



**RCSI**

FACULTY of  
NURSING and  
MIDWIFERY

# 45TH ANNUAL INTERNATIONAL NURSING AND MIDWIFERY RESEARCH & EDUCATION CONFERENCE



**NURSING AND MIDWIFERY: TRANSFORMING  
TRADITIONS, EVOLVING SYSTEMS,  
REDEFINING HEALTHCARE**

## **Conference Proceedings**

**25th - 26th February 2026**

**RCSI University of Medicine and Health Sciences,  
Dublin, Ireland**

**6 FNM CEUs**

## RCSI Guest WiFi

Select RCSI-GUEST

Enter the password: RC\$1guest

## Conference App

The 45th Annual International Nursing and Midwifery Research and Education Conference 2026 Conference App is available directly via the links below:

Android users: [Click Here](#) to download or scan the QR code below



iPhone/iPad users: [Click Here](#) to download or scan the QR code below



**All abstracts are presented as submitted by the corresponding author.**

## Creative Commons Licence

This work is licenced under a Creative Commons Attribution – Noncommercial – Sharealike 4.0 International Licence



This means:

BY: Credit must be given to the creator (see suggested citation below)

NC: Only non-commercial uses of the work are permitted

SA: Adaptations must be shared under the same terms

For further information about the terms and conditions of this licence see:

<https://creativecommons.org/licence/by-nc-sa/4.0/>

## Suggested citation

McKernan, D., Mahon, P., May, S., Frew, E., McCavana, S. (eds) (2026) 45th Annual International Nursing and Midwifery Research and Education Conference: Nursing and Midwifery: Transforming Traditions, Evolving Systems, Redefining Healthcare – Conference Proceedings. Dublin, Faculty of Nursing and Midwifery. DOI: <https://doi.org/10.25419/rcsi.31035427>

# Table of Contents

<b>RCSI guest WiFi</b>	<b>2</b>
<b>Conference App</b>	<b>2</b>
<b>Creative Commons Licence</b>	<b>3</b>
<b>Agenda</b>	<b>20</b>
25th February: Masterclass Programme	20
25th February: Honorary Conferring Ceremony and Annual Conference Dinner Programme	20
26th February: Conference Day	21
Plenary sessions	21
Concurrent Sessions – Ground Floor	23
Concurrent Sessions – First and Second Floor	25
Lightning Sessions – First Floor	27
Chief and Regional Directors of Nursing and Midwifery Seminar (invite-only)	29
<b>Floor Plans:</b>	<b>30</b>
Ground Floor	30
First Floor	31
Second Floor	32
<b>Conference 2027</b>	<b>33</b>
<b>Conference Organisers</b>	<b>34</b>
Conference Proceedings Editors	34
Conference Organising Committee	34
Conference Scientific Committee	34
Conference Secretariat	34
Chairpersons and Adjudicators	35
<b>Messages of Welcome</b>	<b>36</b>
Presidents Welcome	36
Deans Welcome	38
Executive Deans Welcome	40
<b>Sponsors and Partners</b>	<b>42</b>

<b>About the Faculty of Nursing and Midwifery</b>	<b>43</b>
The Deans Medal	43
<b>Lifelong learning in the Faculty of Nursing and Midwifery</b>	<b>44</b>
<b>Fellowship and Membership of the Faculty of Nursing and Midwifery</b>	<b>46</b>
<b>Research in the Faculty of Nursing and Midwifery</b>	<b>48</b>
<b>Keynote speakers</b>	<b>50</b>
Ms Rachel Kenna	50
Dr Siobhán O'Connor	51
Prof. Didier Jourdan	52
Dr Renee Thompson	53
Dr Christine Pabico	54
<b>Concurrent sessions</b>	<b>55</b>
Transformative Practice: Innovating for a Resilient and Adaptive Workforce	55
1.1 The Impact of Nursing Education Curriculum and Workforce Preparation on Nursing Students' Moral Reasoning and Evaluating their Perspectives on Cultural Sensitivity in UAE	55
1.2 Identifying the Barriers and Enablers to the Recruitment and Retention of Research Nurses and Midwives in Ireland	56
1.3 Evaluation of RCN Wales Healthcare Connect for Workforce Sustainability	57
1.4 Advancing Digital Pedagogical Readiness in Higher Education in Bahrain: A Nursing Perspective on Technology Integration for Patient-Centred Education	58
1.5 Well-being of the Romanian Nurses: A Base for Redefining Healthcare	59
1.6 Don't Delay - Get Home Today!	60
2.1 Evaluating the Effectiveness of the FLOURISHING Wellbeing Programme: A Pre-Post Evaluation Study of Nurse and Midwife Engagement and Health	61
2.2 Workforce Diversification: Safe Task Delegation in Children's Disability Network Teams in Ireland	62

2.3 WITHDRAWN	63
2.4 Supporting Workforce Integration: The Impact of Bridging Education on Internationally Educated Nurses – A Mixed-Methods Systematic Review	64
2.5 Regulatory Structures and Functions Governing Nursing and Medical Practice in DG ENEST Countries: A Scoping Review	65
2.6 The Development and Implementation of an Interprofessional European Curriculum for Health and Social Care Staff Working in the Community in Ireland	66
3.1 Advancing Nurse Transition-to-Practice: Outcomes from the ANCC Practice Transition Accreditation Program® (PTAP)	67
3.2 Intention to Leave in Newly Qualified Nurses and Midwives from Three European Countries – Time for Action: A Qualitative Study	68
3.3 Joint Clinical Academic Nursing and Midwifery Appointments: A National Framework	69
3.4 First-Year Undergraduate Nursing Students’ Early Clinical Placement Experience in Bahrain: Insights from a Qualitative Longitudinal Study on Transition to Higher Education	70
3.5 Undergraduate Nursing Students’ Perceptions of Clinical Leadership: A Qualitative Study	71
3.6 Building a Future-Ready, Patient-Focused Nursing Workforce: A Structured Support Programme for New Graduate Nurses in Louth Hospitals	72
4.1 Return to Sender: Address Unknown - An Exploration of the Consequences when a Nursing Home Resident (NHR) requires alternative placement following admission to the Acute Hospital	73
4.2 Innovating Rehabilitation After Tracheostomy During Intensive Care: Mixed Methods Study	74
4.3 Navigating RAMs in the Workplace: Racism, Audacity, and Misogyny as Barriers to Black Women’s Success	75
4.4 Rehabilitative Palliative Care: Transforming Practice and Collaboration Across the Island of Ireland	76

4.5 WITHDRAWN	77
4.6 Critical Care Nurses' Grief, Anxiety, and their Preparedness to Care for dying Patients: A Multisite, Cross-sectional Study in Ireland	78
Planetary Health: Integrating Environmental Responsibility into Care Models	79
5.1 Teaching Sustainable Healthcare: A Scoping Review of Decarbonisation-Focused Educational Interventions for Pre-Registration Health Profession Students	79
5.2 Mortality After Severe Weather: Which Older Adults Face the Highest Risk?	80
5.3 WITHDRAWN	81
5.4 "Because I'm HaPPE" - A Pilot Trial of Compostable Aprons Beaumont Hospital	82
5.5 Long-Term Treatment Needs and Effect on Healthcare Budgets	83
5.6 Social and Therapeutic Horticulture Contributions to Health and Wellbeing of Ourselves and our Planet	84
Breaking Barriers: Redesigning Systems for Equity and Access	85
6.1 Critical Care Outreach - Breaking Down Walls	85
6.2 Redesigning COPD Care in Rural Ireland: How Advanced Practice Nursing Leadership Transformed Ireland's Highest Readmission Rate into Its Lowest	86
6.3 Equity and Access for Older People: Exploring the Out of Hours Discharge of Older People from the Emergency Department	87
6.4 Irish Mental Health Nurses' Readiness to Address Physical Health – A Quantitative Study	88
6.5 Holding on to Me: A Classic Grounded Theory	89
6.6 From Clicks to Connection: Embedding Person-Centred Values in Nursing Documentation within the Electronic Health Record	90
7.1 Nurses for Health Equity: Tackling the Social Determinants of Health - Reviewing Progress, Grasping the Challenges	91

