoNs - LTC private sector, three with DoNs -LTC public sector, four HIQA representatives and four Nursing Homeowners in the private LTC sector. Recommendations include development of targeted CPD programmes tailored for DoNs in LTC settings.  Peer mentoring, positive work-life balance via effective delegation and shared workloads, standardised management structures to support DoNs in meeting regulatory requirements and, promoting Gerontological Nursing as a specialty area of practice.

Conclusion

To retain experienced skilled DoNs requires supportive policies, particularly for smaller LTC settings, principally regarding organisational and educational support from senior management and ensuring that well-trained LTC workforce do not leave.  Given the increased demand for LTC, strategies to increase the attractiveness of working in the LTC sector are crucial.

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## 11.14 A Realist Synthesis to Understand "Intentional Rounding" in Acute Hospitals

Ms Aileen Hetherton[1], Prof. Jan Sorensen[2], Prof. Frances Horgan[3], Dr Siobhan Mc Carthy[4]

[1]Dublin and North East Acute Hospitals, Dublin, Ireland [2]Director of the Healthcare Outcomes Research Centre, RCSI, Ireland [3]RCSI School of Physiotherapy, RCSI U, Ireland [4]Graduate School of Healthcare Management, RCSI, Ireland

Introduction

Falls of hospital admitted patients are one of the most frequent concerns for patient safety in the acute hospital environment. The reasons why people fall are complex. International guidelines recommend a multifactorial assessment and effective prevention and management of identified risk factors in order to reduce the number of falls (NICE, 2013). One approach for delivering this is by Intentional Rounding (IR). IR is an umbrella term, understood as a structured process whereby nurses or care staff carry out regular checks with individual patients using a standardised protocol to address such issues as positioning, pain, personal needs and placement of possessions.

Aims and objectives

This study aims to understand and explain the influence of contextual factors on the implementation of Intentional Rounding in acute hospitals using the realist synthesis methodology.

Methods

Consistent with realist synthesis methodology, we developed initial explanatory statements based on literature and one author's clinical experience as a nurse. The synthesis involved literature searching and extraction of relevant data. The appraisal and inclusion of 77 papers with inductive and deductive coding was used to generate context-mechanism-outcome configurations, which were iteratively tested to refine the programme theory.

Outcomes

The synthesis identified six initial programme theories (IPTs) of intentional rounding, two of which were previously evaluated by Leamy et al (2023) in the UK. The six IPTs include accountability, motivation of staff, motivation of patients, engagement, critical thinking with evaluation and consistency.

Conclusion

The six IPTs will be further refined and tested using a stakeholder consultation event with public, patients and staff. The resulting programme theories will inform the implementation phase of the project. The implementation of IR in acute hospitals will require a co-design approach with staff and patients to ensure the focus is on patient safety and best practice.

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## 11.15 Impact of Preventative Care Bundles in Non-Ventilator Associated Hospital-Acquired Pneumonia

Ms Precious Osoko[1], Dr Bridget Murray[2]

[1]Tallaght University Hospital, Dublin, Ireland [2]Royal College of Surgeons Ireland, Dublin, Ireland

### Introduction

Non-ventilator Hospital Acquired Pneumonia (NV-HAP) is an avoidable condition (Quinn et al., 2014). It can lead to mortality, increased length of stay additional cost to both the health system and the patient. Preventative care bundles have been used to decrease incidences of VAP, but fewer study examine the impact of care bundles on NV-HAP.

### Aim

The aim of this systematic review was to assess the impact of preventative care bundles on incidence of NV-HAP in hospitalised adult patients.

### Methods

A systematic review (SR) of studies was conducted to examine the impact of preventative care bundles on incidence of NV-HAP in hospitalised adult patients. The PRISMA guidelines were used to maintain the standard of the SR. A database search of key terms was conducted to identify relevant studies. Data was then extracted, analysed, and appraised for use in this SR.

### Outcomes

Each of the studies in this review demonstrated a decrease in incidence of NV-HAP where a preventative care bundle was adopted. Additionally, adherence to care bundles was identified as a major contributing factor to the decrease in incidence of NV-HAP. Nurses were essential to the implementation and success of bundle use in each study. Mortality rates also decreased where care bundles were implemented. The authors of the studies further estimated a considerable cost savings.

### Conclusion

The use of preventative care bundles is an effective method of decreasing incidence of NV-HAP. Mortality rates also decrease when a bundle is implemented, and additional costs are prevented. Adherence to care bundles is essential for optimal results and nurses and healthcare providers contribute to this. Additional research regarding NV-HAP and the use of preventative care bundles is required.

### References

Quinn, B. et al. (2014) Basic nursing care to prevent nonventilator hospital-acquired pneumonia. Journal of Nursing Scholarship 46(1), 11–19.

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## 11.16 Resilience and Growth: International Nursing Students in Clinical Placement.

Mrs Leema Philip Kuttiyil[1]

[1]Coventry University, Coventry, United Kingdom

Introduction

Universities in Western countries host a significant number of International Nursing Students (INS). However, these students are faced with unique challenges within clinical placements. Research indicates that INS often face difficulties in clinical communication, impacting their interactions in healthcare settings (Mikkonen et al 2016). Another study also noted that many INS are underprepared for clinical practice, and experience gaps in cultural competence (Mikkonen et al 2017). Yet there is limited research on their specific experiences within clinical settings (Eden et al 2021).

Aims and objectives

The primary aim of the research was to explore the lived experiences of INS in the UK clinical placement, focusing on challenges they encounter and support mechanisms they access.

Methods

A Hermeneutic Phenomenological approach was utilised to capture a nuanced understanding of the challenges faced by INS and their accessibility to support frameworks, examining how these frameworks, shape INS's academic and professional integration.

Outcomes

The findings reveal that the primary challenges for INS in clinical settings include cross-cultural adaptation, pedagogical differences, and insufficient pre-placement transition support.

Conclusion

Based on these results, a structured transition support program is proposed, tailored to meet the unique needs of international nursing students. First, a pre-placement program would include communication workshops with simulated patients, alongside training in cultural competence and adaptability. Second, once in placements, INS would benefit from cultural mentoring and buddy programs to foster support and integration within clinical teams. The author's background as an international nurse provides valuable insight into how implementing such strategies can enable universities and healthcare institutions to create supportive, culturally sensitive environments. Thus, organisations can offer resources that build resilience, reduce burnout, and facilitate smoother integration into the healthcare workforce. This structured approach aims to enhance retention, ensure sustainability, and help replenish the nursing workforce.

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## 11.17 Impact of Structural Factors on Internationally Educated Nurses' Speaking-Up

Dr Roslyn Mattukoyya[1]
[1]Anglia Ruskin University, Chelmsford, United Kingdom

### Introduction

The United Kingdom continues to recruit Internationally educated nurses from several countries to mitigate staff shortages in the National Health services (NHS). These nurses face several challenges in a new health care system. These impact upon their ability to speak up against unsafe practice.

### Aims and objectives

- To explore the levels of structural empowerment and speaking up.
- To explore the relationship between structural empowerment and speaking up.

### Method

144 overseas nurses were surveyed using validated tools comprising Condition for Work Effectiveness Questionnaire 2 (CWEQ 2) scale and Hypothetical scenarios used to measure levels of willingness to speak up. Spearman correlation test was used to find the correlation between structural empowerment and speaking up.

### Outcomes

Majority (61.8%) of the internationally educated nurses perceived moderate level of structural empowerment. The overall mean score for the level of access to opportunity is 4.05 (SD=0.09). The overall mean score for the level of access to information is 3.52 (SD=0.77). The overall mean for the level of access to support is 3.49 (SD=0.91). The overall mean is 3.04 (SD= 0.88) for the level of access to resources. The overall mean score for formal power or job activities is 3.00 (SD= 0.89). The overall mean score for informal power or organisational relationship is 3.71 (SD= 0.79), which shows that the internationally educated nurses perceive stronger levels of networking or social connections within the teams in the organisation. The majority (95.8%) of the nurses reported higher levels of speaking up.

### Conclusion

Despite increased willingness to speak up, internationally educated nurses are not structurally empowered to do so due to a lack of access to structural empowerment within workplaces, as it plays a crucial role in enabling nurses to be confident to speak up against unsafe practice witnessed in clinical practice.

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## 11.18 Pastoral Support for International Nurses in the United Kingdom

Mrs Chinenye Ubah[1]
[1]Anglia Ruskin University, Chelmsford, United Kingdom

### Introduction
International recruitment of nurses from non-European countries has intensified over the years due to the increasing workforce demand in health care.  Internationally educated nurses require pastoral support to adapt to working in the United Kingdom.  Pastoral support aims at supporting nurses with Nursing and Midwifery Council registration, fitness to practice, understanding the local culture, career progression, and promoting retention.  However, International nurses face significant challenges some of which pastoral support is aimed to address.  This therefore raises a question about how pastoral support for international nurses is practiced in the United Kingdom.

### Aims and objectives
- Explain the concept of pastoral support in the context of IENs.
- Critically evaluate the existing evidence on pastoral support practices for IENs in the UK.
- Identify gaps in current pastoral support practices.
- Propose areas for further research to address the identified gaps and improve pastoral support for IENs.

### Methods
A scoping review method was conducted to understand the existing pastoral support practices and gaps.

### Outcome
There is evidence on current practices, the challenges, and outcome criteria for successful pastoral support in the existing literature.  This study also reveals evidence on how early pastoral support can fortify the nurses or deskill them.  Finally, it revealed significant gaps and disparities in the support received by overseas nurses.

### Conclusions
Although the overseas nurses' experience of the previous Adaptation programme has been explored, evidence on the current pastoral support practices is mostly found in policy guidelines, trainers' reports, and opinion pieces.  Since the commencement of the current NMC test of competence in 2014, the voice of international nurses is yet to be heard on pastoral support.  This review suggests there is a difference in understanding of pastoral support practices.  Therefore, the perspectives of specific groups such as African nurses, Indian, Philippine nurses, should be explored on this issue.

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## 12.1 AI-Enhanced Wound Assessment for Improved Clinical Decision Making

Ms Dana Ali[1]

[1]School of Nursing and Midwifery, RCSI Bahrain, Busaiteen, Bahrain

Introduction

Wound care in nursing often relies on subjective assessments, leading to variability in decision-making and patient outcomes. Artificial Intelligence (AI) tools can address these challenges by enabling faster, more secure, and precise wound assessments, reducing human error, standardising care, and improving patient outcomes. Integrating AI into nursing wound assessments further enhances clinical decision-making, while increasing consistency and accuracy of care.

Aim

This paper aims to investigate the impact of implementing an AI tool for enhanced wound assessment (Swift Wound) versus conventional wound assessment on wound healing times and patient satisfaction rates within two inpatient wound care units.

Objectives

The objectives of this study are to:
- Determine if the use of AI-enhanced wound assessment can improve wound healing times versus conventional wound assessment.
- Explore patient satisfaction rates regarding AI-enhanced wound assessment versus conventional wound assessment
- Evaluate nurses' perspectives on AI-Enhanced wound assessment.

Methods

This study will involve the implementation of the Swift Wound app across two wound care units, with a control group (n=15), and an experimental group (n=15). Nursing staff will undergo comprehensive training on the app's operation and integration into workflow, guided by Lewin's Change Model to facilitate the adoption of new practices. A technical support team will be established to assist staff using the new technology.

Outcomes

Wound healing times will be tracked weekly through manual wound assessments conducted according to a standardised numerical grading system. Patient satisfaction will be measured post-intervention using qualitative surveys. Focus group interviews with nurses pre-, during and post-intervention will assess their perspectives on AI-Enhanced wound assessment.

Conclusion

AI-enhanced wound assessment has the potential to accelerate wound healing, improve assessment accuracy, and optimise patient outcomes.

References

Lewin, K. (1947). "Frontiers in Group Dynamics: Concept, Method and Reality in Social Science; Social Equilibria and Social Change." Human Relations, 1(5), 5-41.

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## 12.2 Multidisciplinary Healthcare Professionals Perspectives on Barriers to Open Disclosure Practices

Mrs Veena Janith Lasrado[1,2], Dr Stuart McLennan[3], Prof. Anne-Marie Brady[1]

[1]Trinity Centre for Practice & Healthcare Innovation, School of Nursing and Midwifery, Trinity College Dublin, Ireland [2]RCNME Tullamore, HSE, Ireland [3]Institute of History and Ethics in Medicine, Department of Preclinical Medicine, TUM School of Medicine and Health, Technical University of Munich, Germany

Introduction

Open Disclosure is acknowledged as an ethical, imperative, and legal requirement for ensuring a safer healthcare system. It fosters clear, honest, and transparent communication between healthcare providers, patients, and relevant person(s) about Patient Safety Incidents (PSIs). While Open Disclosure promotes trust and accountability and cultivates a culture of honesty and integrity, this analysis presents significant challenges that Healthcare Professionals (HCPs) encounter during this process.

Objectives

This study aimed to identify and analyse the key barriers hindering effective Open Disclosure among multidisciplinary healthcare professionals in a selected hospital group in Ireland.

Method

Qualitative semi-structured interviews were undertaken with multidisciplinary HCPs (n=42) from a diverse range of academic, maternity, and district hospitals (n=8). Data was analysed using thematic analysis. Ethics approval was secured from the respective clinical sites.

Outcomes

The findings revealed the complexity of challenges faced by HCPs during Open Disclosure, including organisational, cultural, human, legal, and regulatory factors. The pervasive culture of blame influenced HCP's behaviour and decision-making, fostering skepticism and fear of repercussions. HCPs encountered communication breakdowns, emotional and psychological challenges, and ethical dilemmas when addressing PSIs. Legal and regulatory concerns raised fears of decreased patient trust, damaged reputations, or increased regulatory scrutiny. A significant gap persists between theoretical knowledge, established policies, and practical implementation, resulting in inconsistent and potentially ineffective Open Disclosure practices. The COVID-19 pandemic further exacerbated these challenges, limiting face-to-face interactions and resulting in delayed or incomplete disclosure processes.

Conclusion

The challenges around Open Disclosure in healthcare are complex and effective solutions necessitate a multidisciplinary perspective. To effectively overcome these complexities, healthcare organisations must develop and implement robust strategies that support HCPs with Open Disclosure practices. As the healthcare system evolves, tackling these barriers will reinforce HCPs' professional integrity and foster a culture of transparency in the Open Disclosure process.

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## 12.3 The Impact of Telemedicine-Based Interventions on Adherence to CPAP Therapy

Mrs Karolina Glomba[1], Mrs Bridget Murray[2]
[1]Galway University Hospital, Ireland [2]RCSI, Ireland

Introduction

Obstructive Sleep Apnoea (OSA) is a disease affecting about 4% of adults.  OSA leads to higher risk to develop hypertension or cardiovascular diseases associated with higher risk of stroke and cardiac infarction.  Continuous Positive Airway Pressure (CPAP) therapy is the effective treatment for OSA, however, its efficacy depends on patient's adherence to the therapy, which is affected in more than half of the patients.  Implementation of strategies from the start of the CPAP therapy will promote compliance and will address the issues with therapy early.  Use of telemedicine and technology to monitor adherence to CPAP therapy increased in recent years and became common intervention.

Aims and objectives

To examine international evidence on Telemedicine-based interventions and their impact on adherence to CPAP therapy in adults with OSA, healthcare time and cost of delivery.  The cohort of the patients were adults newly diagnosed with OSA.

Methods

PICO (Population, Intervention, Comparison and Outcome) framework was used.  CINAHL, MEDLINE and EMBASE data bases were searched between October 2023 and January 2024 with 480 papers identified, 282 screened and 7 included in Systematic Review.  Quality appraisal was performed with The Evidence-Based Librarian Critical Appraisal Checklist (EBL).  Narrative analysis and meta-analysis were used.

Outcomes

In all included studies, data analysis didn't show statistically significant difference between Tele-medicine (TM) and Usual Care (UC) groups to achieve satisfactory level of adherence to CPAP therapy.  TM-based interventions with phone/videocall consultation and follow up are as effective as the face-to-face consultation and follow up to establish good adherence to CPAP therapy in OSA patients.  The cost reduction is mainly related to operational and transport cost.

Conclusion

TM interventions are effective to establish good adherence to CPAP therapy in OSA patients.  Further research is needed to investigate if TM interventions have similar effect in long term CPAP users.

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## 12.4 CPD for CPCs

Ms Denise Watters[1]

[1]St James's Hospital, Dublin 8, Ireland

Introduction

The Nursing Practice Development Unit (NPDU) at St. James's Hospital (SJH) set up the Clinical Placement Co-ordinator (CPC) Dublin Midlands Hospital Group (DMHG) in 2020. This initiative aimed to enhance CPCs' role in supporting nursing students. SJH CPCs conducted a survey among the CPCs in the DMHG to assess CPC specific education needs and areas for additional training.

Aims and objectives

To evaluate the effectiveness of the CPC DMHG education sessions in addressing the learning needs of CPCs and enhancing their role in supporting nursing students.

Methods

A qualitative survey was conducted with CPCs, incorporating both multiple-choice questions and open-ended responses. Surveys were sent to CPCs in the DMHG before (9 responses) and after (17 responses) the educations sessions to identify learning needs and evaluate the programmes effectiveness. The education content commenced in March 2023 and included topics such as disability services, teaching techniques, SJH Nursing student podcast 'The Handover' and documentation quick reference guide for Nursing students.

Outcomes

Pre-survey data indicated that 100% of CPCs would avail of education if it was provided. Post-survey 100% CPC responses showed a positive impact of the education sessions on the CPCs' role.

Conclusion

44% of CPCs had no prior CPC education or training. All CPCs expressed interest in further education, with 89% preferring online sessions. The sessions positively impacted CPCs, and 100% rated them as very valuable or extremely valuable. Recommendation would be to expanded to other hospitals and to further the range of topics covered.

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## 12.5 Nursing Students' Perception and Practices Related to Academic Integrity

Mrs Sheeba Rani P[1], Dr Vinitha Ravindran, Ms Angelin Esther. A, Ms Emily Susila. I, Ms Mythily Vandana S Charles, Dr Anuradha Rose, Dr Selva Titus Chacko

[1]College of Nursing, Christian Medical College Vellore South India, Vellore, India

### Background

Academic Integrity is considered as a core value in any educational system and essence of any education environment. Nursing, a reputed profession, upholds high moral standards.  Lack of integrity in the classroom can compromise acquisition of professional knowledge and skills.  Ethical professionalism in practice is possible only if integrity is practiced in academia.  Research on academic integrity has identified that the essential knowledge not gained in the classroom can negatively reflect in patient care.

### Objectives

The purpose of the study was to explore the perceptions, practices and factors facilitating and inhibiting academic integrity among undergraduate nursing students.

### Method

A qualitative method was adopted to explore the perception and practices related to academic integrity using anonymous survey.

### Results

The students were knowledgeable about academic integrity and its impact on clinical practice.  The students had disclosed various types of academic dishonesty they have witnessed and listed the possible factors which had contributed to it.

### Conclusion

Recommendations for nurse educators include creating a culture of academic integrity among students and providing an academic atmosphere to attenuate opportunities for academic dishonesty.

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## 12.6 NQNMs' Experience with Professional Development During Transition: A Cross-Sectional Study

Dr Nicola Pagnucci[1,2], Dr Francesca Napolitano[4], Dr Giuseppe Aleo[1,2], Dr Mario Gazi[?][3], Dr Mladen Samardžija[3], Prof. Annamaria Bagnasco[4], Dr Catherine Fitzgerald[1,2]

[1]European Centre of Excellence for Research in Continuing Professional Development (UPGRADE), Royal College of Surgeons in Ireland (RCSI), Dublin, Ireland [2]Faculty of Nursing and Midwifery, RCSI, Dublin, Ireland [3]Croatian Nursing Council, Zagreb, Croatia [4]Department of Health Sciences, University of Genoa, Genoa, Italy

Introduction

NQNMs often face challenges in transitioning to their initial registered positions.  CPD plays a crucial role in providing professional support, helping to build competence and confidence, and promoting job satisfaction and retention during this critical period.

Aims and objectives

To explore the experiences of newly qualified nurses and midwives (NQNMs) with continuing professional development (CPD) and explore factors affecting their CPD participation during the transition into their first professional roles, including job satisfaction and intentions to leave.

Methods

A cross-sectional, mixed method study was conducted between March and May 2022 through an online survey with 83 questions, incorporating the Questionnaire of Professional Development of Nurses (Q-PDN), the McCloskey/Mueller Satisfaction Scale, three questions on intention to leave, and two open-ended questions.  Data were collected across three European countries – Ireland, Italy, and Croatia – and analysed using descriptive and logistic regression techniques.

Outcomes

A total of 476 NQNMs participated in the survey.  Of these, 32% (n=152) expressed satisfaction with CPD opportunities, and 54.8% (n=261) had participated in a formal CPD program.  The majority (89.1%, n=424) expressed a desire to join a formal CPD program.  Nearly half (46.4%, n=219) reported considering leaving the profession in the previous year.  The study found that participation in a structured support program was associated with reduced turnover intentions among NQNMs.

Conclusion

Supporting NQNMs through structured CPD programs is essential for improving job satisfaction and reducing turnover intentions.  Expanding access to CPD and providing ongoing professional development opportunities can help retain NQNMs during the early stages of their careers.

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### 12.7 Is Universal Intimate Partner Violence Screening during Pregnancy Needed?

Prof. Janet Wong[1]

[1]Hong Kong Metropolitan University, Hong Kong, Hong Kong

Introduction

Intimate Partner Violence (IPV) reported during pregnancy is around 2.1%–25%. IPV in pregnant women can lead to higher risk of miscarriages, stillbirths, pre-term births, babies with low-birth-weight and maternal psychological distress such as depression, anxiety, PTSD, and even maternal mortality. Despite its prevalence, comparable to conditions like gestational diabetes and preeclampsia, there is no global universal screening protocol for IPV.

Aims and objectives

In this presentation, we aimed to review (1) the current clinical guidelines and practice on universal screening of IPV in different countries; (2) commonly used screening tools; (3) analyse the common challenges of implementing universal screening of IPV during pregnancy; and (4) discuss the strategies of IPV universal screening for decision makers.

Methods

A literature review was conducted.

Outcomes

The study reviewed clinical guidelines and practices for IPV screening across different countries, highlighting challenges such as victim awareness, healthcare providers' knowledge and training, and structural barriers in healthcare systems.

The study found the need for a valid and reliable screening tool, targeting pregnant women, scientific evidence supporting the screening program, and integrating education, testing, clinical services, and program management. At the policy level, structural barriers include a lack of policy and reminder systems, insufficient resources, and inadequate privacy settings for screening. The absence of support, policies, and referral mechanisms, and the lack of continuity care to monitor positive case, further hindered effective screening. With advancements in digital technology and biomarker identification, systematic screening and detection of IPV in clinical settings can be achieved. The potential biomarkers related to IPV, include inflammatory indicators, epigenetic and genetic influences, and various chemical compounds and proteins.

Conclusion

Systems-level interventions involving academia, community, and industry partnerships can help connect pregnant women to necessary support services, aiming to prevent adverse maternal and child health outcomes.

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## 12.8 Breastfeeding Knowledge of Primary Health Care Practitioners in Ireland

Mrs Denise McGuinness[1], Dr Kate Frazer[1], Dr Sarah Brennan[2], Dr Nancy Bhardwaj[1], Dr Paula Cornally[1], Mrs Siobhan Ni Mhurchu[3], Ms Marie Cantwell[3], Ms Anne Pardy[3], Ms Laura McHugh[3], Ms Niamh Vickers[1]

[1]University College Dublin, Dublin, Ireland [2]University of Galway, Galway, Ireland [3]Health Service Executive, Dublin, Ireland

Introduction

Global health recommendations highlight the enormous health benefits of breastfeeding for mothers, infants and entire communities.  However, many women stop breastfeeding early for several reasons, including a lack of support and information from healthcare professionals in the community.

Aim

This cross-sectional national study aimed to explore primary health care professionals' breastfeeding knowledge, practices and attitudes (KPAs).

Method

Following ethical approval from the Irish College of General Practitioners a national cross-sectional census online survey was completed using the Qualtrics platform.  All registered GPs, GP trainees and GPNs in the Republic of Ireland were invited to participate.  The online survey link was distributed via Ireland's Health Service Executive health link email register via two senior HSE gatekeepers.  GP trainees were informed of the study via a GP educator.  Data collection was from June 1st 2023 to November 17th 2023.

Results

662 surveys were obtained following distribution to GPs, GP trainees and GPNs nationally.  In total 58.2% of GPs responded (385/662) and 27.6% of GPNs (183/662) and 14.2% GP trainees (94/662).  Results identified 55.7% of respondents had never completed any breastfeeding education.  The majority of respondents, 94.2% (567/662) were interested in further education on breastfeeding.  51.8% (343) were unaware of the International Code of Marketing of Breastmilk Substitutes.  Barriers to training noted were time 84.3% (n=504), workload 62% (n=371) and cost 34.9% (n=209).

Conclusion

Discrepancies in knowledge base exist and impact the confidence of healthcare professionals to support breastfeeding practices and ultimately are a factor in limiting breastfeeding rates.  Investment in breastfeeding and lactation education programmes is warranted to facilitate primary healthcare professional's role in creating a supportive breastfeeding environment enabling increased breastfeeding rates and shaping population health.

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## 12.9 Establishing a Nurse Led Gynaecology Oncology Family History Clinic

**Mrs Sarah Belton**[1], Dr Zara Fonseca Kelly[1,2], Dr Donal O'Brien[1,2], Mr Ruaidhri McVey[2], Prof. Donal Brennan[2]

[1]National Maternity Hospital, Dublin, Ireland [2]St. Vincent's University Hospital, Dublin, Ireland

Introduction

The Advanced Nurse Practitioner (ANP) led Gynaecology Oncology Family History Clinic is a new, innovative approach to the care of women with BRCA 1, BRCA 2 and other pathogenic variants (PV).

Aims and objectives

This service prioritises prevention of ovarian cancers in these patients, through risk reduction surgery.

Methods

The National Cancer Control Programme (NCCP) identified that patients with pathogenic variant should have specialist pathway, with adequate support, due to their high cancer risk.  Previously, patients with a genetic predisposition to gynaecological cancers were seen in a variety of Gynaecology clinics without formal nursing support.  An ANP role was developed to establish agreed pathway, provide individualised holistic care, as well as post-operative support with surgical menopause.  Virtual clinics, first introduced during Covid- 19 Pandemic, reduce the need for hospital attendance.  Using a four-phase service improvement model, this clinic was established in September 2022, the first of its kind in Gynae Oncology nationally.

Results

In the first 12 months, 119 ANP virtual consultations were completed with 60 patients.  Within the Gynaecology department, 9 risk reducing procedures were planned/completed in 2023: 7 patients with BRCA 2 PV, one patient with BRIP1 and one patient with PALB2.  5 of these patients had a personal history of breast cancer.  Three patients with breast cancer were referred directly to surgery by their Medical Oncologist, while 6 patients undergoing surgery were under the care of the ANP-led Family History Clinic.  A further 2 patients with BRCA 2 elected to have risk reducing surgery in a private hospital.

Conclusion

Within the first year of service, 11 patients received nurse led care to reduce their risk of ovarian cancer and nursing support with the consequences of surgery.  Continuation of this clinic will better inform practice and requires formal evaluation.

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## 12.10 The Impact of Novel Antenatal Education Methods on Postnatal Healing

Mrs Sonia O'Kelly[1]

[1]RCSI, Sandyford, Ireland

Introduction

Perineal trauma is a common and normal occurrence in vaginal childbirth, and responsibility for perineal wound care following discharge home typically lies with the postnatal woman, with sporadic health professional input.  Perineal trauma can cause a significant and sustained physical and psychological impact on those who experience it (O'Kelly and Moore 2017).  Research has shown a dearth of concrete, reliable and practical information available to women about how to care for a perineal wound sustained in childbirth, and a lack of professional guidelines in the areas of antenatal education and perineal care (O'Kelly and Moore, 2017).  Information is traditionally given to women about their wound care shortly after childbirth, during a period when working memory is in decline (Pieters et al, 2021).  Antenatal education provides women with evidence-based information which can improve self-care knowledge by the promotion of positive health practices (Hassanzadeh et al. 2020; Gonzalez, 2017).

Aim

The purpose of this PhD study was to develop and evaluate a novel antenatal education approach to facilitate postnatal perineal wound care.

Methods

This control and intervention study recruited 253 women from a Dublin maternity hospital, and followed them at 3 points postnatally to assess the effect of the education programme on their postnatal healing using surveys and interviews.

Outcomes

This programme had a significantly positive impact on the physical and emotional experiences of postnatal women, particularly in the areas of confidence, wound management, and pain control.  The intervention group showed a 56% relative improvement in the appearance of their wound, and a 32% relative improvement in postnatal infection treatment rates.

Conclusion

The education programme is recommended for inclusion in antenatal midwifery care, and it is hoped that this programme can be expanded to incorporate other areas of postnatal care including mobility, mental health welfare, and nutrition.

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## 12.11 Neuroprotective Care Bundles and Severe IVH in Preterm Infants

Mrs Niamh Mulvihill McInerney[1]

[1]RCSI, Clare, Ireland

Introduction

Intraventricular Haemorrhage (IVH) is the most frequently occurring neurological injury witnessed in extremely premature infants, affecting up to 52% of infants born prior to 28 weeks gestational age. The incidence of severe IVH has not decreased in infants under 32 weeks gestation since 2012. Neuroprotective care bundles have been piloted in NICUs worldwide in a bid to target and reduce the overall incidence of IVH, and thus mitigating severe IVH. Several primary studies have been published examining the effect of the care bundle on the development of severe IVH. To date, there has been no systematic review performed on this topic despite sufficient evidence.

Aims and objectives

The aim of this SR is to determine the impact of neuroprotective care bundles on the incidence of severe IVH in infants less than 32 weeks.

Methods

From January 2024 to February 2024, a systematic literature review was conducted utilising PubMed, EBSCO, Cochrane Library, Medline, and CINAHL Plus Full Text. PRISMA framework was employed. Quality appraisal was conducted the EBL Critical Appraisal checklist (Alcock, 2006). Two reviewers independently extracted data and reviewed articles utilising a pre-designed data extraction tool. Narrative synthesis was implemented to discuss the findings of this systematic review.

Outcome

After reviewing studies, 8 studies were included involving 7,045 infants admitted to NICUs across 5 different countries. Six of the included studies suggested the application of NCBs are correlated with a statistically significant reduction in severe IVH in NICU. Conversely, two studies demonstrated no effect on severe IVH incidence post implementation of an NCB.

Conclusion

Additional research is needed to determine which bundle components can be identified as essential elements. Future research that prioritises multi-centre settings and large sample sizes would ensure generalisability and valid results. This review highlights the potential effectiveness of the standardisation of care for preterm neonates.

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## 12.12 The Hats Worn by the Healthcare Professional

Ms Mary Curtin[1,2], Dr Margaret Murphy[2], Dr John Goodwin[2], Dr Michelle O'Driscoll[2], Prof. Patricia Leahy-Warren[2]

[1]University College Dublin, Dublin, Ireland [2]University College Cork, Cork, Ireland

Introduction
The provision of individualised care tailored to the specific needs of women during labour and birth who are high risk requires support from midwives and obstetricians. However, there is limited evidence in understanding the personal and professional influences that alter the clinical decision making of healthcare professionals in high risk labour and birth.

Aims and objectives
The aim of this paper is to present findings that explored healthcare professionals' experiences of providing individualised care to high risk women during labour and birth.

Methods
Semi-structured online interviews were conducted with 12 participants using an interpretive descriptive method.  Open, axial, and selective coding were used in a constant comparative approach of data analysis. [Committee name and affiliation] provided ethical approval, with approval number [xxx].

Outcomes
The axial code 'the hats worn by the healthcare professional' reported participants multiple responsibilities when providing individualised care to high risk women in labour and birth.  Some participants articulated how working within the institution affected their practice and their ability to provide individualised care.  The participants responsibility to the institution as an employee sometimes resulted in the prioritisation of institutional-centered care over the needs of women.  The professional scope of a participant was evident in their practice of high-risk women through their professional philosophy and standards.  The person within the professional was an additional layer that contributed to the professional viewpoint.  Participants recognised the personal preferences of the professional made a difference to clinical decision making and this included participants preferences regarding intervention in labour and birth.

Conclusion
Healthcare professionals may wear multiple hats when caring for high risk women in labour and birth. Their responsibility to the institution, as an employee, their professional philosophy and standards and their own personal preferences of birth contribute to healthcare professional's supporting women's wishes for birth.

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## 12.13 The Impact of the Burdett National Transition Nursing Network

Dr Pippa Sipanoun[1,2], Mrs Susie Aldiss[1], Ms Louise Porter[3], Mrs Sue Morgan[4], Prof. Faith Gibson[1]
[1]University Of Surrey, Guildford, United Kingdom [2]Great Ormond Street Hospital, London, United Kingdom [3]Buckinghamshire, Oxfordshire and Berkshire West (BOB) ICB, Buckinghamshire, Oxfordshire and Berkshire West [4]Leeds Teaching Hospitals NHS Trust, Leeds

Introduction

Young people's (YP) healthcare transition from children's into adults' services occurs at a crucial time in YP's lives, posing significant challenges in getting it right.  Inconsistencies and inequities in access to, or provision of, a joined-up approach, transitions often fail to meet YP's needs, which can result in deterioration in health, or disengagement with services, with deleterious long-term consequences. An integrated, developmentally-appropriate, collaborative approach to ensure a smooth and gradual transition for YP is recommended.

Aims and objectives

The Burdett National Transition Nursing Network, a nurse-led team of expert nurses consisting of a Lead Nurse and four Regional Nurse Advisors (RNAs), implemented a Quality Improvement (QI) Model for Improvement for Transition in 2020, embedding a strategic approach to sustainable change in YPs transition service across England.  The impact of the Nursing Network was evaluated by researchers at the University of Surrey.

Methods

The Network supported organisations throughout QI Model implementation, using key measures for transition service improvement, e.g., the number of organisations with an Executive Lead, organisations with transition governance processes in place.  The Network also provided Community of Practice education events, and regional meetings, to support participating members throughout the improvement journey.  Impact of the Nursing Network was evaluated through mixed-methods approaches including interviews and surveys with professionals/staff members.

Outcomes

The Model for Improvement for Transition was successfully implemented in 438 organisations across England. Key drivers for success were:
- Executive Leads for Transition in place;
- Designated whole organisation transition roles;
- Transition pathways implemented.

Key elements to the Network's success included:
- Ensuring the right nursing experts were recruited into the RNA roles, with clinical, transition-specific and leadership expertise;
- Provision of appropriate training/support throughout implementation/operational phases of the Network.

Conclusion

Widespread impact of the Network across organisations in England responsible for YP's transition was evident.

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## 12.14 Supporting Women with Intellectual Disabilities through Menopause: Scoping Review Findings

Ms Katie Moore[1], Dr Mary Reidy[1], Dr Martina Gooney[1], Dr Sinead Foran[2]
[1]South East Technological University, Waterford, Ireland [2]Dublin City University, Dublin, Ireland

Introduction

As nurses and midwives advance their roles in promoting equitable healthcare, addressing the needs of underrepresented groups such as women with intellectual disabilities (ID) during menopause presents a crucial opportunity for impact. Menopause, a natural yet complex transition, is compounded for women with ID by communication barriers, limited health literacy, and insufficient professional training. Despite experiencing similar symptoms to the general population, the specific needs of this population remain underexplored in clinical practice and research.

Aims and objectives

This scoping review seeks to explore the menopausal experiences of women with ID, examine the perspectives of caregivers and healthcare providers, and identify gaps in professional knowledge and practice. Through a synthesis of existing literature, the review aims to uncover opportunities for nurses and midwives to lead in delivering inclusive, person-centred care tailored to this population.

Methods

The review follows Arksey and O'Malley's scoping review framework and PRISMA-ScR guidelines. A systematic search across multiple databases identified 16 studies exploring menopause in women with ID. These studies included the perspectives of caregivers and healthcare providers. Data were charted and thematically analysed to highlight key challenges and opportunities in care.

Outcomes

Findings reveal limited understanding of menopause among women with ID and their caregivers, a lack of tailored healthcare interventions, and inadequate professional training. These challenges underscore the vital role of healthcare professionals, particularly nurses and midwives, in promoting inclusive care that enhances autonomy, dignity, and equity.

Conclusion

By adopting socio-political and emancipatory approaches, healthcare professionals can expand their impact. Enhanced education, advocacy, and policy development are essential to fostering justice, sustainability, and improved outcomes. These efforts will ensure women with ID receive equitable and dignified care throughout their menopausal transition.

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## 12.15 Exploring Health Literacy Among Undergraduate Intellectual Disability Student Nurses

Ms Thando Ngwenya[1]

[1]Dublin City University, Dublin, Ireland

Background

Limited health literacy (HL) and inadequate health practices among nurses can negatively impact health outcomes, whereas enhanced health literacy is linked to improved health outcomes. This is particularly critical for Registered Nurse Intellectual Disability (RNID) supporting individuals with intellectual disabilities. Nonetheless, there is insufficient evidence regarding the health literacy levels of intellectual disability nursing students.

Aim

This pilot study aimed to examine the HL levels among First and Fourth-year Bachelor of Intellectual Disability Nursing (BNID) students.

Methods

The study was conducted in an Irish university and received ethical approval from the university's ethics committee. A cross-sectional, online survey containing 44 items with a health literacy questionnaire (Osborne et al. 2013) was completed by eligible students from the First and Fourth-year BNID programme. In total, 34 participants completed the survey.

Results

The study found that first-year students had above-average health literacy, with the highest mean score (3.81) on a 4-point scale in actively managing their health and the lowest (2.88) in accessing sufficient information. By the fourth year, students scored higher across all health literacy dimensions, except in finding reliable health information, where scores did not improve. sing Cohen's d, this study found a large effect in category 5 (health information appraisal) between groups. Medium effects appeared in categories 1, 2, 4, and 8, while other categories showed minimal differences in health literacy levels. Benchmarks for effect sizes were small (d=0.2), medium (d=0.5), and large (d=0.8), per Cohen (1988).

Conclusion

The findings of this pilot study indicate that HL levels improve over the 4 years of the intellectual disability nursing programme, however, there are opportunities to develop HL levels further and to explore this among a larger study sample. Factors influencing health literacy among this group can provide valuable insights for improving health outcomes for individuals with intellectual disabilities.

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## 12.16 Multi-Component Depression Prevention Intervention Among At-risk Adolescents: A Quasi-Experimental Study

Dr Besi Paul[1]

[1]National Forensic Mental Health Services, Portrane, Ireland

Introduction

During the last two decades, depression among adolescents has emerged as a major mental health problem, with suicide being its most devastating outcome.  In vast majority of cases, symptoms of adolescent depression might be so milder that it may not attract medical attention.  Undetected and untreated depression can have long lasting effects on social, personal and academic performance of adolescents.

Aims and objectives

The present study aimed to evaluate the effectiveness of a multi-component depression prevention intervention in reducing depressive symptoms and anxiety and improving well-being of adolescents with risk for depression.