7.2 Nursing and Midwifery Regulation: Cross-National Perspectives from the WHO European Region	92
7.3 Adaptation of a Gender-Based Violence (GBV) Screening Tool to Facilitate Culturally Sensitive GBV Screening for Pregnant Women in Ghana	93
7.4 Evaluating the Impact of Training CPD Educators in Low and Lower Middle-Income Countries	94
7.5 Inequity of Access to Oral Healthcare among Asylum Seekers and Refugees, Wales, UK	95
7.6 Echolight: Alternative and Feasible Bone Health Screening for People with Intellectual Disabilities, Bridging the Gap Beyond DXA	96
8.1 A Conceptual Exploration of Social Support During Labour and Childbirth in Saudi Arabia	97
8.2 Breastfeeding Related Knowledge, Attitudes, Perceptions and Practices of Primary Healthcare Professionals in Ireland: A National Cross-Sectional Survey	98
8.3 Improving Communication and Health Awareness Across London for Pregnant Women with Language Barriers	99
8.4 An Examination of Maternal Continence Management in the South East of Ireland: An Exploratory Study	100
8.5 Breaking Barriers to Accessing Mental Health Supports for Postnatal Mothers	101
8.6 The Ladies Lounge – A Nurse-Led Initiative Promoting Resilience Through Inclusive Female Health Education	102
Digital Disruption: Harnessing AI and Technology for Patient-Centred Care	103
9.1 Redefining Kidney Transplant Follow-up: Remote Monitoring for Safer, Smarter, and More Engaged Care	103
9.2 Governance-Aware Digital Interoperability: A Critical Evaluation of the HL7 FHIR Continuous Glucose Monitoring Implementation Guide for Safe, Patient-Centered Device-to-EHR Integration	104
9.3 Integrating Smart Technologies in Post-Surgical Flap Monitoring: A Qualitative Study on Navigating Digital Disruption and Professional Challenges	105

9.4 ChatDrT - The Evolving Landscape of Patient Education in Asthma Self-Management. Perspectives of People Living with Asthma	106
9.5 Health Equity in the Age of Algorithms: Reimagining AI Policy Through a Nursing Lens	107
9.6 Remote Monitoring of Oxygen Saturations to Support Clinical Decision-Making in Long-Term Oxygen Therapy Titration (LTOT) in COPD Patients	108
10.1 A Comparison of the Benefits of Virtual Reality (VR) and High-Fidelity Patient Simulators for ABCDE Protocol Training	109
10.2 'Stepping into Reality': Immersive Learning to Support Clinical Competence and Confidence Development in Undergraduate Nursing Education	110
10.3 The Effect of Music Therapy on Postoperative Pain Management in Cardiac Surgery Patients: A Randomized Controlled Trial	111
10.4 Digitally Enabled Hospital-at-Home: Strengthening Chronic Disease Management Through Education and Remote Support	112
10.5 From Data to Decision: Clinical Data Categories, GDPR Controls, and Artificial Intelligence Act Compliance in Care Delivery	113
10.6 Clinical Artificial Intelligence in Healthcare: Ethical Data Use, Transparency, and Human Oversight	114
Lightning Sessions	115
11.1 Chairs Briefing to Participants	115
11.2 Designing Green Healthcare Leadership: Integrating Sustainability into Nurse Education, Governance	116
11.3 Empowered-Based Intervention: To What Extent Do Advanced Practice Nurses Enable Adults with Sickle Cell Disease to Improve their Self-efficacy and Self-Management Capacity?	117
11.4 Reducing Healthcare-Associated Waste Through Innovative Material Science Technology	118

11.5 Global Health Nursing: Better Outcomes Through Innovation and Sustainable Practices	119
11.6 Evaluating the International Economic Evidence of Proactive Disaster Management Strategies for Extreme Weather Events: A Global Systematic Review	120
11.7 WITHDRAWN	121
11.8 Nurturing Human Connection with Artificial Intelligence	122
11.9 Digital Innovation and Nursing Leadership: A Pilot Project for Diabetes Management in the Prison Setting	123
11.10 Low-Code Solutions for High-Impact Care: Empowering Nurses and Healthcare Organizations Through Workflow Automation	124
11.11 The Health Economics of Social Prescribing: A Systematic Review	125
11.12 Addressing Social Inequities in the Current Age-Related Hearing Loss (ARHL) AAO-HNS Guideline	126
11.13 Water EDUCare: Empowering Healthcare Professionals to Curb Pharmaceutical Pollution through Planetary-Health Education	127
11.14 Bridging Gaps in Dementia Care: Enablers and Barriers to Implementing the Cohen–Mansfield Agitation Inventory in Community-Based Memory Clinics	128
11.15 Preventive Strategies to Reduce Dementia Risk in Middle-Aged Individuals with Mild Neurocognitive Disorder- Preliminary Findings	129
11.16 Connection Counts: Standardizing the Recognition and Response to Loneliness in Hospital Care	130
11.17 Global Availability of Gender-affirming Care for Adolescents	131
11.18 The Co-Design, Implementation and Evaluation of a Comfort Rounding Programme on the Frequency and Severity of Inpatient Falls in an Acute Hospital: A Mixed Methods Study	132

12.1 Chairs Briefing to Participants	133
12.2 Qualitative Evaluation of a Wellbeing Programme for Nurses and Midwives	134
12.3 An Examination of the Role of District Nurses in Assessing and Managing Frailty and Loneliness in Older Adults	135
12.4 WITHDRAWN	136
12.5 Empowering Junior Nurses through a Respiratory Skills Development Programme: Building a Resilient and Confident Workforce	137
12.6 “Out of my control” - Emergency Nurses’ Experiences of Violence from Patients and Visitors in China: A Qualitative Descriptive Study	138
12.7 Newly Graduated Nurses Transition to Primary Health Care in Bahrain	139
12.8 Building a Foundation Where Nurses Thrive	140
12.9 Supporting Newly Qualified Nurses in Italy: Readiness for Practice and Career Intentions — Preliminary Quantitative Findings from the STaR-ITA Project	141
12.10 Bridging Educational Gaps in European Healthcare: Mixed-Methods Insights from the ECHOES Project	142
12.11 Simulation-Based Training to Improve Drug Calculation Competence in Nursing Students: A Pre–Post Study	143
12.12 Building Inclusive Nursing Education through Universal Design for Learning: From Audit to Co-Design in Classroom and Clinical Practice	144
12.13 The Design of an Online Antenatal Education Programme for Postnatal Perineal Wound Healing	145
12.14 Exploring Midwives’ Leadership: A Protocol of An Integrative Review	146
12.15 Advanced Nurse-Led Out-Patient Hysteroscopy	147
12.16 Introducing a Blended Grand Rounds Model for Older Persons Services	148
12.17 Evaluating the Social Value of the ‘Art of Life’ Project: A Social Return on Investment (SROI) Mixed-Methods Study	149

12.18 Write Like a Nurse: Transformative Writing Development to Strengthen Confidence and Professional Identity	150
Posters	151
P.1 Shining the Spotlight on Surgical Site Infection Surveillance	151
P.2 WITHDRAWN	152
P.3 Reimagining Future Nurse: Adaptive Leadership and Systemic Resilience in Healthcare	153
P.4 Clinical Impact of Sink Disinfection on MDR-GNB in Healthcare Setting	154
P.5 Co-Designing and Evaluating a Gamified E-Resource to Promote Healthcare Decarbonisation Competencies in Pre-Registration Health Profession Students: A Mixed-Methods Study Protocol	155
P.6 Ethical Resonance and Ecological Responsibility in Nursing Leadership	156
P.7 Nursing Perspectives on Digital Gaps and Interoperability: A Cross-Sectional Study	157
P.8 Embracing Digital Technology and Transforming Care Delivery for the Person with Type I Diabetes by Initiation of Hybrid Closed Loop Insulin Pump Systems	158
P.9 Embedding Nursing Research into the Care Journey: An Evaluation of a Co-Designed Survivorship Pathway	159
P.10 WITHDRAWN	160
P.11 WITHDRAWN	161
P.12 WITHDRAWN	162
P.13 Verti-Gone? Auditing the Spin on Hallpike Manoeuvre Documentation in Older Adults	163
P.14 Language Barriers in Hospital Care: A Multicenter Cross-Sectional Study	164
P.15 Developing a Respiratory Advanced Nurse Practitioner-led Service for Patients with Chronic Respiratory Disease in an Integrated Care Setting	165