Methods

The study adopted a quasi -experimental pre-test post-test control group design.  Adolescents studying in 8th to 12th standards (age 12 to 18) were screened using CESD to identify adolescents with risk for depression.  A total of 879 adolescents were screened, among which 122 adolescents were found to have a risk for depression.  The study included 84 adolescents with risk for depression (42 each in experimental and control group).  Pre-test was conducted using Screen for Child Anxiety Related Disorders (SCARED) and WHO 5 well-being index.  For the experimental group, after the pre-test, the structured intervention program with four sessions was administered over four consecutive weeks.  Two post tests were conducted on 26th and 54th day after the pre-test.  For the control group, no intervention was given and two post tests were conducted on 26th and 54th day after the pre-test.

Outcome

The study identified that the intervention was effective in reducing the depressive symptom and anxiety of adolescents with risk for depression.  Additionally, the intervention also improved the well-being of adolescents with risk for depression.

Conclusion

Early identification of adolescents with risk for depression and offering them with early preventive interventions will prevent the progress of depressive symptoms and onset of full-blown depressive episodes.

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### 12.17 Care Needs of Intellectual Disabilities and Chronic Diseases: Qualitative Review

Mr Senthilkumar Mariappan[1], Dr Sinead Foran[1,2], Dr Kumaresan Cithambaram[1,2,3], Dr Sean Healy[1,2,3,4]

[1]Dublin City University, Dublin, Ireland [2]Dublin City University, Dublin, Ireland [3]University of Shannon, Athlone, Ireland [4]University of Limerick, Limerick, Ireland

Introduction

People with intellectual disabilities have a higher prevalence and early onset of chronic diseases. The presence of chronic diseases has resulted in complex needs for this population. However, there is a lack of evidence about their care needs, which leads to their care needs being under-recognised and poorly met.

Aims and objectives

To synthesise the evidence on the care needs of people with intellectual disabilities diagnosed with chronic diseases from the perspectives of people with intellectual disabilities, family members, and professionals.

Methods

A qualitative evidence synthesis (QES) approach was adopted by searching four databases: CINAHL, Scopus, Embase, and MEDLINE, and an additional search was conducted by searching the reference list and grey literature. Finally, 11 studies were included in the review after the screening process. The methodological quality of the included studies was assessed using the Critical Appraisal Skills Programme (CASP) tool. Data were synthesised using Thomas and Harden's thematic synthesis approach.

Outcomes

Three main themes were identified: 'Synergistic Care', 'Coping with the Disease', and 'Implication of disease'. The quality of care is influenced by professionals' knowledge and experience in recognising symptoms and delivering appropriate treatment. The care provided is influenced by the ability of the professionals to work together effectively. Disease awareness and self-management are key strategies for people with intellectual disabilities to cope with chronic diseases, which cause considerable emotional distress and impose limitations on their daily routine.

Conclusion

Introducing access points managed by staff members and establishing a joint clinic would be beneficial. A multi-disciplinary approach, additional staff training to recognise symptoms and manage illness, and establishing a peer group support system are crucial in providing holistic person-centred care. Providing reasonable accommodation during hospital appointments and accessible self-management education would benefit people with intellectual disabilities and chronic diseases.

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## 12.18 School-Based Eating Disorder Prevention Among Obese Adolescents: A Quasi-Experimental Study

Dr Cebi Paul[1]

[1]National Forensic Mental Health Services, Portrane, Ireland

Introduction

Prevalence of obesity is showing an increasing trend among adolescents. Physical changes during adolescence makes adolescents focus on their body which they usually examine, compare and evaluate against their peers and the social norms. A negative or unhealthy body image will reduce their self-esteem which in turn can lead to adoption of unhealthy eating habits and weight control strategies.

Aims and objectives

The present study aimed to evaluate the effectiveness of a school-based intervention on self-esteem, body image, eating attitudes and eating behaviour of adolescents with obesity in selected schools of Kerala.

Methods

The study adopted a quasi-experimental research design to accomplish this aim. A total of 969 adolescents studying in standard 7 to 12 were screened for obesity. Among them, 141 adolescents were found to be obese. The study included 80 adolescents with obesity (40 each in the experimental and the control group). Pre-test was conducted using Rosenberg's self-esteem scale, Objectified body consciousness scale, Eating attitude test (EAT-26) and ACRON Eating Disorders Inventory for the experimental and the control group. For the experimental group, after the pre-test a school-based intervention program with three sessions was given in three consecutive weeks. Two post tests were conducted on 19th and 47th day after the pre-test. For the control group, no intervention was given and two post tests were conducted on 19th and 47th day after the pre-test.

Results

The school-based intervention was found to be effective in improving the self-esteem, body image and eating behaviour of adolescents with obesity. Whereas, the intervention was not effective in improving the eating attitude of adolescents with obesity.

Conclusion

A supportive, non-judgmental approach would be beneficial in managing obesity and preventing eating disorders among adolescents with obesity.

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# Posters

## P.01 WITHDRAWN

## P.02 WITHDRAWN

### P.03 WITHDRAWN

**P.04 WITHDRAWN**

## P.05 Nurses Leading Environmental Health: Plastic Health Risk Perceptions in Riyadh

Mrs Walaa Almeshaima[1], Prof. Wenche Karin Malmedal[2]

[1]Norwegian University of Science and Technology (NTNU), Trondheim, Norway [2]Faculty of Medicine and Health Sciences, Norwegian University of Science and Technology, Trondheim, Norway

Background

In an era of complex global health challenges, nurses and midwives are pivotal in addressing environmental health risks.  This study examines community perceptions of health risks from plastic consumption, emphasising motivators and barriers to pro-environmental behaviours.  Despite rising global awareness, understanding the health impacts of plastic consumption in the Middle East remains limited.  Leveraging theoretical frameworks such as the Health Belief Model and Risk Perception, the study identifies critical gaps in public perception and underscores the need for targeted interventions.

Aims and objectives

The research aims to examine Riyadh residents' perceptions of health risks associated with plastic consumption, identify barriers to sustainable behaviour change, and highlight motivators that could encourage pro-environmental behaviours.  Additionally, it aims to inform nursing and midwifery practices regarding environmental health education.

Methods

A qualitative approach using reflexive thematic analysis was employed.  Semi-structured interviews were conducted with 10 participants, selected via snowball and purposive sampling until data saturation was reached.  Interviews explored participants' perceptions, attitudes, and behaviours toward plastic consumption.

Outcomes

The study identified critical perceptions, barriers, and motivators concerning plastic consumption. Participants demonstrated a limited understanding of health risks and societal impacts, influenced by deep-rooted consumption behaviours and societal norms. Key barriers included significant knowledge gaps, challenges in reducing plastic dependency, and perceived governmental inaction, leading to passive public attitudes. However, motivators for adopting pro-environmental behaviours were driven by health concerns, personal accountability, and the positive impact of regulatory measures and social influences, highlighting the potential for policy-driven change.

Conclusion

This study underscores the potential for nurses and midwives to serve as key educators in promoting environmental health.  Integrating these findings into practice can support policy advocacy, enhance community education, and contribute to sustainable health initiatives.  Enhancing environmental health competencies within nursing curricula can drive positive outcomes, aligning with global sustainability and health objectives.

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## P.06 Introducing Simulation-Based Training for Female Urinary Catheter Insertion

Mrs Abeer Alnaqbi[1]

[1]Saqr Hospital-ehs-uae, Ras Al Khaimah, United Arab Emirates

Introduction

Simulation training in nursing education enhances analytical reasoning by integrating theory with hands-on practice, allowing nurses to develop clinical skills, decision-making, and problem-solving in a controlled, risk-free environment. This approach addresses key challenges in healthcare, such as fluctuating staffing levels, patient care concerns, and ethical considerations, while building confidence and competence among nurses. It is particularly effective in improving practical skills and ensuring patient safety.

Aims and objectives

The aim of this study was to introduce simulation-based training for urinary catheterisation within an acute healthcare facility, focusing on improving nursing staff's practical skills and satisfaction levels. The training process included assessing learning needs, providing an online preparatory course, and conducting face-to-face simulation sessions. A pre-test was administered before the training, followed by simulation sessions, with a post-test and satisfaction survey afterward to evaluate the outcomes.

Results

Results indicated that the simulation training was well-received, with participants reporting increased satisfaction and significant improvement in their urinary catheterisation skills. This demonstrates that simulation training is an effective tool for enhancing both theoretical knowledge retention and practical application in clinical settings.

Conclusion

In conclusion, simulation-based training for urinary catheterisation proved beneficial for the nursing staff, combining theory and practice to improve skills and job satisfaction. This model could be expanded to other nursing education areas to further enhance clinical competencies across various medical procedures.

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## P.07 WITHDRAWN

## P.08 Nurses' Perceptions Regarding Technological Devices used in Nursing Care Practices

<u>Mrs Fatema Alshehhi</u>[1], Mrs Rema Villamor, Mrs Abeer Alnaqbi, Mrs Suhaila Alhebsi, Ms Binitha Miriam, Mr Britto Suresh

[1]Emirates Health Services, Ras Alkhaimah, United Arab Emirates

### Background
The integration of technological devices into nursing care has significantly impacted healthcare delivery, improving efficiency, accuracy, and patient outcomes.  Understanding these perceptions is crucial for improving patient care and enhancing nursing practices.

### Aim
To explore and analyse registered nurses' perceptions regarding the integration of technological devices into nursing care.

### Objectives
- Identify the perceived advantages of using technological devices in nursing care.
- Investigate the challenges faced by nurses when integrating technology into their practice.
- Determine the ongoing support and training requirements for nursing staff to effectively integrate technology into their daily practices.
- Propose strategies to promote smooth integration of technology into nursing practice while ensuring quality of care.

### Methodology
This study employed a quantitative research design to gather data on nurses' perceptions.  A structured questionnaire was distributed to a sample of registered nurses across various healthcare settings.  The questionnaire included Likert-scale items assessing perceived benefits, challenges, and impact of technology on workflow and patient interactions.  Data will be analysed using statistical software, focusing on descriptive statistics and inferential analyses to identify trends and correlations.

### Results
The study suggests that nurses generally see technological devices as helpful, but they have concerns about learning new systems and potential impact on patient-nurse relationships.  While they recognise benefits of technology, there are also worries about balancing its use with patient-centered care. Challenges like inadequate training, interoperability issues, and concerns about quality of care were identified, aligning with existing research.  Findings emphasise need for ongoing support and training for nursing staff to effectively integrate technology into their practice.

### Conclusion
The findings are anticipated to aid in the development of strategies that promote the smooth integration of technology into nursing practice without compromising the quality of care.  This research seeks to offer a thorough understanding of how nursing professionals perceive technological advancements, ultimately enhancing healthcare practices.

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### P.09 Developing Specialist Gynaecologic-Oncology Nursing Education: A Global, Cooperative Approach

Mrs Sarah Belton[1,2,5], Ms Christine Donovan[3,5], Dr Noriko Fujiwara[4,5], Ms Ashley Johnson Jones[5], Prof. Michael Pearl[3,5], Prof. Paul Cohen[5,6]

[1]National Maternity Hospital, Dublin, Ireland [2]St. Vincent's University Hospital, Dublin, Ireland [3]Stony Brook University Hospital, New York, USA [4]University of Tokyo, Japan [5]International Gynecologic Cancer Society, Atlanta, USA [6]The University of Western Australia, Perth, Australia

Introduction

International Gynecologic Cancer Society (IGCS) is a not-for-profit, multi-disciplinary group of professionals whose mission is to enhance the care of those affected by gynecological cancers worldwide through education, training and public awareness.  Specialist nursing education programmes have long been accessed through academic centres.  However, this is not available in many settings, particularly in low- and middle-income countries (LMIC).

Aims and objectives

To create a globally accessible nursing certificate programme to equip nurses with the necessary knowledge to provide evidence-based care to patients with gynaecological cancers.

Methods

Under the stewardship of the IGCS Education Committee, a team of nurses and clinicians created 13 in-depth modules of content covering diagnosis and treatments of the five types of gynaecological cancer; palliative care; survivorship; clinical research; ethics and nurses' wellbeing.  Content was peer reviewed and the process was assisted by a medical editor, ensuring that course material is consistent and high quality.  The certificate programme, accessed online through the IGCS Learning Portal, provides nurses at all career stages with comprehensive understanding of the complexities of care, irrespective of practice setting, culture or geographic location.  Content is delivered through multi-media such as podcast, webinars and presentations.

Results

The certificate programme was launched in November 2023, and to date 201 nurses enrolled from across the globe including Africa and Asia.  Access to the course is free for IGCS members.  For non-members, fees are waived in respect of those nurses in LMIC, as per the economic classifications from the World Bank, ensuring accessibility where resources for nursing education may not be available.

Conclusion

With over 10 nurses per month enrolling in the online Nursing Certificate Programme, there is a clear demand for evidence-based nursing education.  The IGCS has created a globally accessible, affordable educational programme that enables nurses globally to acquire knowledge and improve patient care.

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## P.10 Embodiment Practices and Trauma-Informed Care in Nursing Education: A Review

Ms Alana Bowen[1]

[1]Suny Brockport, Brockport, NY, United States

Introduction

Nursing involves hands-on care, where actions like bathing, wound care, and feeding create a physical connection between nurse and patient. Each action offers an opportunity for embodied care, where the nurse's awareness can enhance the therapeutic relationship. Embodiment refers to the holistic integration of mind and body, shaping how people engage with the world. Embodiment practices utilise the body as a means for healing through presence and self-awareness. Trauma-informed care (TIC) integrates the understanding of trauma as profoundly distressing experiences with lasting physical and psychological effects, and how caregivers can provide support that is knowledgeable and sensitive to the potential for re-traumatisation within healthcare settings (Goddard, 2022). These practices align with the global shift toward patient-centered care (WHO, 2023) and support both patient and provider health. This review explores the use of embodiment practices and TIC in nursing education, evaluating their impact on the therapeutic relationship and nurse well-being.

Methods

A systematic search of PubMed, CINAHL, and MEDLINE was conducted using the key words "embodiment," "nursing practice," "nursing education," "trauma-informed care," and related terms. Seminal texts on embodiment and TIC were included, in addition to studies published within the last five years focusing on these practices and reporting results related to patient outcomes or provider well-being.

Outcomes

Preliminary findings indicate that utilising embodiment practices and TIC in nursing education yields positive results. Key themes include opportunities for self-reflection, strengthened therapeutic relationships, and improved health and safety for patients and providers.

Conclusion

Incorporating embodiment practices and TIC into nursing education may better support healthcare systems to cultivate compassionate healthcare environments, enhancing quality of life for all.

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### P.11 How the Increased Availability of Research Nurses Enhances Paediatric Care

Ms Róisín Bradley[1]

[1]Children's Health Ireland, Dublin, Ireland

Introduction

Over the last two years especially, there has been a steady increase in the number of research nurses employed through Children's Health Ireland.  Within the team now there is a CNM 3, five CNM2s and ten CNM1s posts.  These nurses' work throughout many of the specialities which Children's Health Ireland provides.

Aims and objectives

The aims and objectives of this poster are to show how varied a research nurse's role can be, from coordinating trial visits, for example (interventional studies) and entering data in global databases (non-interventional studies).

Methods

The method used is gathering information on the type and number of research studies that the CHI research nursing team are currently involved in.

Outcomes

There are currently n: xx interventional studies and n: xx non-interventional (observational) studies within n: xx specialist areas throughout out CHI with research nurse involvement.

Conclusion

The information gathered will show how impactful the creation of research nursing posts throughout CHI has been.  N: xx studies have been made possible and many children have benefitted by having access to clinical research.

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## P.12 Outcomes-Non-pharmacological interventions for treating Sleep Problems in children/adolescents with Autism

Ms Denise Brady[1], Dr Mary Hughes[2]
[1]Trinity College Dublin, Dublin, Ireland, [2]Trinity College Dublin, Dublin, Ireland

Introduction

Autism is a complex neurodevelopmental disorder characterised by deficits in social communication, repetitive and restricted behaviours, and a range of co-morbidities including sleep disturbances. The high prevalence of sleep problems in children with autism ranges from 60% to 86%, compared to typically developing children, which is about 25%. Common sleep challenges seen in children with autism include difficulties falling asleep, nighttime waking, inappropriate bedtime routines, bedtime resistance, parasomnia, and sleep anxiety. Treatment typically involves pharmacological and non-pharmacological interventions, with limited evidence to support the effectiveness of the latter.

Aims

This systematic review examined the effectiveness of non-pharmacological interventions for children and adolescents with autism who have sleep problems.

Methods

A quantitative systematic review and a meta-analysis were completed. Eight studies met the inclusion criteria, seven Randomised Control Trials (RCTs) and one non-RCT (Quasi-experimental study)

Results

The evidence presented in this review indicates that non-pharmacological interventions, such as behavioural strategies and exercise, have shown encouraging outcomes in improving sleep patterns in children and adolescents. However, no single intervention has consistently proven more effective than others, highlighting the need for personalised and targeted approaches. Furthermore, the long-term effectiveness and sustainability of these interventions remain unclear and require further research. In addition to improving sleep non-pharmacological interventions have been shown to positively affect various outcomes including daytime behaviour, cognition, and hyperactivity in children and adolescents, as well as parental outcomes such as quality of life and mental health.

Conclusion

This review highlights the importance of early screening for sleep issues in children and adolescents with autism. Additionally, there is a need for a reliable and valid tool to screen for sleep problems in this population. It advocates for the use of a combination of interventions and regular follow-ups.

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## P.13 Exploring Hospital Staff Experience of Multidisciplinary Biopsychosocial Back Care Programme

Ms Siobhan Bulfin[1], Ms Aisling Purcell[1], Ms. Theresa Flynn[1], Ms. Darina Thomas[1]
[1]St. Vincent's University Hospital, Elm Park, Dublin, Ireland

The Working Back's Programme (WBP) was introduced in an Irish teaching hospital in 2003. This programme provides support to staff reporting back pain through access to Occupational Health (OH) and Physiotherapy services.

The programme is a joint initiative by the OH and the Physiotherapy department. The original format of the programme involved a telephone triage call with an OH nurse, direct referral to the OH physician and referral to a dedicated staff physiotherapist as required. One recurring challenge was the average wait times for appointments (10 weeks). In response to this, the WBP was restructured in 2022 and a joint, first point of contact, Advanced Nurse Practitioner and Specialist Physiotherapist led Working Back's Clinic (WBC) for staff with back issues was designed. The aim is for staff to receive best practice advice and treatment within one week of reporting symptoms. In 2023, a study was completed exploring the experience of staff who had completed the WBC.

### Methods

A qualitative approach was chosen for this research study as the numbers who had completed the newly structured programme were low, therefore precluding a quantitative design. A sample size of 8 participants was achieved. Data collection was done through semi-structured interviews using a topic guide. Interview transcripts were analysed using a thematic analysis approach. Document analysis of participant's medical notes in relation to their back pain was also carried out.

### Outcomes and conclusion

Participants reported the programme, designed for healthcare worker wellbeing, was viewed positively by staff, was easily accessible and provided early intervention. Challenges identified included busy work environments, poor staffing resources and lack of manager and colleague support. Recommendations include consideration by the organisation of challenges identified particularly those related to staffing resources. Further evaluation of this programme would be beneficial and should incorporate a cost benefit analysis.

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## P.14 Clinical Nurse Specialist and Cost-Effectiveness: A Rapid Evidence Assessment

Dr Camilla Cacciabue[1], Dr Sara Mezini[1], Dr Lara Delbene[1], Prof. Roger Watson[2], Dr Marco Di Nitto[1], Prof. Gianluca Catania[1], Prof. Milko Zanini[1], Prof. Loredana Sasso[1], Prof. Annamaria Bagnasco[1]

[1]Department of Health Sciences, University of Genoa, Genoa, Italy [2]Southwest Medical University, Luzhou, China

Introduction

Recent social, environmental, and economic changes have led to new demands and challenges for health systems worldwide.  Within this context lies the role of the Clinical Nurse Specialist (CNS).  However, healthcare managers and policy makers must contend with a lack of resources, both economic and human.  Consequently, it is necessary to find a balance between professional motivation, career advancement, skill enhancement, and healthcare spending.