P.16 Caring for Women with a Language Barrier: A Qualitative Evidence Synthesis of Midwives' Experiences	166
P.17 Innovative Community Outreach Pathway Enhances Care for Huntington's Disease in Ireland	167
P.18 Enhancing Care: The Role of Continuous Glucose Monitoring in Supporting Individuals with Type I Diabetes and Down Syndrome	168
P.19 Steps to a Human Rights-Based Approach in Nursing Home Care	169
P.20 Establishing a National Nursing Home Residents Forum	170
P.21 Developing a Community Nursing Kit for Home Dialysis Referral & Training	171
P.22 A Message in A Bottle - Fast Effective Communication When Every Second Counts	172
P.23 The Role of the Nurse in Modern Cardiology: Atrial Fibrillation Ablation	173
P.24 Cardiovascular Disease and Mental Health: The Power of Nursing	174
P.25 Breaking Barriers to Cardiac Rehabilitation Engagement: A Scoping Review of Personal Factors and Targeted Interventions	175
P.26 The Big Move! The Centre for Integrated Thromboembolism Care (CITC)	176
P.27 WITHDRAWN	177
P.28 "What are the Factors Contributing to Burnout in Home Support Workers and the Interventions Used Globally to Prevent Burnout?"	178
P.29 Progress in the Reformulation of Food Staples in the Republic of Ireland, 2021–2025: Tracking Nutrient Changes to Support Healthier Food Environments	179
P.30 Advancing Nursing and Midwifery through Targeted Soft Skills Development: A Nationwide Initiative	180
P.31 WITHDRAWN	181
P.32 The Transformative Role of the Acute Intellectual Disability Liaison Nurse CNM2	182

P.33 A Model for Improving Quality and Patient Safety in Acute Mental Health Wards	183
P.34 WITHDRAWN	184
P.35 Influences of the Built, Physical, or Spatial Environment on Breastfeeding: A Scoping Review Protocol	185
P.36 Enhancing the Nursing Role in Clinical Risk Management within the Italian Prison Healthcare System	186
P.37 WITHDRAWN	187
P.38 Men’s Accounts of Erectile Function Over Time Following Radical Prostatectomy	188
P.39 What is the Current Level of Nurses’ Knowledge Regarding Paediatric Fever, and how do Nurses in a General Hospital Paediatric Setting Approach its Management in Clinical Practice?	189
P.40 SipTilSend for Pre-Operative Hip Fractures	190
P.41 Enhancing Surgical Safety Through Standardised Pre-Operative Fasting “Sip to Send” and Medication Management at OLHN	191
P.42 Health of Medical Workers – A Priority	192
P.43 Assessing Continuing Education Needs and Organizational Performance among Mental Health Nurses: Adapting the Hennessy–Hicks Questionnaire to the Romanian Context	193
P.44 Using Evidence-Based Nursing Care Plans, According to the STIMA Guide	194
P.45 Leadership and Safety Culture: Insights from Romanian Nursing Practice	195
P.46 The Path to Excellence in Ireland’s Sexual Assault Treatment Units	196
P.47 Disabilities Workforce & Resourcing Team Action Planning Staff Survey 2025 Results Using an Evidence Based Methodology Aligned to Government Strategy	197
P.48 Designated Intravenous (IV) Team in the Emergency Department (ED) - A Multi-Functional & Multi-Beneficial Team	198

P.49 Ní Neart go cur le Chéile; Many Hands Make Light Work. Occupational Health and the National High Level Isolation Unit	199
P.50 Global Health Nursing: Better Outcomes Through Innovation and Sustainable Practices	200
P.51 Cross-Cultural Validation of the Italian Multidimensional Quiet Quitting Scale	201
P.52 Bridging the gap: Developing a Clinical Research Placement for Children’s Nursing Students	202
P.53 WITHDRAWN	203
P.54 Integrating Immersive Virtual Reality in Nursing Education: Perspectives and Educational Implications	204
P.55 Future-Ready Nursing Leadership: Implementing a Deputy Nurse Manager Role to Sustain Care Quality and Staff Stability in a Small Religious Nursing Home	205
P.56 A Realist Review of Educational Interventions to Reduce Restrictive Practices	206
P.57 WITHDRAWN	207
P.58 WITHDRAWN	208
P.59 Years of Service Lost (YSL): A Breakthrough Metric Addressing Occupational Fatalities to Advance Workforce Resilience	209
P.60 Bridging Communication Gap: Evaluation of Dementia Care Initiatives in Acute Setting	210
P.61 Establishing an All-Ireland Palliative Care Education Network: Cross-Border Priorities for the Next Two Years	211
P.62 Navigating Leadership Challenges in Long-Term Care: A Qualitative Study	212
P.63 Innovation in Action: Implementation of a RANP Led Acute Medicine DVT Ambulatory Care Pathway	213
P.64 Co-Design and Evaluation of a Digital Interdisciplinary Educational Tool About Pancreatic Cancer: A Mixed Methods Study Protocol	214

P.65 WITHDRAWN	215
P.66 WITHDRAWN	216
P.67 Migrant Access to GP Care in Ireland: An ED problem?	217
P.68 Enhancing Recruitment & Retention through Collaborative Facilitation of Midwifery Practice Placements	218
P.69 Community Healthcare Staff Experiences Caring for Asylum Seekers and Refugees	219
P.70 Exploring Aggression and Hostility Against Healthcare Workers (Doctors, Nurses, Midwives and Pharmacists) in Ireland	220
P.71 Reflection and Creativity in Developing an Integrated Older Persons Service	221
P.72 Translation, Validation and Development of the Italian Version of the ICU Delirium Playbook	222
P.73 A Novel Advanced Nurse Practitioner Candidate delivered Virtual Care Programme to Increase Parenteral Prostacyclin at home using Digital Support for Patients living with Pulmonary Arterial Hypertension	223
P.74 Meaningful Recognition – Examining the Impact, a Mixed Methods Study	224
P.75 New Graduate Nurse Self-Perceived Readiness for Practice in an Irish Acute General Hospital Context	225
ePosters	226
E.1 Enhancing Clinical Practice Through In-Service Education	226
E.2 Forget Me Not, Dementia in Focus: Innovative Teaching in Collaboration with the Creative Arts	227
E.3 WITHDRAWN	228
E.4 Innovating for Resilience: The Primary Care Nurse Practitioner as a Transformative Model for Ireland’s Primary Care Future	229
E.5 Nurse Initiated Sonotriage: Indian Context	230
E.6 Teaching for Transformation: Building a Resilient Nursing Workforce through the Kirkpatrick Lens	231
E.7 Specialist Nurse Buddy Programme	232

E.8 Stop the Drop, Lessons from Skip the Dip	233
E.9 Building Leadership Capacity to Strengthen Resilience and Quality of Care: Insights from a National Needs Analysis in Albania	234
E.10 Enhancing Learning: The Planned Implementation of a Near Miss Review Checklist (NMRC) To Proactively Mitigate Harm	235
E.11 Cardiac Telemetry Awareness Campaign	236
E.12 WITHDRAWN	237
E.13 Promoting Health Through Social Prescribing: A Community-Based 'Grow Your Own' Initiative in Urban and Rural Northern Ireland	238
E.14 WITHDRAWN	239
E.15 The Fluid Conundrum: Striking the Right Balance in Acute Care	240
E.16 Widening Access to a Specialist Palliative Care Community of Practice for Nurses across the Island of Ireland: A Cross-Border Collaboration to Build Capacity and Connection	241
E.17 Poster Presentation on the Specialist Continence Service Integrated Health Area's Dublin North City & West & Dublin North	242
E.18 Bridging the Gaps: Supporting Patients Starting Insulin Prior to Discharge	243
E.19 Specialist Palliative Care Nurses Knowledge and Confidence in Assessing and Managing Malignant Fungating Wounds	244
E.20 Microvascular Angina and Acetylcholine Test	245
E.21 Development of a Standardised Checklist for DOAC Counselling	246
E.22 WITHDRAWN	247
E.23 ANP Led Oncology Day Ward Model - Transforming Practice and Optimizing Workforce Efficiency	248

E.24 Pancreatic Cancer Education: A Scoping Review of Evidence Across Patients, Professionals and the Public	249
E.25 "Where There's a Will, there's a Way" - Proactive Use of Hydrogen Peroxide the Acute Setting	250
E.26 Beyond the Scan: Focusing on Quality and Safety in Ultrasound Probe Handling	251
E.27 Evaluation of a RANP Led Service for Frail, Older Adults Discharged from ED	252
E.28 Exploring the Advanced Nurse Practitioner (ANP) Older Persons' perspectives of their role within the Interdisciplinary Team (Phase II)	253
E.29 Scan, Learn, Care: Utilising Technology for Accessible Education for Neuroscience Nurses	254
E.30 Breaking the Poverty - Health Dyad: The Role of Education	255
E.31 Comparative Thematic Analysis of Nursing Codes of Ethics in European Union Countries: Convergences, Divergences, and Emerging Ethical Challenges in the Digital Transformation Era	256

## Agenda

### 25th February: Masterclass Programme

This free event is fully ticketed and registration is essential.

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

Time	Event	Venue
16.00	Doors open	Front Entrance, 123 St Stephens Green, Dublin 2
16.15	Guests seated	Albert Lecture Theatre
16.30	Masterclass commences	Albert Lecture Theatre
17.30	Reception	Boardroom
18.15	Carriages	Front Entrance, 123 St Stephens Green, Dublin 2

### 25th February: Honorary Conferring Ceremony and Annual Conference Dinner Programme

This is a black tie and fully ticketed event.

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

Time	Event	Venue
17.30	Registration	Front Entrance, 123 St Stephens Green, Dublin 2
18.30	Guests seated	College Hall
18.45	Honorary Conferring Ceremony	College Hall
19.30	Annual Conference Dinner	College Hall
21.30	Carriages	Front Entrance, 123 St Stephens Green, Dublin 2

## 26th February: Conference Day

### Plenary sessions

Agenda		Thursday, 26 February	
Time	Event	Venue	
07.45 -08.45	Registration, tea/coffee, poster and exhibition viewing	Examination Hall	

Morning session (O'Flanagan Lecture Theatre)	
Chairperson: Prof. Mary Rose Sweeney, Executive Vice Dean for Education, Faculty of Nursing and Midwifery	
08.50 - 08.55	<b>Preliminary Items:</b> Ms Denise McKernan, Programme Lead, Centre for Nursing and Midwifery Advancement
08.55 – 09.00	<b>Chairs Welcome and Welcome Address:</b> Prof. Mary Rose Sweeney, Executive Vice Dean for Education and Ms Mary Godfrey, Dean, Faculty of Nursing and Midwifery, RCSI
09.00 – 09.10	<b>Opening Address:</b> Ms Rachel Kenna, Chief Nursing Officer, Department of Health, Ireland
09.10 – 09.20	<b>Get Up, Get Moving:</b> Rocky Fitness
09.25 – 09.45	<b>Keynote Address:</b> The Future of Nursing in the Era of Artificial Intelligence - Dr Siobhán O'Connor, Senior Lecturer in the Faculty of Nursing, Midwifery and Palliative Care at King's College London
09.50 – 10.10	<b>Keynote Address:</b> Beyond Tasks: Equipping Nurses and Home-Care Workers to Address the Determinants of Healthy Ageing - Prof. Didier Jourdan, Chair Holder of the UNESCO Chair Global Health & Education and Head of the WHO Collaborating Center for Research in Education & Health
10.15 – 10.25	<b>Panel Discussion I:</b> Ms Rachel Kenna, Dr Siobhán O'Connor, Prof. Didier Jourdan, Prof. Mark White
10.25 – 10.30	<b>Clinical Bursary Awards:</b> Ms Mary Godfrey (Dean), Prof. Charlotte McArdle (Vice Dean) Ms Petrina Donnelly (Honorary Secretary), Ms Suzanne May (Operations Manager)

10.30 - 11.10	<b>Tea/coffee, poster and exhibition viewing</b>	Examination Hall
11.15 - 13.15	<b>Concurrent sessions</b>	See below
13.20 - 14.10	<b>Lunch, poster and exhibition viewing</b>	Exam Hall

### Afternoon session (O'Flanagan Lecture Theatre)

**Chairperson:** Prof. Mary Lynch, Executive Vice Dean for Research, Faculty of Nursing and Midwifery

14.15 – 14.20	<b>Chairs Welcome and PhD Scholarship Awards:</b> Prof. Mary Lynch (Executive Vice Dean for Research), Ms Mary Godfrey (Dean), Prof. Charlotte McArdle (Vice Dean), Ms Petrina Donnelly (Honorary Secretary), Ms Suzanne May (Operations Manager)
14.20 – 14.30	<b>Get Up, Get Moving:</b> Rocky Fitness
14.30 - 14.50	<b>Keynote Address:</b> Breaking the Cycle: Empowering Leaders to Address Bullying and Incivility - Dr Renee Thompson, CEO & Founder of the Healthy Workforce Institute
14.55 -15.15	<b>Keynote Address:</b> From Evidence to Excellence: Why Positive Practice Environments Matter - Dr Christine Pabico, Senior Director, ANCC Pathway to Excellence
15.20 – 15.35	<b>Panel Discussion II:</b> Dr Renee Thompson, Dr Christine Pabico, Prof. Mark White
15.40 - 15.45	<b>Oral and Poster Presentation Awards:</b> Ms Mary Godfrey (Dean), Prof. Charlotte McArdle (Vice Dean), Ms Petrina Donnelly (Honorary Secretary), Ms Suzanne May (Operations Manager)
15.50 - 16.00	<b>Closing Address:</b> 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
<b>Chair</b>	Prof. Marie Carney / Ms Edel Carey	Ms Justine Butterly / Dr Katja Savolainen	Dr Giuseppe Aleo / Dr Francesca Napolitano	Ms Aine Davern / Mr Jonathan O'Keeffe	Prof. Mary Lynch / Ms Bernadette Finneran
<b>Strand</b>	Transformative practice I <i>Future-ready, patient-focused</i>	Transformative practice II <i>Future-ready, patient-focused</i>	Transformative practice III <i>Future-ready, patient-focused</i>	Transformative practice IV <i>Future-ready, patient-focused</i>	Planetary Health <i>Healthy People, Healthy Planet</i>
<b>11.15 -11.30</b>	1.1 The Impact of Nursing Education Curriculum and Workforce Preparation on Nursing Students' Moral Reasoning and Evaluating their Perspectives on Cultural Sensitivity in UAE <i>Fattah, H., Fatima College of Health Sciences, UAE</i>	2.1 Evaluating the Effectiveness of the FLOURISHING Wellbeing Programme: A Pre-Post Evaluation Study of Nurse and Midwife Engagement and Health <i>Savolainen, K., Maynooth University, Ireland</i>	3.1 Advancing Nurse Transition-to-Practice: Outcomes from the ANCC Practice Transition Accreditation Program® (PTAP) <i>Cosme, S. American Nurses Credentialing Center, USA</i>	4.1 Return to Sender: Address Unknown - An Exploration of the Consequences when a Nursing Home Resident (NHR) Requires Alternative Placement Following Admission to the Acute Hospital <i>O'Keeffe, J., St Vincent's Hospital, Ireland</i>	5.1 Teaching Sustainable Healthcare: A Scoping Review of Decarbonisation-Focused Educational Interventions for Pre-Registration Health Profession Students <i>McLaughlin-Borlace, N., School of Nursing and Midwifery, Queen's University Belfast</i>
<b>11.35 -11.50</b>	1.2 Identifying the Barriers and Enablers to the Recruitment and Retention of Research Nurses and Midwives in Ireland <i>Walsh, S. Irish Research Nurses and Midwives Network, Ireland</i>	2.2 Workforce Diversification: Safe Task Delegation in Children's Disability Network Teams in Ireland <i>Doran, M., Health Service Executive, Ireland</i>	3.2 Intention to Leave in Newly Qualified Nurses and Midwives from Three European Countries – Time for Action: A Qualitative Study <i>Aleo, G., Faculty of Nursing and Midwifery, RCSI, Ireland</i>	4.2 Innovating Rehabilitation After Tracheostomy During Intensive Care: Mixed Methods Study <i>Bolgeo, T., Azienda Ospedaliero-Universitaria SS. Antonio e Biagio e Cesare Arrigo, Italy</i>	5.2 Mortality After Severe Weather: Which Older Adults Face the Highest Risk? <i>Bell, S.A., University of Michigan, USA</i>
<b>11.55 -12.10</b>	1.3 Evaluation of RCN Wales Healthcare Connect for Workforce Sustainability <i>Filipponi, T., University of South Wales, Wales</i>	2.3 WITHDRAWN	3.3 Joint Clinical Academic Nursing and Midwifery Appointments: A National Framework <i>Clarke, V., Office of the Nursing and Midwifery Services Director HSE, Ireland</i>	4.3 Navigating RAMs in the Workplace: Racism, Audacity, and Misogyny as Barriers to Black Women's Success <i>McIntosh, C., Rochester Regional Health</i>	5.3 WITHDRAWN