Aims and objectives

The aim of this study is to investigate the role of the Clinical Nurse Specialist and its cost-effectiveness in relation to nursing-sensitive outcomes.

Methods

A Rapid Evidence Assessment (REA) was conducted in CINAHL, PubMed, and SCOPUS (2013–2024) on studies linking Clinical Nurse Specialist (CNS) activity to cost-effectiveness in hospital care.  Two independent researchers selected and analysed the data, grouping it into three main themes.

Outcomes

12 studies were included, 4 were retrospective, 2 case-control, 1 pilot study, 1 experimental study, 1 RCT, 1 cross-sectional study, 1 prospective study, and 1 economic evaluation of an RCT.  Each study examined the topic in a specific context distinct from the others, and only two of them focused specifically on the role of the CNS within palliative care.

Conclusion

The CNS is a cost-effective figure for ensuring quality of care and increasing patient safety, as well as promoting organisational well-being.  Further studies are needed on the implementation of new technologies for more efficient tracking of nursing work, and it would be advisable to enhance nurses' skills in the field of health economics.

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### P.15 Oral Hygiene Education for Caregivers of Adults with Intellectual Disabilities

Ms Stephanie Carolan[1]

[1]Trinity College, Dublin, Ireland, [2]HSE Louth Meath Disability Services, Navan,

Introduction

Individuals with intellectual disabilities often have poorer oral hygiene and higher rates of severe periodontal disease compared to the general population. They frequently rely on caregivers for oral care due to various physical, sensory, intellectual, and medical challenges.

Aim

To evaluate the effectiveness of oral hygiene education approaches for caregivers of adults with intellectual disability in improving oral health and overall wellbeing.

Methods

Guided by PRISMA a systematic review across a number of databases was conducted. PICO was utilised to guide the search strategy and the JBI risk of bias assessed methodological quality. Meta-analysis was conducted using a random-effects model to synthesise data where appropriate.

Outcomes

Seven studies met the inclusion criteria: one RCT, one cluster RCT, three quasi-experiments, and two cross-sectional studies. Four studies focused on caregiver outcomes, while three examined both caregiver and adult with intellectual disability outcomes. The meta-analysis revealed modest improvements in caregiver knowledge and oral hygiene practices post-intervention, but these changes were not consistently linked to long-term improvements in oral health measures such as plaque index and gingival inflammation. Statistically significant improvements in caregiver behaviour were observed in some studies, but overall effects were small and heterogeneous.

Conclusion

This systematic review and meta-analysis underscore the limited and inconsistent evidence supporting the effectiveness of oral hygiene education for caregivers of adults with intellectual disabilities. While educational programs show potential, evidence for long-term benefits remains inconsistent. Future research should focus on developing theoretically grounded, standardised educational interventions to enhance oral health outcomes in this population.

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## P.16 Mercy as a Concept in Nursing Care: A Qualitative Study

Dr Sara Carrodano[1], Prof. Ippolito Notarnicola[1], Prof. Gennaro Rocco[1], Prof. Alessandro Stievano[1,2]
[1]Centre of Excellence for Nursing Scholarship, Rome, Italy [2]University of Messina, Messina, Italy

Introduction

In the universe of nursing care, where technique merges with empathy, mercy emerges as an intrinsic value, an invisible thread connecting ethics and professional practice. Although spiritual in nature, mercy finds its concreteness in the everyday life of nurses, transforming the act of caring into a human and respectful encounter.

Aims and objectives

To investigate the concept of mercy in nursing practice and understand its impact on the nursing relationships with patients through different ways of knowing.

Methods

Using a qualitative approach, 71 semi-structured interviews were conducted with Italian nurses, mainly aged between 35 and 54. The interviews, conducted during the Jubilee of the Disabled in Rome, were transcribed and analysed using content analysis to identify three emerging themes. 'Mercy as an ethical principle', 'Practice with respect and dedication' and 'The role of Mercy in professional behaviour'.

Outcomes

Practice with respect and dedication showed that nurses consider mercy an indispensable value in their daily practice, manifesting it through small gestures of acceptance and commitment towards others. Mercy as an ethical principle is not strictly linked to a religious vision but rather to an ethical conception that promotes human solidarity. While the theme focused on the role of Mercy in professional behaviour, indicated that simple gestures of care and respect showed that nurses transform care into a human and deeply ethical experience.

Conclusions

This study suggests that mercy represents an essential dimension of nursing identity, a quality that makes every act of care an act of profound humanity and a way of knowing differently the other. A principle that gives form and meaning to care, transforming it into a holistic experience and responding more fully to patients' needs, not only physical but also relational and moral.

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## P.17 Nursing Students and Staff Experiences and Perceptions of Internship

Ms Yvonne Conway[1], Ms Marie Cuffe[2], Ms Josie Doolan[2]

[1]Atlantic Technological University Mayo, Westport Road, Ireland [2]Mayo University Hospital, Westport Road, Ireland

### Introduction

Internship is a unique component of Irish undergraduate nursing programmes designed to ease the transition to qualification for final year student nurses, ultimately delivering "fit for practice" staff.

### Aims and objectives

The aim of this study was to examine general student nurses, preceptors and nurse managers experiences and perceptions of internship.

### Methods

A quantitative, cross-sectional study which employed a survey data collection tool, comprising a mix of closed and open questions.  It was distributed via email to Preceptors (n=44), Clinical Nurse Managers (n=15) and final year students (n=21) who were on internship in medical/surgical units in two Irish Hospitals. there was agreement that it was beneficial in preparing students for qualified practice.

### Outcomes

Students and staff value internship in terms of its benefit in preparing students for qualified practice and support structures and personnel provided to students was complimented.  It was apparent that many students feared internship and to a degree experienced "imposter syndrome" but with increased acquisition of knowledge and skills gained confidence, particularly in the areas of drug and IV fluid administration.  Challenges identified by some students were juggling competing demands of academic work and clinical work, preceptor relationships, allocations, and impact of learning support plans.  Difficulties highlighted by staff which may negatively impact the experience were inadequate staffing levels, level of competence of students at outset and meeting the needs of those with disabilities or learning needs.

### Conclusion

Retention of newly qualified staff is a prominent issue, and students experience of internship may influence their decision making in this regard.  Internship is an integral and essential component of undergraduate nurse education and is valued by students, preceptors and nurse managers but requires ongoing evaluation and support from all parties to ensure students continue to have a positive experience.

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## P.18 Introduction of a Clinical Skills Facilitator role in Mental Health

Mrs Mary Corrigan[1], Dr Grainne Donohue[2], Mr Shane Kirwan[3]

[1]St Patrick's Mental Health Services, Dublin 8, Ireland [2]St Patrick's Mental Health Services, Dublin 8, Ireland [3]St Patrick's Mental Health Services, Dublin 8, Ireland

Introduction

Mental Health nursing staff have often reported a deficit of skills addressing the physical care needs of service users (SUs). They describe a lack of practical skills that encompass roles more often seen in the general hospital setting e.g., use of emergency equipment, specimen collection and wound care.

Aims and objectives

The post was funded initially for a six-month period to establish its necessity. The initial purpose was to meet the educational requirements of nursing staff, facilitate the induction process of new nursing staff and conduct a training needs analysis (TNA) of nursing staff to establish 'Mental Health Nurses perceptions of their knowledge base of medical care intervention.'

Methods

Practical face to face education sessions were facilitated. TNA was conducted via online survey.

Outcomes

Thirty-eight nursing staff underwent an induction programme in the first six months. Education sessions informed by focus groups and needs analysis surveys with staff were delivered to nursing staff. Including, use of emergency equipment, urinalysis, aseptic technique, first aid management of burns and scalds, interpretation of blood results. Questionnaires were devised to establish staff's knowledge before and after the session, and their opinion of the education session itself, including feedback on the instructor and delivery. Feedback informed minor changes to the educational sessions.

Conclusion

Feedback from staff is overwhelmingly positive with emphasis on the benefit of the practicality and opportunities for interaction that enhance the educational experience of the session. There have been many enquiries by nursing staff throughout the organisation who would like to attend the current sessions and there is a plan to continue these into the future alongside additional sessions that were highlighted in the training needs analysis. The role is to continue currently at 0.5 Whole Time Equivalent (WTE) it is hoped it will be increased to a full WTE soon.

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## P.19 Introducing a Clinical Education Facilitator Role for Disability Services

Mrs Dawn Coyle[1]

[1]St. Michaels House, Dublin, Ireland

Introduction

St. Michael's House Services is a community-based organisation committed to providing a quality person centred service with a high standard of living to over 2300 people with a disability, in the greater Dublin area. As one of the largest disability services in Ireland we provide community supports in; Preschools, Special Schools, Day Centres, Residential Centres, Palliative Care, Respite Centres and Work Supports.

Aims

The Clinical Education Facilitator (CEF) a new initiative in community disability services has; a pivotal role in fostering an atmosphere conductive to learning, co-ordinating and managing nurse education, ensuring the provision of a quality clinical learning environment for undergraduate and post registration nurses.

Objectives

The CEF works in liaison with the Nurse Practice Development Coordinator to provide co-ordinated approach to clinical nurse education, for both undergraduate student nurses and post graduate nurses. Skills development and refreshers of clinical skills for practice such as; Enteral Tube Feeding, Catheter Care, Phlebotomy, Stoma Care, subcutaneous Infusion, nephrostomy care, management of complex epilepsy. The Clinical Education Facilitator (CEF) a CNM2 graded post develops clinical education for service users, using bespoke learning/communication aids, to empower service users develop autonomy and independent skills to manage their health changes

Methods

Funding was sourced from the NMPDU as a 'Service Improvement Innovation' for a year. This was followed by an additional year of funding.

Conclusion

Increasing St. Michaels House registered nurses' clinical skills enables follow up nursing care to be delivered in the service users in their home, providing the right care at the right time, in the right place. Providing person centred education to service users, using manikins, equipment and learning aids such as photos and PECs symbols empowers service users to embrace their changing needs, in an environment that is conducive to their needs.

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## P.20 The Impact of Pressure Ulcer Care Bundles in Acute Care

Ms. Áine Curtis[1,2], Dr Rosemarie Derwin[1], Ms Gráinne Milne[2], Ms Ann Marie Connor[2], Dr Linda Nugent[1], Prof. Zena Moore[1]

[1]School of Nursing and Midwifery, RCSI University of Medicine and Health Sciences, Dublin, Ireland [2]Our Lady of Lourdes Hospital, Drogheda, Co. Louth, Drogheda, Ireland

Introduction

A pressure ulcer is an injury to the skin which is localised and is caused by pressure, shear or a combination of the two.  In Europe, the mean prevalence rate of pressure ulcer is 10.8 %.  Care bundles are associated with a reduction in pressure ulcer rates.  Pressure ulcer prevention is an essential value for the overall safety of patients in acute care within hospitals.

Aims and objectives

To ascertain the impact of pressure ulcer care bundles on the prevalence or incidence of pressure ulcers among at-risk adults in the acute care setting.

Methods

A systematic review methodology was employed.  Original research studies were included.  This systematic review followed the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA).  Data was extracted using a pre-designed extraction tool and quality appraisal was undertaken using the Evidence-based librarianship (EBL) and where appropriate, meta-analysis was undertaken using RevMan.  The review was registered with PROSPERO (ID: 42023442711).

Outcomes

Following the search, 628 records were returned, of which 25 met the inclusion criteria.  The studies were conducted in a variety of acute healthcare settings.  A meta-analysis of 9 studies discussing incidence, indicates a RR of 0.57 (95% CI: 0.47 to 0.70; p=0.0001), and a meta-analysis of 7 studies discussing prevalence, indicates a RR of 0.34 (95% CI: 0.21 to 0.56; p=0.0001).  Both meta-analyses indicate a reduction in the RR of PU development in favour of the care bundle group.

Conclusion

A variety of care bundle elements were found in the studies.  Although results indicate the use of a care bundle is advantageous in preventing a pressure ulcer in the acute care setting, it is unclear which of these elements are most effective.  Further research in the form of RCTs would be beneficial to elucidate practice and continue to prevent such adverse events.

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## P.21 Nursing Peer Group Supervision: A Pilot Initiative

Ms Therese Dempsey[1], Mr Mark McKeown[1], Ms. Caroline Nolan[1]

[1]St. John of God Community Services, Lucena Clinic Child & Adolescent Mental Health Services, Co. Wicklow, Ireland

Aims and objectives

Two members of the Nursing Department set out to address the deficit in access to supervision within the department and to identify the most suitable and sustainable model in line with national policy recommendations.

Method

The initial planning phase happened over four months.  We secured funding to source an external clinical supervisor consultant and established a small implementation group.  A Peer Group Supervision Model was identified to meet the needs of the department considering current staffing structure and available resources.  Small groups of nursing peers (of the same/similar grade) engaged in supervision together, followed a clearly structured, evidence-based process without the facilitation of an external supervisor.  Feedback questionnaires were completed by participants after 6 months and a follow up ½ day facilitated group reflective session with all staff.

Outcomes

All participants stated that they found peer group supervision valuable and relevant to their workplace challenges and would recommend participation to new staff joining the department.  The group process was experienced as safe, supportive and respectful and all expressed a desire to continue after the pilot ends.  Possible barriers identified were heavy workloads, the need for protected time, logistics (travel & scheduling) and the need for additional professional support at times.

Conclusion

It has been agreed that the pilot will extend for an additional 6 months at which time a final audit and evaluation will be completed.  Working with limited resources allocated for supervision, this project aims to create an effective, evidence-based supervision framework within the department that may model for other nursing groups and disciplines an innovative and sustainable way to provide supervision for staff.

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## P.22 A Systematic Review of the Impact of Care Bundles on the Incidence of Pressure Ulcer Among At-risk Older Adults

Mrs Queen Edede[1], Dr Pinar Avsar[1], Dr Vishnu Renjith[1], Prof. Zena Moore[1], Prof. Tom O'Connor[1], Dr Linda Nugent[1], Prof. Declan Patton[1]

[1]School of Nursing and Midwifery, RCSI, Dublin, Ireland

Introduction

Care bundles augment clinical outcomes when used regularly with reliable interventions that define a standard of care, which leads to adequate and efficient treatment, and control of infections (Lavallée et al., 2017).

Aim

Using the PICO model, this systematic review aims to determine the impact of care bundles on the incidence of pressure ulcers among at-risk older adults.

Methods

A systematic review was conducted including the following databases: Cochrane Central Register of Controlled Trials (CENTRAL) (The Cochrane Library) (latest is-sue), Ovid MEDLINE (1946 to August 2023), Ovid EMBASE (1974 to August 2023), EBSCO CINAHL Plus (1937 to search August 2023), PubMed, Scopus. Two reviewers out the searching, screening, and extraction of data, excluding all possible biases and including an evidence-based high-quality appraisal and synthe-sis of all data extracted.

Results

The search strategy identified 1642 citations of which six were deemed to meet the set inclusion and exclusion criteria. Four studies were carried out in America and two in Sweden in a variety of settings. Six of the included studies identified that there was a direct relationship between the use of care bundles and the reduction in the incidence of pressure ulcers in older adults in all studies.

Conclusion

This systematic review highlights the connection between care bundles and the reduction of the number of pressure ulcers in the older adult population (≥65 years). Further studies are justified given that care bundles can reduce the incidence of pressure ulcers which can occur easily in older adults due to the nature of their frail skin, increased age, and medical status.

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### P.23 WITHDRAWN

## P.24 The Dirty Truth About Our Stethoscopes

Dr D'Arcy Gaisser[1,2]

[1]Suny Brockport, Brockport, United States, [2]RCSI, Dublin, Ireland

Background

Stethoscopes that are not thoroughly cleaned between every use can carry dangerous pathogens that can be transferred from patient to patient.  Healthcare-acquired infections (HAI) have been found to affect about 1 in every 31 hospitalised patients (Centers for Disease Control & Infection, 2024). Improper stethoscope hygiene can lead to the spread of infections and disease (Vasudevan et al., 2022).  Research has revealed that although stethoscopes are a widely used instrument among healthcare personnel worldwide, disinfection to prevent disease transmission is often overlooked (Kuczewski et al., 2022; Lee et al., 2020; Sahan et al., 2024; Talaga-Cwiertnia et al., 2023; Vasudevan et al., 2022).

Method / Results

Results from an original research study (N=117) were compared with current literature using a global lens.  A literature search was undertaken using searching CINAHL Ultimate, MEDLINE, and PubMed using keywords: Stethoscope, hygiene, disinfectant, and contamination, as a means of gaging the importance and geographical span of this issue along with the current recommendations and policies. Research findings indicated that stethoscope hygiene continues to be problematic in the healthcare field worldwide.  Issues of improper cleaning as well as blatant avoidance to stethoscope hygiene measures continue to be prevalent (Bansal et al., 2018; Vasudevan et al., 2022).  The most common pathogens found on Stethoscopes were S. aureus and Acinetobacter species as well as P. aeruginosa, Vanco-resistant enterococci, and K-pneumonia.  Current guidelines suggest that cleaning with 70% ethyl alcohol or isopropyl alcohol after each patient use (CDC, 2008).

Conclusion

Stethoscope hygiene should be an essential element in practice.  Educating students about stethoscope hygiene and consistently reinforcing it in practice are essential to reduce the transmission of pathogens in the healthcare environment.  Nurses can model best practice with students and other disciplines to increase the likelihood of adherence (Lee et al, 2020).

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### P.25 Impact of Early HFOT on Respiratory Deterioration in Non-ICU Patients

Mr Miguel Austin Gapuzan[1]

[1]Mater Misericordiae University Hospital, Dublin City, Ireland

Introduction

High flow oxygen therapy (HFOT) is known to improve respiratory outcomes such as respiratory rate, oxygen saturation, and dyspnoea.  However, its use is typically limited to closely monitored settings like ICUs.  This systematic review (SR) aimed to investigate the effects of early HFOT initiation in non-ICU patients, assessing its impact on vital signs, SpO2, and dyspnoea, as well as secondary outcomes such as escalation of care, ventilation needs, length of stay, and mortality.

Aim

To examine the impact of early initiation of HFOT on respiratory deterioration, including vital signs (respiratory rate, heart rate, blood pressure, MAP), SpO2, and dyspnoea in non-ICU patients.  Secondary outcomes included escalation of care, need for ventilation, length of stay, and mortality.

Methods

A systematic review was conducted using the PICO framework to guide the research question.  PRISMA guidelines were followed for study selection.  Three databases (PubMed, CINAHL, and ERS) were searched from December 2023 to January 2024.  Five studies involving 450 patients were included. Data extraction was performed, and a narrative analysis was conducted.

Outcomes

For primary outcomes, early initiation of HFOT resulted in significant reductions in respiratory rate, heart rate, and dyspnoea scores, with improved oxygen saturation and decreased work of breathing.  When compared with standard oxygen therapy, HFOT results on these parameters were statistically significantly different.  For secondary outcomes, there were no significant differences in escalation of care, need for non-invasive or invasive ventilation, ICU admission, or mortality.

Conclusion

HFOT significantly reduces respiratory rate, dyspnoea, and work of breathing while improving oxygen saturation, indicating minimised respiratory deterioration.  However, there were no significant differences between HFOT and standard oxygen therapy regarding escalation of care or mortality. HFOT may be a valuable tool in non-ICU settings, but further research is needed to confirm its broader benefits.

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## P.26 Focus on Future Workforce: Transition Support for International Nursing Students

**Mrs Joicy George**[1], Mrs Jamuna Joseph[2], Ms Rija Bobby[2], Mrs Elizabeth Chacko[5], Mrs Leena Vinod[4], Mrs Nimmy John[3]

[1]University of Roehampton, London, United Kingdom [2]Coventry University, Coventry, United Kingdom [3]Queen's University Belfast, Belfast, United Kingdom [4]Edgehill University, Preston, United Kingdom [5]University of Central Lancashire, Preston, United Kingdom

Introduction

International nursing students (INS) in the UK face unique challenges, including culture shock, academic differences, placement difficulties, language barriers, and financial stress (Weurlnder et al 2018). Additionally, INS often encounter feelings of isolation, difficulty finding a sense of belonging, and experiences of otherness, underscoring the necessity for institutional policies that support their adaptation and integration.

Aims and objectives

Recognising these obstacles and the need for supportive frameworks to address these concerns, a group of South Asian nurse educators proposes a structured transition support program specifically aimed at addressing the adaptation needs of INS to foster resilience, retention, and integration within the healthcare sector. Such a structured approach helps to bridge cultural gaps, boost retention and maximise students' potential—key factors for the future nursing workforce.

Methods

Drawing on lived experience, this initiative provides a comprehensive approach emphasising three areas—socio-cultural, linguistic, and academic - across three key stages: Pre-Arrival Orientation, Cultural/ Academic Induction, and Continuous In-Program Support. The proposed method adopts a team based pedagogical approach with targeted initiatives. The Pre-Arrival Orientation stage provides online resources, webinars, and information sessions, introducing students to academic expectations and healthcare norms in the UK. Academic and Cultural Induction offers a toolkit focused on intercultural communication, academic writing skills and workshops on social norms. A peer-buddy program pairs new students with local peers/alumni for ongoing guidance. Transition Surgeries provide bi-weekly drop-in sessions and emotional well-being resources, with faculty experienced in multicultural dynamics.

Outcomes

Preliminary feedback suggests that this approach enhances students' adjustment and adaptability, equipping them with stronger communication skills and academic engagement. A formal evaluation of the initiative's impact is in progress.

Conclusion

By creating a supportive pathway, this strategy fosters an inclusive environment where international nursing students feel valued. The authors aim to spark dialogue on effective support models for INS.

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## P.27 Topical lidocaine for Pain Relief During Perineal Suturing

Miss Estefania Gonzalez Coya[1]

[1]Rotunda Hospital, Dublin, Ireland

Introduction

Perineal trauma is a common consequence of vaginal birth and affects almost 90% of primiparous women.  70% of women who deliver vaginally will have to undergo this procedure (1).  Recent studies have proposed that topical lidocaine may offer a promising alternative for managing pain during perineal suturing (3,4).  It is especially beneficial for women who do not receive epidural anaesthesia.

Aims and objectives

To explore the use of topical lidocaine for pain management during perineal suturing.  To describe the dosage, safety and effectiveness of topical lidocaine.

Methods

A literature review was conducted by searching different databases: Medline, CINAHL, Pubmed and the Cochrane Library.  9 articles were included in the final review.

Outcomes

Topical lidocaine significantly reduces discomfort during perineal suturing (2,3).  It can be applied directly to the affected area, avoiding the pain associated with needle injections, and it has a well-established safety profile (4).  Despite this, it is not widely used, potentially due to a lack of familiarity or the prevalent use of epidural analgesia (5)

Conclusion

Topical lidocaine can offer rapid pain relief during perineal suturing.  Further research and standardisation are necessary to optimise its use.

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## P.28 The development of nursing-sensitive indicators: A critical discussion

Mrs Edel Gormley[1], Dr Mary Ryder, Dr Michael Connolly
[1]University College Dublin, Dublin, Ireland

Introduction

We currently have a disjoined approach to evaluating nursing care.  Current systems designed to monitor nursing care such as metrics and data sets, are not adequate or effective for comprehensively evaluating nursing care, taking into account the fundamentals and values of the nursing profession.

Aims and objectives

This paper aims to discuss nursing-sensitive indicators, their origins, current application and challenges related to their use as a means of evaluating the quality of nursing care.  The objective is to provide a critical analysis of nursing-sensitive indicators in the context of the criticisms the profession is faced with related to the lack of evidence to support the value of the role in the larger healthcare environment.

Method

Discussion paper

Outcomes

As a scientific-based profession, nurses are obliged to continuously monitor and evaluate the effectiveness of their care, however, this paper highlights the lack of available data on what constitutes as nursing care in practice, and the process of delivering care.  Insufficient evidence on how nurses contribute to patient care has led to inevitable implications for monitoring nursing practice.

Conclusion
- This paper acknowledges that robust evidence on the nursing contribution to patient care is scarce, part of the reason for this is flaws in the current methods of evaluating nursing care.
- As evidenced-based practitioners, there is an urgent need for the development of evidence-based nursing indicators that comprehensively evaluate the nursing role in patient care.
- Appropriate nursing-sensitive indicators will provide an effective mechanism for monitoring and subsequently improving nursing care.

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## P.29 Scoping review of nursing care of patients with neurogenic bladder

Mrs Edel Gormley[1], Dr Mary Ryder, Dr Michael Connolly

[1]UCD, Dublin, Ireland [2]National Rehabilitation Hospital, Dublin

Introduction

The literature reveals an absence of evidence-based, nursing-sensitive indicators for neurogenic bladder. The Donabedian conceptual model is proposed as the framework for evaluating quality of nursing care, so that future nursing practice can be guided in a comprehensive way. If properly developed and evaluated, nursing-sensitive indicators for neurogenic bladder could enhance nursing practices in this area and subsequently improve patient care.

Aims and objectives

Explore nursing care of the patient with neurogenic bladder.

Map nursing care provided in terms of structure indicators, process indicators, and outcome indicators.

Method

The Joanna Briggs Institute methodology was used to conduct the review.

Outcomes

Eighteen studies met the final criteria for the review. While no defined nursing-sensitive indicators for neurogenic bladder were found; structural indicators, process indicators, and outcome indicators were identified in the literature regarding the nursing care of neurogenic bladder and categorised under the Donabedian conceptual framework of structure, process, and outcome for evaluating the quality of healthcare. The resulting inconsistencies found in each category of structure indicators, process indicators, and outcome indicators provide a potential explanation for discrepancies in the nursing management of patients with neurogenic bladder.

Conclusion

The lack of consistency in structural indicators, process indicators, and outcome indicators are hindering the progression of nursing management of neurogenic bladder. There is currently no means of evaluating the quality of nursing care for these patients.

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## P.30 A Digital Skills E-learning Programme for Healthcare Professionals in Cancer

Dr Orlaith Hernon[1], Dr Maura Dowling[1], Dr Virpi Sulosaari[2]

[1]University of Galway, Galway, Ireland [2]Turku University of Applied Sciences, Turku, Finland

Introduction
Digital literacy is important for healthcare professionals to effectively and ethically implement digital solutions, allowing patients access to improved health services.  Digital health education and training are priorities for future healthcare professionals (1).

Aims and objectives
The objective of the EU4Health funded DigiCanTrain project (digicantrain.fi) is to design, implement and evaluate an e-learning programme.  Led by partners from six European countries (Finland, Ireland, Estonia, Spain, Romania, and Greece), this interprofessional programme aims to reskill and/or upskill clinical and non-clinical workers in cancer care settings on digital education and/or digital healthcare. Supporting the development of effective, person-centred digital health care.

Methods
Evidence synthesis reviews were conducted in the needs assessment phase, resulting in a Digital Competence Framework, which guided the 5-module curriculum.  Each learner's path depends on their professional background and whether they are Trainers or Participants.

Outcomes
Production of an innovative curriculum on the ThingLink© interactive platform embedded in Moodle. The Trainers will complete the programme in early 2025 and then support Participants, fostering collaborative and collegial learning.

Conclusion
Healthcare professionals must have a high level of knowledge and skill to incorporate digital approaches into their clinical practice.  Similarly, their attitudes towards technology influence their motivation for its use (2). This programme aims to improve or positively impact healthcare professionals' knowledge, skills, and attitudes regarding digital health.

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### P.31 A Cancer Care Continuum Module for Undergraduate Nursing Students

Dr Orlaith Hernon[1], Silvija Piškorjanac[2], Anne-Mari Seppälä[3], Isa Öhberg[3], Tarja Bergfors[3], Dr Maura Dowling[1]

[1]University of Galway, Galway, Ireland [2]University J.J.Strossmayer Osijek, Osijek, Croatia [3]Turku University of Applied Sciences, Turku, Finland

Introduction

The number of individuals with cancer is growing; however, there is limited content on cancer in undergraduate nursing programmes (1).  All nurses will likely care for a patient affected by cancer (1,2); therefore, they need to have, at minimum, basic knowledge and competencies regarding cancer.

Aims and objectives

The Erasmus+-funded EduCanNURS project aims to develop a module for undergraduate nursing students focusing on the cancer care continuum.  Nurse educators with cancer expertise and researchers from three European Universities (Finland, Ireland and Croatia) are leading this project.

Methods

The needs assessment phase of the project included reviewing undergraduate nursing curricula and a scoping review to evaluate international undergraduate nursing cancer care education.  The Kirkpatrick evaluation framework will guide the evaluation phase, including all stakeholders (students and educators) and an expert panel.

Outcomes

The findings of the needs assessment phase guided the module development, which follows the "CrabTree" family and focuses on a personalised cancer care continuum.  The module will guide students through the different cancer journeys of people affected by cancer, from prevention and screening to diagnosis and treatment, survivorship, palliative care, or end-of-life.  The module will include an educator toolkit to support, upskill, and empower nurse educators (without cancer care expertise) to effectively and confidently teach and assess this specialised area.

Conclusion

This project aims to develop undergraduate nursing education and support the development of competencies in cancer care. It could also inform cancer education for other undergraduate healthcare professionals.

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Fox C. Why our undergraduate nursing programs need oncology content: Reflections of a nursing instructor. Canadian Oncology Nursing Journal. 2020;30(1):62.

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## P.32 Calm the Chaos

Miss Laura Kellett[1]

[1]Our Lady of Lourdes Hospital, Drogheda, Ireland

Introduction

My name is Laura Kellett and I am a registered general nurse in Our Lady of Lourdes Hospital.  To continue my continuous professional development I applied to DCU to complete a level 9 module in Person Centred Dementia Care.  This course gave me great knowledge and insight into providing person centred care and what that includes.

Aims and objectives

From this course I began to research the impact of the environment for a person with dementia.  I created this poster to try and educate not only nurses but all healthcare professionals and the general public visiting of the negative impact of noise and environment can have on the person with dementia.  This poster aims to highlight many of the very simplistic ways that we can make the hospital a less frightening and more comforting environment.  The poster is placed near the entrance of the ward to make it visible to anyone that comes to the ward.

Outcomes

I have been receiving positive feedback from families and staff that the information provided has been informative.

Conclusion

Nurses have a responsibility to ensure the safety and well-being of the person with dementia, it is so important continue to increase our knowledge and educate other healthcare professionals and families about making our hospitals a less scary place for a person with dementia.

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## P.33 Delivering Compassionate Leadership across Operational and Clinical Teams

<u>Dr Lorraine Kelly</u>[1], Ms Anya Bailey[2], Ms Jane Almond[3], Ms Sharon Stewart[4]

[1]Circle Health Group, London, United Kingdom [2]Circle Health Group, London, United Kingdom [3]Circle Health Group, London, United Kingdom [4]Circle Health Group, London, United Kingdom

Introduction

Within healthcare we are facing chronic staff shortages, those still working in health care enduring long shifts and massive workloads, leading to possible staff burnout, increased staff turnover and compromised patient care (Pavlova and Consedine 2023).  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 (Watson, 2008).  The literature discusses the medical 'curative' model. Watson (2012) discusses the important attributes to a 'caritas' model: softer moments.

Aims and objectives

The main aim is to explore the impact of 'The Circle of Compassion' to determine how it has engaged the patients, operational and clinical teams to improve satisfaction and culture.

Methods
*   Focus group to develop themes for a questionnaire.
*   Staff questionnaire to develop qualitative and quantitative data.
*   Service Improvement project for a month.
*   Further staff and patient questionnaire.

Outcome

Key themes generated from data: The importance of Listening, Being approachable and visible, Developing Trust, Patients' needs first, Time, The importance of understanding.
Service Improvement Projects
*   Leadership walk round template
*   Team appreciation - cheque book!
*   Circle of Compassion - TEAMS TALK
*   Importance of '121's and check in's
*   Tool to capture further data.

Conclusion

Improvement in scores from previous questionnaires following the service improvement project.  By exploring staff engagement and an understanding of compassionate care overall satisfaction has improved.

References

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P.34 WITHDRAWN

**P.35 WITHDRAWN**

### P.36 Awareness and Attitudes of Healthcare Staff to Patient Safety

Ms Orla Kenny[1], Prof. Declan Patton[1], Dr Jarlath Varley[1]

[1]School of Nursing, RCSI, Dublin 2, Ireland

Introduction

Maintaining patient safety, mitigating against harm and the appropriate management of patient safety incidents are an integral part of the role of healthcare staff in the acute healthcare setting. Research literature suggests however, that awareness and attitudes of healthcare staff towards patient safety is variable.

Aim

The aim of this systematic review was to explore the awareness and attitudes of patient safety in the acute healthcare setting.

Methods

A comprehensive literature search was conducted of the following databases; PubMed, Embase (using the Elsevier platform), CINAHL (using the EBSCOhost platform) and MEDline (using the EBSCOhost platform) and Cochrane using keywords, synonyms and subject headings in May 2024.

Outcomes

This systemic review examined 6 studies that met the inclusion criteria. Healthcare staff demonstrated varying awareness of patient safety. Attitudes towards patient safety were generally positive but evidence of uncertainty about the implementation of patient safety processes was identified. The themes of leadership and teamwork were cited by healthcare staff as essential requirements underpinning patient safety. Role, length of time working in healthcare, the age of healthcare staff and previous exposure to medical errors impacted on healthcare staff's awareness of patient safety.

Conclusion

This systemic review revealed that the themes of leadership and teamwork were viewed by healthcare staff as essential for patient safety. Healthcare staff's experience in dealing with patient safety errors as well as their years of service provided a greater insight into patient safety, although some inconsistencies are evident in the literature. Further research on this topic is required.

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## P.37 Impact of Menopause Education on Quality of Life and Symptoms

Mrs Catriona Keye[1], Dr Jarlath Varley, Dr Declan Patton

[1]Scholarstown Family Practice, Churchtown, Ireland [2]RCSI, Ireland

Background

A significant number of women experience at least one menopausal symptom during their life, many reporting symptoms to be worse than expected.  Research suggests that specific educational programmes can support and enable women during the physical and emotional transition through menopause.

Method

A systematic review with meta-analysis was conducted to establish the impact of menopause health education on the quality of life among menopausal women.  CINAHL, Medline, APA, Embase and Google Scholar databases were searched between 30/11/2021-09/01/2022 using the PRISMA guidelines.  The Cochrane Risk of Bias tool was used to critically evaluate the included studies.  Review Manager Software was used to conduct the meta-analysis of suitable studies.  Eight papers were eligible for this review.  The participants were aged between 40 and 60, varying from changes in menstrual cycle to a LMP of 7 years.  Follow up data was collected between one- and four-months post education.

Results

Meta-analysis of both, primary outcome; QoL and secondary outcome; symptom control, demonstrated statistical significant improvements post intervention.  Papers not suitable for meta-analysis were reviewed narratively, two papers assessing the primary outcome, QoL, demonstrated an improvement, but only one to a statistically significant level.  Secondary outcomes revealed improvements with all bar one paper doing so to statistical significance.

Conclusion

Menopause health education demonstrated an improvement in both QoL and symptom control in menopausal women.  It is therefore recommended that menopause education could be used to improve QoL and reduce symptoms among menopausal women.  This education could be delivered by nurses and incorporated into a primary care setting.  However, given some weaknesses in the included studies further research is justified.  Limitations include participant's level of education, geographical location, risk of bias and length of follow up.

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### P.38 Keele Exchange Program Insights: Expanding Perspectives in Nursing

Ms Fatema Khalil[1]

[1]RCSI Bahrain, Busaiteen, Bahrain

Introduction

The Keele Exchange Programme, is an international exchange programme for undergraduate nursing students between Keele University, England, and RCSI-Medical University of Bahrain, which ran from June 15th to July 14th 2024. This program allows nursing students from RCSI-Bahrain to experience diverse healthcare settings, aiming to broaden perspectives on the U.K. healthcare system and nursing education through immersion into a diverse learning environment.

Body

The Keele Exchange Program aims to foster cultural competencies among students. It provided me with an invaluable opportunity to attend lectures at Keele University and to visit various national health service (NHS) hospitals, enriching my academic knowledge and clinical exposure. I witnessed the diversity of the NHS, where diverse ethnicities constitute 24.2% of the overall workforce (NHS, 2023). This exposure underscored the significance of cultural diversity in promoting a holistic approach to patient care and improving outcomes. Participating in the program broadened my understanding of different healthcare systems and highlighted the importance of cultural awareness and adaptability in patient care. I was able to apply these insights in my own practice, allowing me to improve the standard of care I deliver within my own health service.

Conclusion

Exposure to an alternative nursing curriculum and rotations at NHS clinical sites broadened my views on patient care and healthcare systems. The experience enabled me to reflect on the role of diversity and inclusivity in enhancing quality of care. My understanding of global healthcare practices was significantly enhanced by the program, and I now feel more prepared to handle the challenges of today's globalised healthcare environment as I move towards being a fully qualified general nurse.

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P.39 WITHDRAWN

## P.40 A Complex Journey: A Midwife in a New Country

Mrs Lavanya Lakshmanan[1]

[1]National Maternity Hospital, Dublin, Ireland

### Introduction

The State of the World's Midwifery Report 2021 highlighted a deficit of 900,000 midwives-one-third of the global workforce.  This shortage has been exacerbated by COVID-19, high attrition rates, and the evolving needs of women and new-borns.  Evidence shows that more healthcare professionals are migrating from developing nations, where they face significant challenges in their transition as overseas-trained professionals.  Effective transition and training programs are crucial for addressing these challenges, ensuring patient safety, and supporting the well-being and retention of midwives in host countries.

### Aim

- To develop effective transition and training programs
- To ensure patient safety and support midwives' well-being

Training and Education Initiatives.  To ease the transition stress for Internationally Qualified Midwives (IQMs), the following training programs were developed:

- Structured orientation and induction
- Safe working conditions: supernumerary time, buddy system, designated preceptor/facilitator
- Clear framework for adaptation and transition
- Easy access to learning resources: hospital e-learning, ward and class-based trainings
- Social support: connections with their native peers, cultural organisations, shops, transport, housing
- National healthcare communication and diversity program
- Work-life balance and well-being: flexible schedules, resource access, well-being guide and programs
- Reflection: individual/group, performance achievement programs
- Career pathways, mentorship programs, and funding for professional development
- Strict anti-discrimination and equal opportunity policies

### Methodology

Following implementation of the above education strategies, an online survey conducted to evaluate the results of the transition programmes

### Results

80% felt well-prepared for adaptation and transition, with effective supervision in a supportive environment.  82% found the learning resources adequate and beneficial.  20% felt they needed additional support and resources at work.  Plan for sustainability - Continuous identification of learning needs and training gaps, with restructuring of the training program.

### Conclusion

Future IQMs transition interventions must continuously focus on adequate educational resources, training, and support to ensure successful transition and retention.

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## P.41 Supporting Healthcare Professionals using Multi-Modal Skills Education for Maternal Sepsis

Mrs Lavanya Lakshmanan[1]
[1]National Maternity Hospital, Dublin, Ireland

Introduction

Maternal sepsis, caused by infection leading to organ dysfunction, endangers both mother and baby. Healthcare professionals play a crucial role in recognising early signs of sepsis. Prompt intervention can prevent septic shock and save lives, yet failures in detection are common. Following clinical guidelines and using sepsis screening tools are proven ways to reduce mortality. Ongoing education and multi-modal training for multidisciplinary teams are essential for ensuring safe, high-quality care.