<p><b>12.15 -12.30</b></p>	<p>1.4 Advancing Digital Pedagogical Readiness in Higher Education in Bahrain: A Nursing Perspective on Technology Integration for Patient-Centred Education <i>Fateel, E., RCSI - MUB</i></p>	<p>2.4 Supporting Workforce Integration: The Impact of Bridging Education on Internationally Educated Nurses – A Mixed-Methods Systematic Review <i>Cubelo, F. Oulu University of Applied Sciences, Finland</i></p>	<p>3.4 First-Year Undergraduate Nursing Students' Early Clinical Placement Experience in Bahrain: Insights from a Qualitative Longitudinal Study on Transition to Higher Education <i>Yaqoob, M., RCSI - Medical University of Bahrain</i></p>	<p>4.4 Rehabilitative Palliative Care: Transforming Practice and Collaboration across the Island of Ireland <i>Morrow, E., Faculty of Nursing and Midwifery, RCSI, Ireland</i></p>	<p>5.4 "Because I'm HaPPE" - A Pilot Trial of Compostable Aprons Beaumont Hospital <i>Duignan, A., Beaumont Hospital, Dublin, Ireland</i></p>
<p><b>12.35 -12.50</b></p>	<p>1.5 Well-being of the Romanian Nurses: A Base for Redefining Healthcare <i>Neculau, M.C., OAMGMAMR, Romania</i></p>	<p>2.5 Regulatory Structures &amp; Functions Governing Nursing and Medical Practice in DG ENEST Countries <i>Kilkku, N. Vid Specialized University Oslo, Tampere University, Finland</i></p>	<p>3.5 Undergraduate Nursing Students' Perceptions of Clinical Leadership: A Qualitative Study <i>Delbene, L., Department of Health Sciences, University of Genoa, Italy</i></p>	<p>4.5 WITHDRAWN</p>	<p>5.5 Long-Term Treatment Needs and Effect on Healthcare Budgets <i>Hainagiu, S., Romanian Order of Nurses and Midwives, Romania</i></p>
<p><b>12.55 - 13.10</b></p>	<p>1.6 Don't Delay - Get Home Today! <i>Grehan, L., Beaumont Hospital, Dublin</i></p>	<p>2.6 The Development and Implementation of an Interprofessional European Curriculum for Health and Social Care Staff Working in the Community in Ireland <i>Regan, G., RCSI, Ireland</i></p>	<p>3.6 Building a Future-Ready, Patient-Focused Nursing Workforce: A Structured Support Programme for New Graduate Nurses in Louth Hospitals <i>Mc Daniel, M., Our Lady of Lourdes Hospital, Drogheda</i></p>	<p>4.6 Critical Care Nurses' Grief, Anxiety, and their Preparedness to Care for Dying Patients: A Multisite, Cross-sectional Study in Ireland <i>Lapinid, J.M., St. James's Hospital, Ireland</i></p>	<p>5.6 Social and Therapeutic Horticulture Contributions to Health and Wellbeing of Ourselves and Our Planet <i>Walsh, K., Gardening For Growth and Healing</i></p>

## Concurrent Sessions – First and Second Floor

	Tutorial room 1	Tutorial room 2	Tutorial room 3	Newman Study (2nd Floor)	Nightingale (2nd Floor)
<b>Chair</b>	Ms Maria Greene / Ms Antoinette Doherty	Ms Judy McEntee / Dr Catherine Fitzgerald	Ms Grainne Milne / Prof. Edna Woolhead	Ms Kate Costello / Ms Anne Jones	Dr Uma Kudupudi / Ms Tracy Doherty
<b>Strand</b>	Breaking Barriers I: <i>Health without borders</i>	Breaking Barriers II: <i>Health without borders</i>	Breaking Barriers III: <i>Health without borders</i>	Digital Disruption I: <i>Smart tech, human touch</i>	Digital Disruption II: <i>Smart tech, human touch</i>
<b>11.15 -11.30</b>	6.1 Critical Care Outreach - Breaking Down Walls Nevin, A., Ward, C., Beaumont Hospital, Dublin, Ireland	7.1 Nurses for Health Equity: Tackling the Social Determinants of Health - Reviewing Progress, Grasping the Challenges <i>Hannaway, C., Catherine Hannaway Associates Ltd</i>	8.1 WITHDRAWN	9.1 Redefining Kidney Transplant Follow-up: Remote Monitoring for Safer, Smarter, and More Engaged Care <i>McEnroe, O., Beaumont Hospital, Dublin, Ireland</i>	10.1 A Comparison of the Benefits of Virtual Reality (VR) and High-Fidelity Patient Simulators for ABCDE Protocol Training <i>Maria Elena, C., Emergency Department Targu Mures, RO</i>
<b>11.35 -11.50</b>	6.2 Redesigning COPD Care in Rural Ireland: How Advanced Practice Nursing Leadership Transformed Ireland's Highest Readmission Rate into Its Lowest <i>Doherty, A., Health Service Executive, Ireland</i>	7.2 Nursing and Midwifery Regulation: Cross-National Perspectives from the WHO European Region <i>Duignan, M. WHO CC for Nursing Regulation and Continuing Professional Development, Faculty of Nursing &amp; Midwifery, RCSI</i>	8.2 Breastfeeding Related Knowledge, Attitudes, Perceptions and Practices of Primary Healthcare Professionals in Ireland: A National Cross-Sectional Survey <i>McGuinness, D., University College Dublin</i>	9.2 Governance-Aware Digital Interoperability: A Critical Evaluation of the HL7 FHIR Continuous Glucose Monitoring Implementation Guide for Safe, Patient-Centered Device-to-EHR Integration <i>Garciano, C., Peamount Healthcare</i>	10.2 'Stepping into Reality': Immersive Learning to Support Clinical Competence and Confidence Development in Undergraduate Nursing Education <i>White, C., Dublin City University, Dublin, Ireland</i>
<b>11.55 -12.10</b>	6.3 Equity and Access for Older People: Exploring the Out of Hours Discharge of Older People from the Emergency Department <i>Dunnion, M., Ulster University, Northern Ireland</i>	7.3 Adaptation of a Gender-based Violence (GBV) Screening Tool to Facilitate Culturally Sensitive GBV Screening for Pregnant Women in Ghana <i>Agbenu, I., University of Ghana, Ghana</i>	8.3 Improving Communication and Health Awareness Across London for Pregnant Women with Language Barriers <i>Reeves, H., University College London Hospital</i>	9.3 Integrating Smart Technologies in Post-Surgical Flap Monitoring: A Qualitative Study on Navigating Digital Disruption and Professional Challenges <i>Ivziku, D., Campus Bio-Medico University Hospital, Rome, Italy</i>	10.3 The Effect of Music Therapy on Postoperative Pain Management in Cardiac Surgery Patients: A Randomized Controlled Trial <i>Birindelli, S., Azienda Ospedaliero Universitaria Pisana,</i>