Aims
- To promote the skills and knowledge for early recognition and management of sepsis
- To reduce mortality and morbidity
- To avoid preventable escalation to critical care.

Method
Retrospective quarterly Sepsis audit was conducted on 20 charts which met the following criteria:
- Clinical suspicion of infection with relevant IMEWS triggers, and/or ≥ 2 SIRS response
- Evidence of new onset organ dysfunction
- Sepsis 6+1 within an hour and documentation compliance was audited.

Outcome
Areas we performed well: Blood cultures were taken within an hour - 100%; Correct IV fluids, Antibiotic were administered - 85%; Antibiotics were administered within 1 hour - 90%. Areas of concern: Lactate documented – 50%; Urine output documented -10%, Sepsis form completed -25%

Quality Initiatives: Multi-modal education and training strategies were used for quality improvement; Dissemination of audit results; 'PROMPT' Skills & Drills sepsis station; Electronic health record 'Auto-text' developed; Ward based training; Laminated poster & individual cards for all staff; Sepsis week conducted - presentation, simulation, quiz

Results
PROMPT' Sepsis station -8 trainings – 76% attendance. 97% completed Sepsis module. 70% of staff participated in sepsis week activities. 100% simulation training at induction. Plan for Sustainability: Continue - audits, quality initiatives, education; Sepsis awareness week; Monitor training compliance

Conclusion
The result of the Quality initiatives evaluation (direct feedback and survey) showed positive learning experience by participants and an increase in confidence in managing clinical maternal sepsis.

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P.42 WITHDRAWN

## P.43 Women's Experiences of Frenotomy's Effectiveness for Breastfeeding Challenges-qualitative study

Miss Maria Lozano Tornay[1], Dr Sunita Panda[2], Dr Alan O'Reilly[3]

[1]Rotunda Hospital, Dublin, Ireland, [2]Trinity College of Dublin, Dublin, Ireland, [3]The Tongue Tie Clinic, Dublin, Ireland

Introduction

Breastfeeding challenges associated with the diagnosis of ankyloglossia in newborns are well known. Women's desire to breastfeed and their inability to achieve it due to ankyloglossia is a challenge. Frenotomy is a recommended solution for this problem. However, studies on women's experiences of the effectiveness of frenotomy are limited.

Aims and objectives

To explore women's experiences of the effectiveness of Frenotomy.

Methods

A descriptive qualitative approach was used. Following permission from the study site and research ethics committee approval from author's university, women who were over 18 years of age, able to read and speak English, and had a newborn diagnosed with tongue-tie were purposely selected for one-to-one online semi-structured interviews. Interviews were conducted online in February 2024 using an interview guide as preferred by the participant. Data were analysed using Braun and Clarke's (2006) thematic analysis framework.

Outcomes

Five women participated in the study. Three key themes were derived:

1. The silent struggle – pre-frenotomy challenges describing difficulties and frustrations before a frenotomy was performed and how women seek support and navigate resources
2. Transition to breastfeeding journey post-frenotomy presenting the impact of frenotomy on improving experiences and overcoming breastfeeding challenges and
3. Enhancing accessibility to healthcare and referral routes narrating suggestions from mothers with a personal perspective for the continuation of breastfeeding.

Conclusion

The study provides valuable insights into women's experiences and the effectiveness of frenotomy. These findings have a significant influence on healthcare policies and healthcare professionals, highlighting the importance of improving access to care. Further investigation is warranted to examine the enduring impacts of frenotomy on breastfeeding and the overall health and welfare of both the mother and the newborn.

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### P.44 Evaluating Effectiveness of Telehealth and Virtual Nursing Interventions

Mr Mark Lutwama[1], Dr Musa Bukenya[1], Ms Robinah Nakabiito[1]

[1]Cosf - Uganda, Kampala City, Uganda

Introduction

The increasing demand for health care and shortage of nursing work force led to the adoption of Telehealth and virtual nursing. However, there is need for rigorous research to evaluate it's effectiveness.

Aims and objectives

To examine the impact of virtual nursing interventions on patient outcomes, satisfaction and health care utilisation.

Methods

This randomised controlled trial recruited 210 patients with chronic conditions. Participants were randomly assigned to receive either virtual nursing care or traditional in person care. Virtual nursing interventions included video consultations, remote monitoring and secure messaging.

Outcomes

Compared to the control groups, patients receiving virtual nursing care demonstrated:

- Improved glycemic control (HbA 1c reduction, $P<0.01$)
- Enhanced medication adherence ($P<0.05$)
- Reduced hospital readmissions ($P< 0.01$)
- Higher patient satisfaction ($P< 0.001$)

Conclusion

Virtual nursing interventions can improve patient outcomes, satisfaction hence solving nurses' work force challenges.

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## P.45 Apprentice Nursing Associates Experiences based in Primary Care

Mrs Katie Macro-Wilson[1]

[1]Anglia Ruskin University, Chelmsford, United Kingdom

### Background
Nursing Associates (NAs) have been part of the National Health Service (NHS) workforce plan since 2017, bridging a perceived gap between registered nurses and Healthcare Assistants (HCAs).  Apprentice Nursing Associates (ANAs) were predominantly based in acute settings; however, funding changes by the Education and Skills Funding Agency (ESFA), has seen numbers begin to increase in primary care and research is required to understand their experiences.

### Aim
To explore the ANA's clinical experiences based in primary care and how it affects their education, to identify areas which can be improved or developed to enhance quality of learning

### Method
A qualitative online survey questionnaire consisting of open-ended questions was completed by purposive sampling of 14 ANA's based in primary care.  They are studying at a Higher Education Institute (HEI) across three campuses in the East of England.  The questionnaires were completed from May-June 2023, transcribed, and thematically analysed by the author.

### Outcomes
Four main themes were identified in relation to their experiences: role ambiguity, disparity in support, barriers to achieving apprenticeship requirements and career progression.

### Conclusion
The research identifies that awareness of the NA roles needs to be increased and the scope of practice more defined, as it is negatively impacting the ANAs learning experiences within primary care. Managers require a deeper appreciation of the course requirements, and support is variable with access to assessors and supervisors being restricted due to staff shortages, yet positive support is received from legacy nurses.  Barriers to learning included lack of off the job learning opportunities and proficiencies being very acute setting focused making them unachievable within primary care. The issues are currently having a negative impact on NA role retention within primary care.

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## P.46 Redeveloping an ANP Role from the Emergency Department to General Practice

Mrs Dara Maguire Bagina[1]
[1]John Street Surgery, Ardee, Co. Louth, Ireland

Introduction

This study assesses patient satisfaction with the ANP service at a General Practice. The service was implemented over a year ago. The ANP modelled the service which has been previously implemented in several emergency departments throughout the country. The service was implemented at an important phase of reform in the health service, with huge emphasis on improving primary care and community care (Slaintecare Action Plan 2023).

Aims and objectives

The main objectives of this study were to evaluate patient satisfaction with ANP appointments compared to traditional doctor appointments, assess preferences for future appointments with ANPs, and gather feedback on the quality of care and pricing of the ANP service. Previous studies highlight that ANPs are safe, effective clinical decision makers who provide quality care and improve patient outcomes (Begley et al 2010).

Methods

A total of 115 patient responses were received and reviewed to evaluate patient satisfaction with the service. The survey was conducted to gather data on patient preferences for ANP appointments, perceptions of service quality, and pricing considerations.

Outcomes

The results indicated high levels of patient satisfaction with the ANP service at the GP Practice. Most patients expressed a willingness to have future appointments with ANPs instead of doctors, with positive feedback on appointment access, service quality, and pricing. Patients perceived that ANPs provided care comparable to GPs, highlighting the effectiveness of integrating ANPs into primary care settings.

Conclusion

In conclusion, patient satisfaction with the ANP service is significant, demonstrating positive patient experiences with ANP appointments. The study highlights the importance of ANPs in improving healthcare delivery and patient-centered care in primary care settings. Further exploration of the role of ANPs in General Practice is warranted to enhance patient care and access to services.

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### P.47 Empowering New Nurses: Letterkenny University Hospitals' Graduate Nurse Programme

<u>Mrs Philippa Mc Gavigan</u>, Mrs Emer Duffy
[1]CNME Donegal, Letterkenny, Ireland

Introduction

Figures from the CSO, NMBI, and INMO reveal a persistent shortfall in training and recruitment of nurses in Ireland, even with doubled training spaces and local graduates filling vacancies, there would still be a yearly shortfall of 2,000, leading to dependence on overseas nurses.  To encourage Nurse Graduates to stay and work in our hospitals, a graduate programme was proposed, offering support, guidance, and education.

Aims and objectives

The two-year Graduate Nurse Programme aids new nurse graduates in transitioning from academic to professional practice.  Its goals are to promote clinical excellence, support professional development, and enhance well-being.  The programme features an induction process, six-month specialised rotations, mentorship, monthly educational sessions, and time for reflection and clinical supervision.

Methods

The Graduate Nurse programme is a collaborative initiative between the CNME and Nurse Practice Development with input from Human Resources and the Director of Nursing.  The Programme candidates gather monthly for dedicated, personalised education tailored to address their evolving needs.  Each candidate will experience four six-month rotational placements.  Additionally, a mentor will be assigned for each rotation, and participants will receive a structured learning log portfolio to monitor and evidence their professional growth.

Outcomes

A survey examining feelings, preparedness and confidence was collected at induction week.  Follow-up surveys will be conducted at the conclusion of each of the four rotations.  We are gathering data from new graduates who are not enrolled in the programme, with the goal of compiling a comprehensive dataset that compares the critical support mechanisms for the professional development of new graduates.

Conclusion

The information gathered will guide the review of the programme, contributing to a piece of research.  The research findings will help nurture talent and develop skilled, valued professionals, with the aim to enhance the quality of care.

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**P.48 WITHDRAWN**

## P.49 "FLARE" Families Learning About Renal Experiences

Ms Sarah McCormac[1]

[1]Beaumont Hospital, Dublin 9, Ireland

Introduction

Gold standards of care recommend a holistic approach to chronic illness, including kidney disease, however our current approach to education does not incorporate helping patients discuss their illness with the children in their lives. We have identified limitations and a clear unmet need in our current CKD education programme, some patients perceive the illness to have a negative effect on their children, in particular undertaking dialysis at home.

Aims and objectives

Develop a specialized educational material which will help patients and children navigate the journey of CKD. A special emphasis will be placed on a child focused educational programme/resources to help both adults with CKD and their children better understand the illness aiming empower patients to make the right choices for their family and give the family unit the skills to understand, process and relate to a kidney disease.

Methods

It is evident through patient experience forums, feedback from education days and individual psychosocial assessments that families need help. Collaboration with a production company to create online educational material for children that can be accessed from any electronic device. Material on the topics mentioned above and interactive Activity sheets promote engagement between patient and child. A parent booklet discussing the topic of 'how to talk to children about renal replacement therapies' is included assisting parents/grandparents/blended families how to introduce the material to children.

Outcomes

Informed equipped families. Scalability of the project would be to run a 'child education session' and develop hardcopy storybook in addition to education days. This will depend on the success and demand of project.

Conclusion

This is a novel approach for our patients. Enhancing how we support people with CKD and their families will have a positive impact on navigating the process of explaining, understanding and living with the disease a little easier.

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## P.50 A Study Protocol to Assess Sarcopenia in Lung Cancer Surgery

Ms Anne McGuire[1,2], Dr Chanel Watson[2], Dr Aglecia Budri[2], Dr Bridget Murray[2]

[1]St James's Hospital, Dublin 8, Ireland [2]RCSI, 123 St. Stephen's Green, Ireland [3]RCSI, 123 St. Stephen's Green, Ireland [4]RCSI, 123 St. Stephen's Green, Ireland

Introduction

Sarcopenia is defined by an ongoing loss of skeletal muscle mass and reduced strength and function and is an independent risk factor for postoperative complications and death in patients who have undergone surgery (1). Sarcopenia is highly prevalent in patients with lung cancer, approximately one in two, and an important predictor of impaired overall survival (4).

Aims

The primary objective of this study is to show the prevalence and Management of sarcopenia in patients with lung cancer that have undergone surgery in St James's Hospital between 2014-2024.

Methods

A retrospective analysis utilising a repeated cross-sectional study design between 2014-2024 using the hospital data base and the electronic patient record from St James's Hospital.

Outcomes

Lean muscle mass will be assessed using the index computed tomography scan. Biomarkers, medical history and risk assessment scores will also be assessed.

Conclusion

It is proposed that identifying the prevalence and management of sarcopenia is a crucial first step in the implementation of a standardised sarcopenia assessment prior to surgery for lung cancer patients.

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### P.51 Positive Effects of an Intensive Multidisciplinary Intervention After Traumatic Brain Injury:  A Case Study of Nurse-Led Case Management

Ms Siobhan Mcsweeney[1]
[1]MCS Case Management Limited, Dublin, Ireland

#### Background

In response to national policy and changing demographics, the nursing workforce must evolve to play a pivotal role in co-ordinating community-based care.  This case study explores the interventions and positive outcomes achieved using nurse-led case management approach for a man experiencing significant psychosocial and behavioural issues post traumatic brain injury.

#### Methods

Gentleman who suffered a traumatic brain injury following a road traffic accident.  At the time of the accident the gentleman was 42 years of age, married with three children and two stepchildren.  He was self-employed and had 16 people employed in his company.  At the time when the case management process begun six years later, he was unemployed, alone, confined to a separate area of the family home due to his alcohol misuse and violence.  He was depressed, suicidal, was surviving on fast food and had no therapeutic interventions.  Following initial case management assessment, a nurse co-ordinated multidisciplinary intervention resulted in significant physical, behavioural, and psychosocial gains, and transition to an accessible home plan.

#### Conclusion

The fundamental goal of case management is to support, advocate for and co-ordinate care in the community to maximise independence and quality of life, which requires case managers to be creative and flexible with resources.  This case study described a nursing initiative that demonstrates impact across policy and practice.  It highlighted the lived experience of the long-term effects of behavioural issues and depression experienced post traumatic brain injury, and the positive outcomes that can be achieved using a nurse-led case management co-ordinated approach.

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## P.52 Assessing Effective Educational Programs for Disaster Preparedness and Management

Dr Sara Mezini[1], Dr Camilla Cacciabue[1], Dr Lara Delbene[1], Prof. Roger Watson[2], Dr Marco Di Nitto[1], Prof. Gianluca Catania[1], Prof. Milko Zanini[1], Prof. Loredana Sasso[1], Prof. Annamaria Bagnasco[1]

[1]Department of Health Sciences, University of Genoa, Genoa, Italy [2]Southwest Medical University, Luzhou, China

Introduction

In recent decades, the increasing frequency of natural and man-made disasters has raised global concerns about community safety and the preparedness of healthcare providers.  Nurses, in particular, play a key role in emergency management, requiring specialised training to effectively handle such critical situations.

Aim and objectives

This study evaluates disaster preparedness programs for nurses and nursing students, analysing common training methods and their impact on crisis response skills.

Methods

A Rapid Evidence Assessment (REA) reviewed quantitative studies from January 2000 to April 2024 in PubMed, SCOPUS, and CINAHL, adhering to PRISMA and the Joanna Briggs Institute framework. Rayyan software aided article selection, resulting in 18 included studies, whose quality was assessed using the CASP protocol.

Outcomes

Educational programs that include realistic simulations, practical exercises, and the use of innovative technologies such as virtual patients and virtual reality show a significant improvement in nurses' technical skills and their ability to respond in crisis situations.  Integrating these programs into university curricula and continuous training is essential to ensure greater safety and effectiveness in disaster response.

Conclusion

Results emphasise the need for advanced education to improve nurses' emergency preparedness. Developing international disaster training standards is essential, with future research focusing on long-term program impact assessment.

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### P.53 Effectiveness of Task Performance by Primary Healthcare Nurses in Poland

Dr Ewa Molka[1], Pani Katarzyna Szykowna[1]
[1]Silesian Medical University, Katowice, Silesia

Introduction

The article analyses the effectiveness of task performance by primary healthcare nurses (PHC) in Poland, taking into account variations in effectiveness depending on education level, employment type, and age.  PHC nurse is a key component of the healthcare system, covering approximately 32.9 million patients in Poland and providing them with initial contact with healthcare services.

Aims and objectives

The aim of the study was to identify factors influencing the effectiveness of PHC nurses.  The analysis includes differences in performing tasks such as organising support groups, providing health counselling, assessing patients' health conditions, and conducting diagnostic and therapeutic procedures.  The study involved 157 PHC nurses from various facilities, of whom 117 were employed under employment contracts, 13 under civil law contracts, and 27 managed their own practices.

Results

The results indicate that nurses managing their own practices are most frequently engaged in health counselling (85.19%) and motivating patients towards self-care (96.30%), compared to employed nurses, of whom 47.01% and 57.26% perform these tasks, respectively.  Nurses with a master's degree also demonstrated higher levels of involvement in tasks such as vaccination education (67.86%) and physical examinations (48.21%).  Additionally, nurses working in rural areas more often assessed the caregiving abilities of patients' families (45.71%) than those working in larger cities.

Conclusion

The study indicates that nurses managing their own practices and those with a master's degree show greater engagement in patient care and preventive activities.  Employment location also affects effectiveness, with nurses in smaller towns and rural areas more frequently engaging in health initiatives.  The findings suggest that PHC nurses' effectiveness can be enhanced by further investment in their education and support for diverse employment forms.

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## P.54 Validation of the Polish JSAPNC Tool for Nurse-Physician Collaboration

**Dr Ewa Molka**[1], Pani Katarzyna Szykowna[1]
[1]Silesian Medical University, Katowice, Poland

Introduction

This article presents the validation of the Polish version of the JSAPNC tool, which assesses collaboration between nurses and physicians across four main areas: shared education, caring and curing, nurse autonomy, and physician authority.  The questionnaire enables an assessment of the positivity of collaboration, which is significant for the effectiveness of medical teams in Poland.

Aims and objectives

The aim of this study was to test the reliability and validity of the JSAPNC tool in the Polish context, focusing on internal consistency and test-retest reliability.  The study involved 25 respondents who completed the questionnaire twice, with a ten-day interval between the initial test and retest.  Confirmatory factor analysis was conducted to assess the tool's structure and identify any potential modifications needed.

Results

The analysis showed that the average overall collaboration score was 51.8 points, indicating a generally positive attitude towards collaboration.  Scores for individual areas also showed positive assessments: shared education (24.86 points), caring and curing (10.68 points), nurse autonomy (10.44 points), and physician authority (5.82 points).  Reliability tests demonstrated high internal consistency (Cronbach's alpha for the overall scale was 0.801), and the ten-day retest confirmed the stability of results over time, indicating the tool's robustness.

Conclusion

The Polish version of the JSAPNC proved to be a reliable and well-suited tool for assessing nurse-physician collaboration, with some areas for further question optimisation.  The results suggest that positive collaboration contributes to the increased effectiveness of medical teams. JSAPNC can be a valuable tool for future research on collaboration within the healthcare system in Poland, provided that minor modifications are made.

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### P.55 MMR Vaccine Catch-up: Measles Outbreak Response in a Primary School

**Ms Aisling Moore**[1], Ms Teresa Madden[1], Ms Nairana De Silva[1], Dr Aine Varley[1], Dr Muireann de Paor[1], Dr Gabriel Fitzpatrick[1]

[1]Department of Public Health Dublin North East, Dublin, Ireland

Introduction

In 2024, there has been a national rise in measles cases.  At the time of reporting, 147 of confirmed cases has been identified nationally.  This includes 23 outbreaks, one of which occurred in a primary school.  In September 2024, a measles outbreak was declared at the school after three confirmed cases were reported across two class groups.  The school has a student population of 187, representing 29 nationalities.  Among the students, 20% are Irish Travellers and 10% are Romanian.  The school's reported MMR (Measles, Mumps, and Rubella) vaccination rate was 56%.

Aims and objectives

An outbreak control team was formed with the aim of managing and containing the spread of infection, and the school agreed to implement a catch-up MMR vaccination program.  The objectives of this program were to increase immunity levels among students, reduce the risk of further transmission, and prevent future outbreaks by ensuring those who were unvaccinated or under-vaccinated received the necessary doses.

Methods

Vaccines were procured through the national cold chain system, with storage managed locally at the county hospital to ensure proper handling and temperature control.  The catch-up vaccination program was coordinated to fit within school hours, requiring close interdepartmental collaboration with the national ambulance service.  Engagement was also established with community support groups, the Traveller network, and the school liaison officer to promote program success and ensure effective outreach within the school community.

Outcomes

A total of 34 vaccines were administered to the student population, increasing the school's MMR vaccination coverage to 74%.  The second largest group to receive vaccination where 6th class.

Conclusion

Implementing a school-wide catch-up vaccination program should be considered to provide a second opportunity for those hesitant about vaccination and to reach students who missed the initial schedule for other reasons.

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P.56 WITHDRAWN

## P.57 Expanding Educational Impact in Nursing Records for Breast Cancer Patients

Dr Andrea Moro[1,2], Prof. Gianluca Catania[1], Dr Giorgio Magon[2], Prof. Milko Zanin[1], Prof. Loredana Sasso[1], Prof. Annamaria Bagnasco[1]

[1]University of Genoa, Milan, Italy [2]IEO European Institute of Oncology IRCCS, Milan, Italy

Introduction
The evolving role of nurses in shaping patient education and supporting long-term health outcomes is increasingly vital. For women with breast cancer, addressing specific educational needs in nursing records not only enhances care but also aligns with a justice-focused shift in healthcare.

Aims and objectives
This study examines the level of consensus among women with a breast cancer diagnosis regarding education-related items in nursing records. It also assesses whether this consensus varies over time and compares it to patients with other diagnoses, offering insights into the broader socio-political role of nursing documentation.

Methods
Utilising data from the Nursing Cancer Data Project, we analysed consensus levels on educational items among breast cancer patients, focusing on shifts over time and item-specific trends. We compared these findings with those of patients with other diagnoses to capture unique educational needs within nursing records and highlight the potential of documentation practices in promoting patient empowerment.

Outcomes
Findings show that breast cancer patients' educational needs evolve over time. In the first three months post-diagnosis, all participants agreed on all educational items. By one year, consensus decreased to 66.7%. From one to five years, consensus varied: all women agreed on treatment and pain management education, 75% on device education, and 50% on nutrition and rehabilitative techniques education. Breast cancer patients showed a higher focus on treatment and pain management education (92.3%) compared to the uniform consensus across items in other diagnoses (88.9%).

Conclusion
These insights underscore the dynamic role of nursing documentation in supporting evolving patient needs, aligning with nursing's expanding impact in policy and practice. Enhancing educational practices in nursing records not only improves care but also strengthens nurses' leadership in promoting equitable and responsive healthcare.

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## P.58 Perspective of ANP Older Persons role from the IDT

Ms Abby Mullally[1], Dr Mary Doolan[2], Ms Catriona Brennan[2], Ms Louisea Burke[2], Ms Alice Farrelly[2], Ms Gail Flynn[2], Ms Karen Heduvan[2], Ms Gráinne Keena[2], M. Olivia Lynch[2], Ms Joan Mannion[2], Ms Fiona Moore[2], Dr Mary Nolan[2], Dr Mary McDonnell[1]

[1]Technological University of The Shannon Athlone Campus (TUS), Athlone, Ireland [2]Health Services Executive (HSE), Dublin, Ireland

### Introduction
Advanced Nurse Practitioners (ANP) are well established specialists in healthcare; these nurses are educated to practice at an advanced level in their field.  The specialty of Older Persons is a relatively new addition to the advanced practice arena.  This role offers a unique skillset that facilitates the delivery of holistic person-centred care.  To date, there is little evidence exploring the Advanced Nurse Practitioner Older Person role, particularly from the perspective of the interdisciplinary team (IDT).

### Aims and objectives
The aim of this research is to explore the interdisciplinary team's perception of the role of the ANP Older Persons.  The objective of this study was to gain a greater insight of the IDT's perception of the ANP Older Persons role.

### Methods
A total of 40 participants were interviewed in 11 focus groups using semi-structured interviews. Participants came from the interdisciplinary team representing allied health professionals, nurses and medical staff.  Data was collected and analysed using Braun and Clarke (2021) theoretical framework and results were presented in themes.  The participants consisted of Physiotherapists; Dietician; Occupational Therapist's; Nurse Managers; Nurse Specialists; Candidate ANP; Staff Nurses; Consultants; Directors of Nursing; Speech and Language Therapists; Cardiac Physiologists and Healthcare Assistants.

### Outcomes
Three themes emerged from the data; Contribution of the ANP Older Persons' Role to Clinical Practice and Patient Care, Contribution of the ANP Older Persons' Role to the Interdisciplinary Team and Barriers to the Development of the ANP Older Persons' Role.

### Conclusion
This study suggests that the ANP Older Persons is a valuable resource in the IDT providing education, leadership, clinical expertise and enhancing patient care. Ambiguity exists on the role definition which may be contextual.

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### P.59 PHN Led Weaning onto Solid Food Webinars for Parents

Ms Tara Mulleary[1]

[1]HSE, Cavan, Ireland

Introduction

One in five Irish children are considered to be obese with levels of obesity reaching epidemic proportions in recent years. The Healthy Weight for Children HSE Action Plan 2021-2023 and the HSE Corporate Plan 2021-2024 commits to prioritising prevention and early intervention services with a focus on children's health, obesity and alcohol harm.

Aims and objectives

To develop a free, easily accessible online information session giving parents/guardians the knowledge to start their child off on their journey with solid food in a healthy way and help reduce health issues in the future. An inter-professional approach was adopted and both the PHN service and Dietetic service collaborated on these online weaning webinars for parents.

Methods

PHN service launched in person weaning classes in 2019 but were limited by staffing resources and Covid so re-launched online webinars in 2023 to meet need and accommodate families and staffing issues. Feedback was sought from parents at their childs developmental checks in relation to if they preferred online vs in person. The RPHNs/dietitians upskilled on Digital technology in order to familiarise themselves with online webinars. Using Digital technology to meet the health needs of the population and turning limited resources into a positive.

Outcome

Feedback has been overwhelmingly positive and our hope is that these webinars continue to grow in popularity so that parents/guardians have the support and knowledge to introduce solid food to their infants in the healthiest way possible. A new National weaning onto solid food pilot is due to commence in Sept 2024 with Cavan/Monaghan being involved in the pilot.

Conclusion

Limited resources doesn't always mean limited service. Innovative thinking and expanding digital health can meet the needs of targeted population

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## P.60 Effectiveness of Team Huddle's on Pressure Ulcer Reduction in ICU

Ms Catherine Mulvany[1]
[1]Our Lady of Lourdes Hospital Drogheda, Drogheda, Ireland

The Pressure Ulcer Quality Improvement Project commenced in December 2023 as a small project to increase both awareness and patient safety around the incidences of Health Acquired pressure ulcers (HAPU) acquired in the intensive care unit.  Data compiled over a period of 2 years showed the number of pressure sores acquired in ICU 2022 (39) and 2023 (36).  Due to the high acuity of ICU and exposure to medical and pharmacological interventions we needed to review our approach to HAPU's.

We huddled each morning and evening assessing each patient individually identifying areas as a team implement improvements to prevent HAPU and maintaining our patient's safety.  We looked at frequency of repositioning, when our patients were turned last and when time of next turn due.  We identified patients most at risk of developing a pressure sore in the intensive care as, ventilated / proned (ARDs) high oxygen requirements, use of inotropes to support blood pressure, high waterlow, dialysis, spinal precautions and unstable patients.  We developed an ICU Daily Patient Safety Huddle document to guide our Huddles each day.  The huddles take place each morning @ 8.30 for 10 minutes

The aim of establishing the Pressure Ulcer Quality Initiative is to: Promote effective communication within clinical teams, employ a proactive situation awareness culture and to implement a culture of patient safety by managing risk and reducing avoidable harm to acutely unwell patients.  The Next Steps: We are looking at continuing the huddle into 2024, and aim to measure the statistics as they arise, building on our team inclusion and aim to incorporate the Huddle into our daily practice.  We are in the process of developing a Specific skincare team in ICU to share new up to date research, and source products to assist in pressure ulcer prevention.

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P.61 WITHDRAWN

## P.62 Italian Mothers' Breastfeeding Self-Efficacy: A Quasi-Experimental Study

Dr Francesca Napolitano[1], Ms Maria Romilda Filice[1], Ms Francesca Gualdi[1], Ms Chiara Maddalo[1], Ms Annalisa Roberti[1], Mr Davide Ulivieri[1], Dr Bruno Cavaliere[1]

[1]Ospedale Policlinico San Martino - IRCCS, Genova, Italy

### Introduction
Breastfeeding offers health benefits for both infants and mothers related to nutrition, immunology and psychology (1).  The World Health Organisation has recommended exclusive breastfeeding (2).  Nevertheless, breastfeeding rates remain low (1).  High level of mothers' self-efficacy breastfeeding is important to improve it (3).

### Aims and objectives
Improving the new mothers' self-efficacy related to breastfeeding in a Northwest Italian hospital.

### Methods
A quasi-experimental study was conducted between July and October 2023.  An educational intervention on breastfeeding was provided to some new mothers during their hospitalisation.  A convenience sampling was used.  Data were collected through the Italian Breastfeeding Self Efficacy Scale-short version (BSES-SF) (3).  BSES-SF scores were measured after discharge to women who receive the educational intervention (w-ed) and women who did not (w-no-ed).  Descriptive and logistic regression analyses were conducted.

### Outcomes
The analysis was conduced on 79 women.  Fifty-one (64.6%) were primip and 45 (71.5%) exclusively breastfed.  Sixty-six (83.5%) of them received the educational intervention.  The mean BSES-FS score was 55.6 (SD 10.4) for w-ed and was 51.5 (SD 14.1) for w-no-ed.  Indeed, having high levels of BSES-FS score influenced the use of exclusive breastfeeding (OR 10.40, 95% CI 2.01-53.9, p=0.005).

### Conclusions
Educational intervention plays a significant role in promoting a good level of breastfeeding self-efficacy in new mother.

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### P.63 Developing Acute Hospital Liaison Supports for people with Intellectual Disabilities

Ms Muireann Ní Riain[1]
[1]St. Michaels House, Dublin 11, Ireland

Introduction
St. Michael's House Services is a community-based organisation providing a quality person centred service to over 2300 people with a disability, in the greater Dublin area.  CNS Acute Hospital Liaison (AHL) Nurse role has been supporting residential service users through the hospital admissions since 2017 with increases seen in hospitalisations and changing needs on discharge.

Aims
The CNM2 Post Hospital Discharge Nurse (PHDN) will provide transitionary support to people with intellectual disability on discharge from acute hospital setting to their residential unit.  There will be increased involvement of available community support from primary and integrated care.  People will be supported to manage any changed needs in their home and reduce hospital transfers.  SMH support staff will have improved confidence and clear guidance with any changing or emerging needs post hospital discharge.

Objectives
The PHDN works in liaison with the CNSAHL to provide co-ordinated approach to hospital discharge. Service users will have nursing support through transitionary period with the role highlighting and providing necessary support to both service users' and staff post hospital discharge.  Post discharge clinical management of wound care/sutures etc will be supported. Increasing use of available Enhanced Community Care.

Method
Review of hospital data over period of CNSAHL role and emerging evidence of increase in hospitalisations and complex discharges led to a request for funding from the NMPDU as a 'Service Improvement Innovation' for a year.

Conclusion
More managed discharge transitions from hospitals with follow up on all ED transfers and hospital admissions occurring within 3 days of discharge.  Individuals with significant changed needs have extended nursing support to plan and implement service changes in advance of discharge.   Feedback received indicates staff and service users feel more supported on transitioning from the hospital back to St. Michael's House. Intention is to request funding for a further year.

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### P.64 Leadership in Nursing: Impact on Team Performance and Patient Outcomes

**Prof. Ippolito Notarnicola**[1], Prof. Blerina Duka[2], Dr Eriola Grosha[3], Prof. Gennaro Rocco[1], Prof. Alessandro Stievano[4]

[1]Centre of Excellence for Nursing Scholarship Opi, Rome, Italy [2]Catholic University Our Lady of Good Counsel, Tirane, Albania [3]University of Rome Tor Vergata, Rome, Italy [4]University of Messina, Messina, Italy

Introduction
Effective leadership is critical in nursing, directly influencing team performance, job satisfaction, and patient outcomes. In a rapidly changing healthcare landscape, nurse leaders must adapt to new challenges while fostering a positive work environment and maintaining high standards of care.

Aims and objectives
This study aims to evaluate the impact of different leadership styles on nursing team performance and patient care outcomes. Specifically, it examines transformational leadership in healthcare settings and its effect on team cohesion, job satisfaction, and overall patient care.

Methods
A mixed-methods approach was employed, utilising both qualitative interviews with nursing staff and quantitative surveys measuring job satisfaction and team performance metrics. Data were collected from nursing teams in acute care and primary care settings, with a focus on leadership styles such as transformational, transactional, and laissez-faire leadership.

Outcomes
The results show that transformational leadership is associated with higher levels of job satisfaction, team cohesion, and patient care outcomes. Teams led by transformational leaders demonstrated better communication, higher morale, and increased patient satisfaction compared to those under transactional or laissez-faire leadership styles. Furthermore, transformational leaders were more likely to engage in mentorship and foster professional growth among team members.

Conclusion
Transformational leadership significantly enhances team performance and patient outcomes in nursing settings. Leadership training programs should emphasise transformational leadership to prepare nurse leaders to meet the demands of modern healthcare environments. Developing leadership skills in nurses is crucial for improving team dynamics and patient care. This study advocates for the inclusion of leadership development in nursing curricula and continuing education programs to strengthen nursing leadership across healthcare settings.

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### P.65 Observational Study on Nursing Competencies in Professional Practice

**Prof. Ippolito Notarnicola**[1], Prof. Blerina Duka[2], Dr Eriola Grosha[3], Prof. Gennaro Rocco[1], Prof. Alessandro Stievano[4]

[1]Centre of Excellence for Nursing Scholarship Opi, Rome, Italy [2]Catholic University Our Lady of Good Counsel, Tirane, Albania [3]University of Rome Tor Vergata, Rome, Italy [4]University of Messina, Messina, Italy

Introduction
Nursing competencies are essential for delivering high-quality care, improving patient outcomes, and ensuring that nursing professionals are equipped with the skills necessary to meet the demands of modern healthcare systems.  This study explores the core competencies that nurses must possess to provide effective care, focusing on communication, clinical decision-making, leadership, and patient advocacy.

Aims and objectives
The primary objective of this research is to identify and evaluate the critical competencies that influence nursing performance in diverse healthcare settings.  Additionally, the study aims to examine how these competencies impact patient care outcomes and professional development.

Methods
A systematic review of literature was conducted using databases such as PubMed, CINAHL, and Scopus.  The inclusion criteria for the articles reviewed were studies published in the last five years focusing on nursing competencies in clinical and educational settings.  Both quantitative and qualitative studies were included to capture a holistic understanding of competency development.

Outcomes
The findings indicate that communication and clinical decision-making are among the most significant competencies that contribute to improved patient care outcomes.  Leadership and advocacy skills are equally critical in promoting team coordination and ensuring patient-centered care.  Ongoing education and professional development are highlighted as essential in maintaining and enhancing these competencies over time.

Conclusion
This study underscores the importance of developing core nursing competencies, particularly in communication, clinical decision-making, and leadership.  As healthcare environments continue to evolve, nursing education programs must prioritise competency-based learning to equip nurses with the necessary tools to succeed.  Strengthening nursing competencies through continued education and targeted training programs is essential to ensuring high-quality patient care.  This research supports the development of standardised competency frameworks to guide nursing practice and professional growth.

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P.66 WITHDRAWN

## P.67 NQNM' Experience of CPD: Impact on Job Satisfaction and Turnover

**Dr Nicola Pagnucci**[1,4], Dr Francesca Napolitano[3], Dr Giuseppe Aleo[1,4], Dr Mario Gazi[?], Dr Mladen Samardžija[2], Prof. Annamaria Bagnasco[3], Dr Catherine Fitzgerald[1,4]

[1]European Centre of Excellence for Research in Continuing Professional Development (UPGRADE), Royal College of Surgeons in Ireland, Dublin, Ireland [2]Croatian Nursing Council, Zagreb, Croatia [3]Department of Health Sciences, University of Genoa, Genoa, Italy [4]Faculty of Nursing and Midwifery, RCSI, Dublin, Ireland

Introduction

Research indicates that 30% of newly qualified nurses and midwives (NQNMs) leave the profession within their first year, resulting from burnout, poor work environments, and limited career advancement.  Continuing Professional Development (CPD) is crucial for retaining NQNMs by addressing job dissatisfaction and turnover. However, the impact of CPD participation on these issues remains unclear.

Aims and objectives

To explore NQNMs' experiences with CPD, job satisfaction, and turnover intentions in Ireland, Italy, and Croatia.  To understand how CPD influences job satisfaction and intention to leave the profession.

Methods

A cross-sectional study was conducted to survey NQNMs from Ireland, Italy, and Croatia (March – May 2022) exploring turnover motivation, CPD Participation, and COVID-19 impact.   Open ended responses were thematically analysed.

Outcomes

A total of 476 NQNMs completed the survey, with 262 responding to the first open-ended question and 247 to the second. Six main themes were identified:

1.  Lack of Professional Recognition – participants felt undervalued, particularly in Italy highlighting leadership and peer support issues.
2.  Workplace Mediocrity and Demotivation –Croatian NQNMs expressed frustration with lack of ambition and poor work practices.
3.  Excessive Workload and Responsibilities –Irish NQNMs reported feeling overburdened with non-clinical tasks.
4.  Pay and Compensation –all NQNMs voiced dissatisfaction with their compensation relative to workload.
5.  Career Progression and Advancement –Italy and Croatia reported minimal growth opportunities, despite further training.
6.  Impact of COVID-19 on Work Conditions – The pandemic intensified burnout and increased turnover intentions.

Across all countries, low pay, limited advancement, and insufficient professional recognition were common.

Conclusion

CPD remains underutilised as a strategy to reduce NQNM turnover.  Limited CPD opportunities, combined with unsupportive work environments and constrained career progression, strongly influence NQNMs' intentions to leave the profession. Enhanced investment in CPD, supportive workplace cultures, leadership, and professional recognition are critical to improving NQNM retention.

P.68 WITHDRAWN

P.68 WITHDRAWN

## P.69 Philatelic Stories of Nursing: Tribute to Florence Nightingale's Legacy

Dr Vishnu Renjith[1]
[1]Royal College of Surgeons in Ireland, Ireland

### Introduction

The year 2020 marked the 200th anniversary of Florence Nightingale's birth (1820-1910), the founder of modern nursing.  In 1860, she laid the foundation for professional nursing education by establishing the first formal school for nurses at St Thomas' Hospital in London.  Nightingale was a strong advocate for the use of systematic observation and data to guide clinical practice.  Her legacy has been celebrated worldwide, with many countries issuing commemorative stamps and other philatelic materials in her honour.

### Aim

Nursing philately refers to the collection and study of postage stamps, covers, and other materials that honour nurses, nursing leaders, and significant milestones in nursing history.  This project aimed to explore and catalogue philatelic materials dedicated to Florence Nightingale.

### Methods

This project employed a historical research methodology to catalogue philatelic materials commemorating Florence Nightingale.  The approach began with a comprehensive search of historical archives, philatelic databases, and online collections to locate relevant stamps and commemorative materials.