<p><b>12.15 -12.30</b></p>	<p>6.4 Irish Mental Health Nurses' Readiness to Address Physical Health – A Quantitative Study <i>Frawley, T., University College Dublin</i></p>	<p>7.4 Evaluating the Impact of Training CPD Educators in Low and Lower Middle-Income Countries <i>Fitzgerald, C., Faculty of Nursing and Midwifery, RCSI</i></p>	<p>8.4 An Examination of Maternal Continence Management in the South East of Ireland: An Exploratory Study <i>Halley, J., South East Technological University, Ireland</i></p>	<p>9.4 ChatDrT - The Evolving Landscape of Patient Education in Asthma Self-Management. Perspectives of People Living with Asthma <i>Plunkett, S., Trinity College Dublin, Ireland</i></p>	<p>10.4 Digitally Enabled Hospital-at-Home: Strengthening Chronic Disease Management Through Education and Remote Support <i>Corrigan, C., Independent Consultant</i></p>
<p><b>12.35 -12.50</b></p>	<p>6.5 Holding on to Me: A Classic Grounded Theory <i>O'Reilly, S., Dublin City University, Health Service Executive.</i></p>	<p>7.5 Inequity of Access to Oral Healthcare among Asylum Seekers and Refugees, Wales, UK <i>Coll, A.M., University of South Wales</i></p>	<p>8.5 Breaking Barriers to Accessing Mental Health Supports for Postnatal Mothers <i>Whelan, C., Health Service Executive, Ireland</i></p>	<p>9.5 Health Equity in the Age of Algorithms: Reimagining AI Policy Through a Nursing Lens <i>McIntosh, C., Global Nursing AI Alliance</i></p>	<p>10.5 From Data to Decision: Clinical Data Categories, GDPR Controls, and AI Act Compliance in Care Delivery <i>Nico, A., University of Bari "Aldo Moro"</i></p>
<p><b>12.55 -13.10</b></p>	<p>6.6 From Clicks to Connection: Embedding Person-Centred Values in Nursing Documentation within the Electronic Health Record <i>Hardiman, M. Blackrock Health, Atlantic Technology University</i></p>	<p>7.6 Echolight: Alternative and Feasible Bone Health Screening for People with Intellectual Disabilities, Bridging the Gap Beyond DXA <i>Power, A., Wexford Residential Intellectual Disability Service</i></p>	<p>8.6 The Ladies Lounge – A Nurse-Led Initiative Promoting Resilience Through Inclusive Female Health Education <i>McGowan, K., Beaumont Hospital, Ireland</i></p>	<p>9.6 Remote Monitoring of Oxygen Saturations to Support Clinical Decision-Making in Long-Term Oxygen Therapy Titration (LTOT) in COPD Patients <i>Uno, M., Beaumont Hospital, Dublin</i></p>	<p>10.6 Clinical Artificial Intelligence in Healthcare: Ethical Data Use, Transparency, and Human Oversight <i>Boccuzzi, G., Doctoral Researcher, University of Bologna "Alma Mater Studiorum"</i></p>

## Lightning Sessions – First Floor

	College Hall	Boardroom
<b>Chair</b>	Ms Oluwatosin Mabadeje / Dr Erika Harno / Mr David Solola / Mr Jude Ogbodo	Dr Maureen Flynn / Ms Kylie Fenech / Dr Shuhua Yang / Ms Joanne Peters
<b>Strand</b>	Lightning Session I	Lightning Session II
<b>11.15 – 11.20</b>	11.1 Chairs Briefing to Participants	12.1 Chairs Briefing to Participants
<b>11.20 – 11.25</b>	11.2 Designing Green Healthcare Leadership: Integrating Sustainability into Nurse Education, Governance <i>Notarnicola, I., Kore University of Enna, Enna, Italy</i>	12.2 Qualitative Evaluation of a Wellbeing Programme for Nurses and Midwives <i>Peters, J., Faculty of Nursing and Midwifery</i>
<b>11.25 – 11.30</b>	11.3 To What Extent do APNs Enable Adults with Sickle Cell Disease to improve their Self-Efficacy and Self-Management <i>Mr Hasan Khalil, University of Bahrain, RCSI</i>	12.3 An Examination of the Role of District Nurses in Assessing and Managing Frailty and Loneliness in Older Adults <i>Halpin, F., Ulster University</i>
	<b>Break / Session 1 Q+A</b>	<b>Break / Session 1 Q+A</b>
<b>11.35 – 11.40</b>	11.4 Reducing Healthcare-Associated Waste Through Innovative Material Science Technology <i>Solola, D., Faculty of Nursing and Midwifery, RCSI</i>	12.4 WITHDRAWN
<b>11.40 – 11.45</b>	11.5 Global Health Nursing: Better Outcomes Through Innovation and Sustainable Practices <i>Chaves, D., Mass General Brigham / Mass Eye and Ear, USA</i>	12.5 Empowering Junior Nurses through a Respiratory Skills Development Programme <i>Gapuzan, M.A. Mater Misericordiae University Hospital, Ireland</i>
<b>11.45 – 11.50</b>	11.6 Evaluating the International Economic Evidence of Proactive Disaster Management Strategies <i>Ogbodo, J., Faculty of Nursing and Midwifery, RCSI</i>	12.6 “Out of my control” - Emergency Nurses’ Experiences of Violence from Patients and Visitors in China <i>Corbally, M., School of Nursing &amp; Midwifery, Trinity College Dublin</i>
	<b>Break / Session 2 Q+A</b>	<b>Break / Session 2 Q+A</b>
<b>11.55 – 12.00</b>	11.7 WITHDRAWN	12.7 Newly Graduated Nurses Transition to Primary Health Care in Bahrain <i>Restam, M., RCSI-MUB</i>
<b>12.00 – 12.05</b>	11.8 Nurturing Human Connection with Artificial Intelligence <i>Christensen, B., SUNY Brockport, New York, USA</i>	12.8 Building a Foundation Where Nurses Thrive <i>O’Flaherty D., Hunter-Bellevue School of Nursing</i>
<b>12.05 – 12.10</b>	11.9 Digital Innovation and Nursing Leadership: A Pilot Project for Diabetes Management in the Prison Setting <i>Gioiello, G., University of Enna Kore</i>	12.9 Supporting NQNs in Italy: Readiness for Practice and Career Intentions <i>Sallai, T., University of Genoa</i>
	<b>Break / Session 3 Q+A</b>	<b>Break / Session 3 Q+A</b>