### Outcomes

Many countries have released postal materials related to Florence Nightingale and the nursing profession.  Commonly issued items included first-day covers, postal stamps, postage meter cancellations, and miniature sheets.  The primary countries releasing such materials included the United States, United Kingdom, Canada, Australia, Suriname, and Hungary.  Among these, a widely circulated U.S. stamp issued in December 1961 commemorated 100 years of modern nursing education, depicting a student with a candle. Stamps were frequently issued for Nightingale's 150th birth anniversary, the 75th anniversary of the Red Cross, and International Nurses Day.  More recently, in 2020, Gibraltar and Vienna issued stamps in honour of the International Year of the Nurse and Midwife.

### Conclusion

Stamps serve as valuable historical artefacts, providing insights into the legacy of nursing.  This poster is a philatelic tribute to Florence Nightingale's contributions, highlighting how her impact on healthcare continues to be celebrated worldwide.

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## P.70 The Journey of Overseas Recruitment

Ms Carly Smith[1], Ms Marie Corbett[1]

[1]HSE West North West Acute Hospitals, Galway, Ireland

Introduction

To register and work autonomously in Ireland, overseas-trained nurses and midwives must undergo a regulatory assessment by the NMBI.  Should the applicants professional education and training not meet the NMBI Standards and Requirements, the applicant may be offered the option of completing a compensation measure such as a period of adaptation and assessment or an aptitude test (NMBI, 2024).  Up until 2022 the aptitude test was the compensation measure utilised.

However, overseas nurses who successfully completed the aptitude test were expected to begin clinical practice with no mandatory requirement for a period of 'adaptation' to their new environment both professionally, culturally and socially.

This led to new employees feeling overwhelmed and anxious with the expectation they needed to begin clinical work and 'fit in' quickly with little identified additional support.

This lack of clinical readiness of overseas employees had the potential to impact the quality of care patients received.  By introducing a comprehensive and inclusive adaptation programme new overseas staff are provided with ongoing clinical, cultural, and professional support to equip them to succeed thorough their careers from day 1.

Aim

To develop a highly skilled and sustainable workforce which meets the current demands of the population to provide excellent, effective and quality patient care.  To develop and implement a standardised Saolta University Health Care Group Overseas Recruitment Programme in line with the National framework for Overseas Nurses and Midwives.  To develop an adaptation & assessment programme where the overseas nurses and midwives excel and achieve registration to work competently in Ireland. To develop key performance indicators to objectively monitor and measure the success of the international recruitment process and outcomes of the adaptation and assessment programme.

Conclusion

834 adaptation nurses and midwives commenced over a 2-year period 3.5% failure rate. >1.8million cost saving.

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### P.71 WITHDRAWN

## P.72 Warning System for Extreme Weather Events: WEATHER) Project: An Outline

Dr Llinos Spencer[1], Prof. Mary Lynch[1], Dr Nisha Nadesan-Reddy, Prof. Saloshni Naidoo
[1]Royal College of Surgeons in Ireland, Dublin, Ireland

Introduction

Extreme Weather Events (EWE) in KwaZulu-Natal (KZN), South Africa, are increasingly common, causing disease outbreaks, loss of homes, property, and lives, and putting pressure on the health system.  An Early Warning System (EWS) is needed to alert communities and government, increasing preparedness for floods and improving health services' resilience to predict, detect, and respond to emergencies and potential disease outbreaks.

Aims and objectives

To improve the preparedness and response of healthcare systems and disaster management organisations, reducing the healthcare burden.  An AI-based EWS will be developed for four vulnerable communities in eThekwini and Ugu districts of KZN, providing early warnings to help make informed decisions and limit the impact of EWEs.

Method

The study involves a transdisciplinary, participatory, co-creation approach, guided by an intervention development framework.  The evaluation will be conducted through a longitudinal, mixed-methods approach in four work packages (WPs):

- WP1: Systematic review on the impact of climate change on disease outbreaks.
- WP2: Assessment of disease burden at primary care clinics.
- WP3: Health needs and community experiences during EWEs.
- WP4: Realist Evaluation and SROI approach to evaluate the efficiency, acceptability, and cost-effectiveness of the EWS.

Outcomes

Data analysis will include descriptive and inferential statistics to understand pathogens leading to disease outbreaks and risk management strategies.  The project will develop a dashboard for a command-and-control center to enable EWE and disease outbreak alerts, establish communication with healthcare organisations, vulnerable communities, and disaster management organisations, and train healthcare workers on resilience and response.  WP4 will capture the social cost-benefit analysis of the EWS, considering its economic, environmental, and social value for communities and disaster risk reduction.

Conclusion

Recommendations will be made to the Department of Health regarding the EWS and health systems resilience based on the study findings.

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### P.73 Feasibility of a National Induction Programme: Views of Providers

Dr Nipuna Thamanam[1]
[1]UCD, Dublin 4, Ireland

Introduction

HSWs are currently offered induction programmes by multiple providers across public and private sectors in Ireland.  However, these inductions are not transferable while the majority of the training covered in one organisations induction is identical to the training covered by another home care organisations' induction programme.

Aims and objectives

The study aimed to assess the feasibility of a National Induction Programme (NIP) for HSWs in Ireland, examining the required knowledge and skills and reviewing current induction content from programme providers' perspectives.

Methods

Participants were invited to complete an online survey via Zoho platform between August 2023 and May 2024.  Microsoft Excel was used to analyse the quantitative data.

Outcomes

Eleven induction providers from 14 organisations participated.  Of them, 90.9% felt that a NIP with standardised content is feasible for all HSWs working in Ireland.  90.9% providers agreed it is feasible across both private and public sector settings. 82% felt that a NIP with standardised content should be mandatory.  Around 45.4% supported a blend of online and in-person content delivery combining theory and clinical skills.  72.7% agreed that the programme should be academically accredited. 81.8% of the participants felt learning outcomes should be assessed.  To help inform the curriculum, respondents also provided which tasks they feel that HSWs should undertake as part of their roles. The preferred implementation timeline was 10-18 months.  The advantages, disadvantages and barriers to implementing a national induction programme was noted.

Conclusion

The present study highlights the need for developing a NIP for HSWs in Ireland.  The findings offer valuable insights into how a NIP could enhance the consistency and quality of care delivered by HSWs.  The importance of addressing the delivery approach, accreditation, requirements, barriers, and challenges, providing a crucial foundation for the design and implementation of a NIP in Ireland.

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**P.74 WITHDRAWN**

## P.75 Nurse Led Nutritional Screening, Care Pathways for Hard-to Heal Wounds

Ms Evelyn Walsh[1], Dr Linda Nugent[2], Dr Rosemarie Derwin[3], Dr Chanel Watson[4]

[1]RCSI, St. Stephens Green, Ireland [2]RCSI, St Stephen Green, Ireland [3]TCD, Dublin, Ireland [4]RCSI, St Stephens Green, Ireland

Aim

Hard to Heal Wounds (HTHWs) have a significant impact on patients and healthcare resources. One essential aspect to providing evidence-based care for patients with HTHWs is to ensure that their nutritional needs are appropriately assessed and met. In addition, aging demographics have contributed to malnutrition being a major health concern. This study sought to explore current malnutrition screening practices and nutritional care processes carried out by community nurses caring for patients with HTHWs with a view to informing future research and practice.

Method

Within a qualitative research design 10 nurses were interviewed about their practice in treating patients with HTHWs.

Results / Discussion

Findings suggest that screening practices are inconsistent and that nutritional care processes once a need is identified, are varied. The study highlighted several issues facing nurses who care for patients with HTHWs, including lack of confidence in the screening tool available to them, lack of dietetic service for patients, the multifactorial nature of malnutrition and the lack of services for patients presenting to wound care clinics with obesity. The findings also identified the various resources nurses utilise to inform their nutritional care decisions and nurses' own perceptions on how their practice in relation to nutritional care processes could be improved

Conclusion

The study highlighted the necessity for standardising care pathways for those with HTHW and the potential for other malnutrition tools for use in the community be explored enabling nurses to feel confident that the care they provide is evidence based and appropriate for their patients.

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## P.76 Defining the Role of the Research Nurse and Midwife

Ms Simone Walsh[1,7], Ms Michelle Smyth[2,7], Ms Derval Reidy[3,7], Ms Sabina Mason[4,7], Ms Carole Schilling[5,7], Ms Pooja Varghese[6,7], Ms Deirdre Hyland[1,7]

[1]RCSI Clinical Research Centre, Smurfit Building, Beaumont Hospital, Ireland [2]Department of Anesthesia and Critical Care, Beaumont Hospital, Ireland [3]HRB-Wellcome Clinical Research Facility, St. James Hospital, Ireland [4]Department of Critical Care, Tallaght University Hospital, Ireland [5]Department of Gastrointestional Medicine, Beaumont Hospital, Ireland [6]Sponsor Office, RCSI University of Medicine and Health Sciences, Ireland [7]Irish Research Nurses and Midwives Network

Introduction

The Irish Research Nurses and Midwives Network (IRNM) was established in 2008 to provide education and advocacy for clinical research nurses and midwives (CRNM) on the island of Ireland.  The IRNM are currently funded by the HRB to conduct a study focused on identifying the barriers and enablers to the recruitment and retention of CRNMs on the island of Ireland.  A stakeholder engagement exercise revealed 90% of stakeholders and 80% of nurses and midwives did not understand the role of the CRNM, often confusing it with that of nurse researchers.  To address this, the IRNM embarked on a mission to review and redefine the role of the CRNM, aiming to enhance understanding and recognition of their critical contributions.

Methods

A workshop was held with IRNM members to review definitions from Ireland, UK, Australia, and the US. The definition was analysed under themes including:

- Evolving Scope of Practice
- Recognition and Professional Identity
- Training and Education
- Regulatory Requirements
- Interdisciplinary Collaboration
- Patient Safety and Ethical Considerations
- Advocacy and Policy Making

A new definition was developed, emphasising patient-centred responsibilities.  This definition was circulated to four national stakeholders for feedback and reviewed by 15 nurses to assess their understanding.

Results

The redefined role clarified the distinct responsibilities and impact of CRNMs, highlighting their contribution to patient care and research.  Stakeholder feedback indicated increased understanding and recognition of the professional identity and scope of practice of research nurses and midwives.

Conclusion

The role of research nurse and midwife is widely misunderstood and often confused with that of nurse researchers.  The IRNM must continue to disseminate the redefined role to stakeholders.  This ongoing effort is crucial to ensuring that national stakeholders, including the Department of Health, and the next generation of nurses and midwives recognises and understands the vital work performed by research nurses and midwives.

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**P.77 WITHDRAWN**

### P.78 Using Simulation to Enhance Nursing Skill Mix in Emergency Departments

Miss Jennifer Wherity[1], Miss Josie Scanlon, Mrs Danielle Carolan, Mrs Nicola Anderson
[1]HSE, Laytown, Ireland

Introduction

The increasing complexity of patient care and demand for specialised skills in emergency departments (EDs) necessitates a highly competent and versatile nursing workforce.  Simulation-based education (SBE) has emerged as a vital tool to improve the skill mix of nursing staff, allowing them to handle a diverse range of clinical situations.  This abstract outlines the benefits of using SBE to enhance nursing competencies and adapt to the high-paced, unpredictable ED environment.

Aims and objectives

Simulation offers a controlled, risk-free environment where nurses can practice both technical and non-technical skills.  By recreating real-life emergency scenarios, SBE helps nurses develop critical decision-making, teamwork, and clinical skills.  These immersive sessions enable nurses to experience rare or high-stress cases that may not frequently occur in their daily practice, such as trauma resuscitation, sepsis management, and stroke intervention.  In doing so, it enhances their readiness for real-life emergencies, thus broadening the skill mix across the nursing team.

Methods

The integration of SBE into regular staff development programs fosters continuous professional growth and encourages collaborative learning.  It allows for targeted upskilling of junior nurses and cross-training of senior nurses into specialised roles, such as triage or critical care.  Additionally, simulation helps identify gaps in knowledge and skills, offering opportunities for immediate feedback and improvement.  There is no dedicated SIM lab in OLOL. Due to this the SIM lab in DKIT was procured to facilitate 4 days of trauma simulation training for ED nurses.

Conclusion

As a result, simulation-based education enhances the overall skill mix in the ED, leading to better patient outcomes and a more adaptable nursing workforce capable of meeting the challenges of modern emergency care.  This approach offers a strategic solution to address the growing complexity and demand within ED settings.

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### P.79 Human Centred Design: Developing a Learning Management System with you

Ms Catherine White[1]

[1]HSE ONMSD Dr Steevens Hospital, Dublin, Ireland

Introduction

ONMSD CCNME Learning Management System. As a Quality and Qualifications of Ireland provider the Consortium of Centres of Nursing and Midwifery Education strategic plan for Blended Learning (2022 2025) identifies the planned expansion of the current scope of provision to become a provider of blended learning programmes in line with QQI Statutory Quality Assurance Guidelines for Providers of Blended and Fully Online Learning Programmes (2023). Procuring a Learning Management System for the largest professional cohort, maximises opportunities for blended learning as a key requirement for advancing education underpinning the practice of nurses and midwives. Sláintecare's vision for health and social care reform (DOH 2023) and the Expert Review Body Report on Nursing and Midwifery (DOH 2022) promote expanding the professional development of nurses and midwives to meet the future needs of health services in Ireland. Providing a foundation for flexible, secure, digitally enabled blended learning environments for healthcare staff is an HSE digital strategic priority. Expand CCNME current scope of provision as a QQI provider of Level 5 8 programmes to incorporate blended learning as an innovative teaching strategy, to advance the practice of nurses, midwives and healthcare assistants.

Aims and objectives

- Identify ONMSD key stakeholders to include PPI engagement and afford maximum opportunity to securing
- LMS requirements that will meet Sláintecare's vision for health and social care reform.
- Develop a GAP analysis to identify ONMSD CCNME LMS Specification of Requirements.
- Procure a LMS that meets the requirements of ONMSD key stakeholders.

Methods

Delivering on Human Centred Design Process

Outcomes

Safer Better Healthcare and Staff & Public Value, Blended Learning aligning with the HSE Health Regions, Retaining and replenishing the nursing and midwifery workforce.

Conclusion

Blended Learning promotes flexible learning potential to enhance/ underpin/ support the professional practice of nurses and midwives and maximise opportunity for HSE Reform policy.

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## P.80 Exploration of Social Impact of the 'Art of Life' Project

Dr Shuhua Yang[1], Prof. Mary Lynch[1]

[1]Faculty of Nursing and Midwifery, Royal College of Surgeons in Ireland, Dublin, Ireland

Introduction
Creativity can have a real impact, helping people to process and express emotion, and maintain human connection.  The 'Art of Life' is a project delivered on the island of Ireland and is a cross-border project aimed at normalising conversations around death and dying using creative approaches.  This is a collaborative project to maximise reach within communities located in the Republic of Ireland (RoI) and Northern Ireland (NI) to build a lasting legacy, in creatives, care professionals and the wider public.

Aims and objectives
This study aims to explore the perceived value and impact of the 'Art of Life' project from the perspective of key stakeholders and to evaluate the project using a Social Return on Investment (SROI) methodology.

Methods
The evaluation will be conducted in two phases.  Phase 1 will involve two in-person focus groups, one in RoI and one in NI, to capture expectations and perceptions of the project's impact. Participants are key stakeholders who are/will be involved in the 'Art of Life' workshops.  Phase 2 will conduct an SROI analysis to assess the social value generated as a result of the project, using a mixed method approach to include stakeholder engagement, SROI questionnaires to measure a range of outcomes, and in-depth interviews to understand what worked, for whom, and why.

Outcomes
Insights from focus groups will reveal stakeholders' views on the project's perceived value and impact. This information will aid in developing a theory of change and construction of SROI questionnaires to capture the values and benefits associated with participating in the 'Art of Life' project.

Conclusion
This novel study evaluation will provide vital evidence of the 'Art of Life' project's impact by estimating the social value generated for every €/GB£ invested and the associated return on investment to support meaningful end-of-life dialogue.

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### P.81 Exploring Human Rights Impact in Irish Nursing Homes: Study Protocol

Dr Shuhua Yang[1], Dr Llinos Haf Spencer[1], Prof. Marie Carney[1], Prof. Mary Lynch[1]

[1]Faculty of Nursing and Midwifery, Royal College of Surgeons in Ireland, Dublin

Introduction
Human rights ensure that all individuals are treated with fairness, respect, equality and dignity.  In the nursing home sector, a rights-based approach should enable residents to participate in decisions about their care.  With care provision in Ireland increasingly shifting from hospitals to community settings, information on implementing human rights in individual care and organisational practices is limited.  A rights-based approach in nursing homes requires that professionals understand and integrate core human rights principles into their daily practice.

Aims and objectives
This study aims to develop a comprehensive and informed pathway for integrating human rights into the nursing home sector in Ireland.

Methods
The study will be conducted in three phases.  Phase 1: A rapid scoping review of global evidence on human rights adherence and violations in nursing homes.  Phase 2: Qualitative data will be collected through focus group (FG) discussions with key stakeholders in the nursing home sector in Ireland to explore the viability of developing a human rights pathway.  Four FGs will be convened each with 8-10 participants recruited (n= 32-40).  The data collected will be critically appraised and analysed using a thematic narrative analysis approach.  Phase 3 will integrate the evidence from Phase 1 and Phase 2 of the study and outline the recommendations for developing a contemporary human rights pathway for integrating human rights into the nursing home sector in Ireland.

Outcomes
This study will identify barriers and challenges associated with the introduction of human rights approaches in the Irish context and develop a human rights pathway for the nursing home sector.

Conclusion
This study will provide a pathway for integrating human rights into nursing homes in Ireland, empowering care providers to adopt a rights-based approach in their practice.

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## P.82 WITHDRAWN

## P.83 Characteristics and Validation of Work Engagement Measurement Tools: A Scoping Review Protocol

Ms Denise McKernan[1], Prof. Mark White[1], Dr Pádraic Dunne[2], Prof. Fiona Timmins[3]

[1]Faculty of Nursing and Midwifery, RCSI, Dublin [2]School of Positive Health Sciences, RCSI, Dublin [3]School of Nursing, Midwifery and Health Systems, University College Dublin, Dublin

Introduction

Nursing and Midwifery are uniquely privileged professions immersed in a spectrum of life's emotions. This privilege is a double-edged sword leading often to high stress levels and employee attrition rates. The concept of work engagement (WE) is of significant interest to employers for many reasons, not least because it has implications for staff retention and organisational outcomes. There are various WE experts each with a slightly different perspective with some conceptual overlap, this is evidenced in their respective WE measurement tools.

Aims and objectives

This scoping review intends to address the following questions:

1. What work engagement [concept] measurement tools are available to measure work engagement in employees [population]?
2. What concepts and/or domains do the tools identified in question address?
3. Have the tools been validated and how?

This scoping review is a precursor to a larger study investigating the impact of a meaningful recognition programme for nurses and midwives on workforce issues (including WE) within the HSE Dublin and North East.

Methods

A PCC framework will be employed to structure and identify key terms. A comprehensive search strategy will be employed with library expertise for maximise accuracy. Covidence screening tool will be utilised by two reviewers with double blinded function enabled and a PRISMA-ScR flow diagram will demonstrate results.

Outcomes

A data extraction table will be collated capturing details including name of measurement tool (MT), a brief description, study authors, year of publication, aims of the MT, theoretical underpinning of MT, type of MT, characteristics of work engagement captured in MT and validity and reliability assessment outcomes, number of items, scoring system, time estimated to complete the form and work setting used in, study design and methodology. A descriptive analysis and discussion of findings will follow this. Findings will inform a study investigating the impact of a meaningful recognition programme for nurses and midwives on workforce issues.

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