## Lightning Sessions – First Floor

<b>12.15 – 12.20</b>	11.10 Low-Code Solutions for High-Impact Care: Empowering Nurses and Healthcare Organizations Through Workflow <i>Automation Iordache, D.M., OAMGMAMR, Romania</i>	12.10 Bridging Educational Gaps in European Healthcare: Mixed-Methods Insights from the ECHOES Project <i>Pagnucci, N., RCSI - Faculty of Nursing &amp; Midwifery</i>
<b>12.20 – 12.25</b>	11.11 The Health Economics of Social Prescribing: A Systematic Review <i>Haf Spencer, L., Royal College of Surgeons in Ireland</i>	12.11 Simulation-Based Training to Improve Drug Calculation Competence in Nursing Students: A Pre-Post Study <i>Salomoni, V., Azienda Ospedaliero Universitaria Pisana</i>
<b>12.25 – 12.30</b>	11.12 Addressing Social Inequities in the Current Age-Related Hearing Loss (ARHL) AAO-HNS Guideline <i>Ross, E., Cleveland Clinic Head and Neck Institute, USA</i>	12.12 Building Inclusive Nursing Education through Universal Design for Learning <i>Gilmore, J., School of Nursing, Midwifery and Health Systems UCD</i>
<b>Break / Session 4 Q+A</b>		<b>Break / Session 4 Q+A</b>
<b>12.35 – 12.40</b>	11.13 Water EDUCare: Empowering HCPs to Curb Pharmaceutical Pollution through Planetary-Health Education <i>Tartari, E.</i>	12.13 The Design of an Online Antenatal Education Programme for Postnatal Perineal Wound Healing <i>O’Kelly, S., School of Nursing and Midwifery, RCSI</i>
<b>12.40 – 12.45</b>	11.14 Bridging Gaps in Dementia Care: Enablers and Barriers to Implementing the Cohen–Mansfield Agitation Inventory <i>Kavanagh, S., HSE South, Ireland</i>	12.14 Exploring Midwives’ Leadership: A Protocol of An Integrative Review <i>Michelerio, V., Genoa’s University, Department of Health Sciences</i>
<b>12.45 – 12.50</b>	11.15 Preventive Strategies to Reduce Dementia Risk in Middle-Aged Individuals with Mild Neurocognitive Disorder <i>Dookhy, J., Galway University Hospitals, Ireland</i>	12.15 Advanced Nurse-Led Out-Patient Hysteroscopy <i>Collins, C., Our Lady of Lourdes Hospital, Drogheda</i>
<b>Break / Session 5 Q+A</b>		<b>Break / Session 5 Q+A</b>
<b>12.55 – 13.00</b>	11.16 Connection Counts: Standardizing the Recognition and Response to Loneliness in Hospital Care <i>Hill, C., SUNY Brockport, New York, USA</i>	12.16 Introducing a Blended Grand Rounds Model for Older Persons Services <i>Burke, A.M., Older Persons Services HSE Dublin Midlands</i>
<b>13.00 – 13.05</b>	11.17 Global Availability of Gender-affirming Care for Adolescents <i>Bingham, K., SUNY Brockport, New York, USA</i>	12.17 Evaluating the Social Value of the ‘Art of Life’ Project: A Social Return on Investment (SROI) Mixed-Methods Study <i>Yang, S., Faculty of Nursing and Midwifery</i>
<b>13.05 – 13.10</b>	11.18 The Co-Design, Implementation and Evaluation of a Comfort Rounding: A Mixed Methods Study <i>Sorensen, J., Royal College of Surgeons in Ireland</i>	12.18 Write Like a Nurse: Transformative Writing Development to Strengthen Confidence and Professional Identity <i>Crawford. C., Ulster University</i>

## Chief and Regional Directors of Nursing and Midwifery Seminar (invite-only)

<b>Invited Masterclass</b> (Dr Mary Emily Dowson Room) <b>Chairperson:</b> Prof. Mark White, Executive Dean, Faculty of Nursing and Midwifery	
11.15 – 11.20	<b>Chairs Welcome</b> <i>Prof. Mark White, Executive Dean, Faculty of Nursing and Midwifery, RCSI</i>
11.20 – 12.15	<b>The Healthy Workforce Framework Organizations Need to End Bullying and Incivility</b> <i>Dr Renee Thompson DNP, RN, FAONL, FAAN, CSP, CEO &amp; Founder of the Healthy Workforce Institute</i>
12.15 - 13.00	<b>Operationalizing Excellence: Strategies for Creating Positive Practice Environments:</b> <i>Dr Christine Pabico, Senior Director, ANCC Pathway to Excellence and Wellbeing Excellence</i>
13.00 – 13.10	<b>Questions and Answers</b>
13.13 – 13.15	<b>Chairs close:</b> <i>Prof. Mark White Executive Dean, Faculty of Nursing and Midwifery, RCSI</i>

## Floor plans

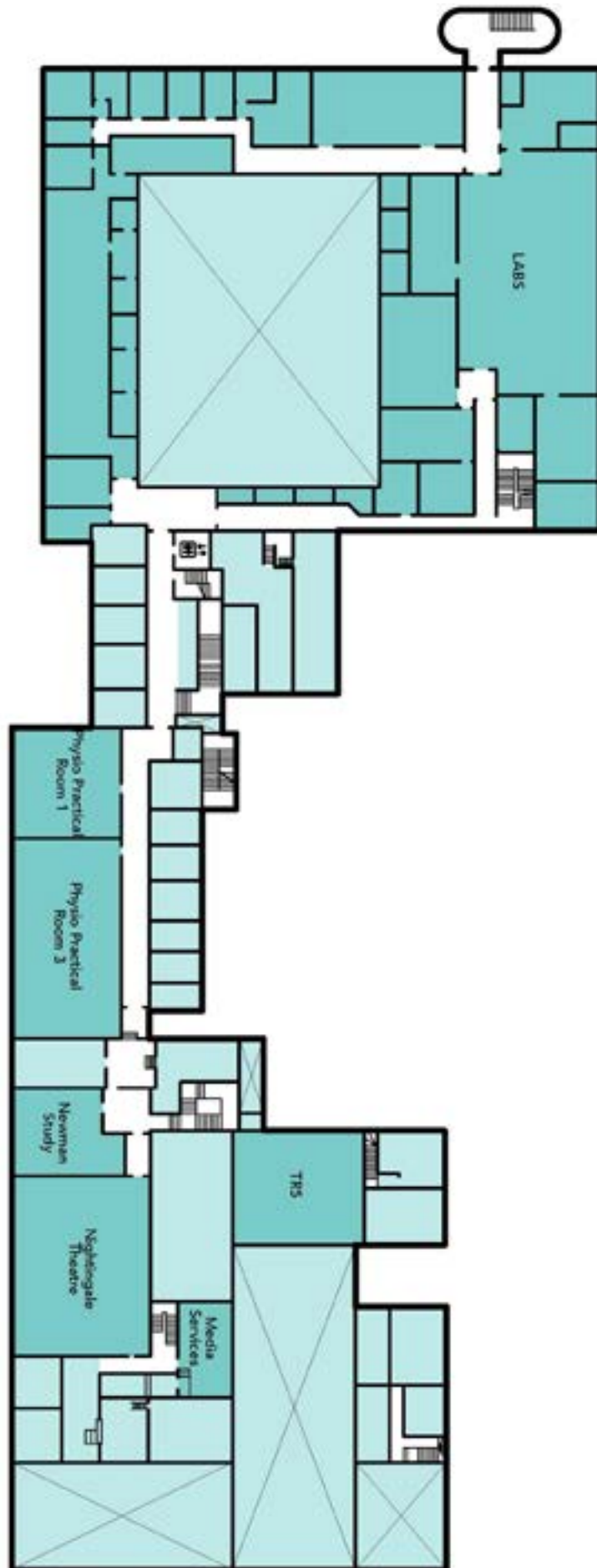
### Ground Floor



## First Floor



## Second Floor



## Conference 2027

To be in with a chance to win two free tickets to conference 2027 (including the Pre-conference Masterclass, Honorary Fellowship Conferring Ceremony, Annual Conference Dinner and Conference 2027) submit your idea for the theme of next year's conference.

Submit your idea by 27 March 2026 to be in with a chance to win  
(T&C apply, all events subject to change)



## Conference Organisers

### Conference Proceedings Editors

- Ms Denise McKernan, Programme Lead, Centre for Nursing and Midwifery Advancement
- Mr Paul Mahon, Operations and Education Manager
- Ms Suzanne May, Interim Operations Manager
- Ms Eimear Frew, Faculty Administrator
- Ms Sadbh McCanva, Conference Intern

### Conference Organising Committee

- Ms Mary Godfrey, Dean
- Prof. Mark White, Executive Dean
- Prof. Mary Lynch, Executive Vice Dean for Research
- Prof. Mary Rose Sweeney, Executive Vice Dean for Education
- Mr Paul Mahon, Operations and Education Manager
- Ms Denise McKernan, Programme Lead, Centre for Nursing and Midwifery Advancement
- Ms Suzanne May, Interim Operations Manager
- Ms Eimear Frew, Faculty Administrator
- Ms Sadbh McCanva, Conference Intern

### Conference Scientific Committee

- Prof. Mark White, Executive Dean
- Prof. Mary Lynch, Executive Vice Dean for Research
- Prof. Mary Rose Sweeney, Executive Vice Dean for Education
- Mr Paul Mahon, Operations and Education Manager

- Ms Denise McKernan, Programme Lead, Centre for Nursing and Midwifery Advancement
- Dr Edward Naessens, Programme Coordinator, mCPD project
- Dr Nicola Pagnucci, Research Fellow
- Ms Oluwatosin Mabadeje, FFNMRC SI
- Dr Erika Harno, Research Manager
- Prof. Michael Shannon, Co-Director GILA / WHO CC
- Dr Uma Kudupudi, Programme Coordinator
- Dr Shuhua Yang, Postdoctoral Researcher
- Dr Catherine Fitzgerald, UPGRADE Centre
- Dr Elizabeth Morrow, Senior Research Fellow
- Prof. Marie Carney, ANP Forum Coordinator and Visiting Professor to NHI
- Ms Noreen Keane, Strategic Project Manager and Capacity Planner, Mater Misericordiae University Hospital, Dublin
- Dr Giuseppe Aleo, Research Fellow
- Dr Francesca Napolitano, Postdoctoral Researcher

### Conference Secretariat

- Ms Suzanne May, Interim Operations Manager
- Ms Eimear Frew, Faculty Administrator
- Ms Sadbh McCanva, Conference Intern
- Ms Catherine Stewart, Communications and Marketing Officer

## Chairpersons and Adjudicators

- Ms Noreen Keane, Strategic Project Manager and Capacity Planner, Mater Misericordiae University Hospital, Dublin
- Ms Andyno Akpanukoh, PhD Scholar
- Dr Giuseppe Aleo, Visiting Research Fellow
- Ms Justine Butterly, FFMRCISI
- Ms Edel Carey, RANP Dementia, Cherry Orchard Hospital, Dublin
- Prof. Marie Carney, Visiting Professor to NHI and ANMP Forum Coordinator
- Ms Kate Costello, FFMRCISI
- Ms Aine Davern, Deputy Director of Nursing, Our Lady of Lourdes Hospital Drogheda
- Ms Arlene Diaz, Marian House
- Ms Antoinette Doherty, RANP Respiratory Integrated Care, Letterkenny
- Ms Tracy Doherty, Assistant Director of Nursing (Infection Prevention and Control), Our Lady of Lourdes and Louth County Hospital, Ireland
- Ms Petrina Donnelly, Regional Director of Nursing and Midwifery, DNE Region
- Ms Kylie Fenech, PhD Scholar
- Ms Bernadette Finneran, RANP Plastic Surgery Skin Cancer, Roscommon University Hospital
- Dr Catherine Fitzgerald, UPGRADE Centre Lead
- Dr Maureen Flynn, Office of the Nursing and Midwifery Service Director, Health Service Executive
- Ms Madeline Gleeson, Wellbeing Coach
- Ms Maria Greene, CNM III, Beaumont Hospital, Dublin
- Dr Erika Harno, Research Manager
- Ms Anne Jones, FFMRCISI
- Dr Liz Kingston, Associate Professor, School of Nursing and Midwifery, University of Limerick
- Dr Uma Kudupudi, Programme Coordinator
- Prof. Mary Lynch, Executive Vice Dean for Research
- Ms Oluwatosin Mabadeje, Perioperative Nurse, University Hospital Kerry
- Prof. Charlotte McArdle, Vice Dean Faculty of Nursing and Midwifery
- Ms Judy McEntee, Regional Deputy Director of Nursing and Midwifery, DNE Region
- Ms Grainne Milne, Director of Midwifery, Our Lady of Lourdes Hospital, Drogheda
- Dr Francesca Napolitano, Postdoctoral Researcher
- Ms Amy Nolan, Director of Clinical Affairs, Irish Cancer Society
- Ms Margaruite O'Connor, FFMRCISI
- Mr Jude Ogbodo, PhD Scholar
- Mr Jonathan O'Keeffe, RANP Gerontology, St Vincent's University Hospital, Dublin
- Ms Joanne Peters, Transition Support Programme Coordinator
- Prof. Richard Ricciardi, Associate Dean, George Washington University, Washington D.C, United States
- Dr Katja Savolainen, Assistant Professor in General Nursing, Maynooth University
- Mr David Solola, PhD Scholar
- Prof. Mary Rose Sweeney, Executive Vice Dean for Education
- Ms Aideen Walsh, Professional Doctorate Scholar
- Prof. Mark White, Executive Dean
- Prof. Edna Woolhead, FFMRCISI
- Dr Shuhua Yang, Postdoctoral Researcher

## 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 45th 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 number of high-quality abstract submissions and registrations 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 first in the world for our contribution to the third SDG - Good Health and Wellbeing – which is 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 – Nursing and Midwifery: Transforming Traditions, Evolving Systems, Redefining Healthcare – speaks to the need for us to continually work together and innovate for a healthier future for all. The four subthemes of the conference promise ample opportunity to discuss how we can

be future-ready and patient-focused, how we can work to secure the health of people and the planet, how we can use smart tech with a human touch, and how we can deliver health without borders.

I also wish to congratulate this year's recipients of the Honorary Fellowship of the Faculty of Nursing and Midwifery, Mr Brendan Courtney and Dr Diana Mason. 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 to enhancing the health and well-being of the public, and increasing public engagement and discourse through the media.

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

## Dean's Welcome

On behalf of the Board of the Faculty of Nursing and Midwifery, it is my great pleasure to welcome you all to our 45th Annual International Nursing and Midwifery Research and Education Conference. The Faculty of Nursing and Midwifery has established a distinguished reputation for excellence in education, research, and supporting clinical practice over its' 50-year history, being the first provider of higher education to nurses and midwives in Ireland. We have always remained responsive to the clinical and leadership needs of the health service, the professionals within it, and the patients we serve.

We know that healthcare globally is facing a number of challenges including aging populations, rising costs, and increasing rates of non-communicable disease. These, together with environmental and climate-related health risks, inequitable access, workforce shortages, and political and economic instability demand that we move away from outdated practices and systems that no longer meet the needs of patients, health workers, health systems and the planet itself. We must create a future where healthcare is more inclusive, adaptable, and sustainable. Moreover, we must reimagine how, and where, healthcare is delivered.



At its heart, this year's conference is about the transformative role of nursing and midwifery in shaping the future of healthcare – whether it is challenging existing systems, breaking down traditional silos, embracing technology, working across disciplines, or finding ways to provide more effective, accessible, and sustainable care. By questioning old practices and delivering new solutions, we can lead efforts to improve the working environment for healthcare professionals, and the care patients receive. Working together, we can build a healthcare system fit for the future – and fit for all.

We are delighted you can join us for what will be an enriching and inspiring day of discussions that will help shape the future of our professions and the planet. As we come together, we are reminded that resilience is built through adaptability, innovation, and interprofessional collaboration

and that healthcare cannot thrive on a dying planet; emerging technologies must be integrated into care that remains centred on human connection; and to truly provide health for all, we must dismantle structural barriers that limit access to safe, quality care.

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 the nursing and midwifery professions and healthcare. These proceedings serve as a comprehensive guide to the presentations, posters, and discussions that will take place. We hope it will prove useful as you navigate the programme 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.

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 Nadine Pilcher, and Ms Julie Plunkett 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 Organisers; Floral Events; Maxwell's Photography; Anglo Printers; Little Green Studio Design; Alpha Quartet; Axia Digital, and HealthTech Ireland.

I wish to also sincerely thank the organising committee, especially Prof. Mark White, Mr Paul Mahon, Ms Suzanne May, Ms Denise McKernan, Ms Eimear Frew and Ms Sadbh McCanva; Ms Catherine Stewart, Communications and Marketing Officer; the Scientific Committee, and all our Chairpersons and Adjudicators.

Finally, I wish to extend a céad míle fáilte 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!

**Ms Mary Godfrey**

Dean,  
Faculty of Nursing and Midwifery

## Executive Dean's Welcome

On behalf of the Executive team and Scientific Committee, I welcome you to our 45th Annual International Nursing and Midwifery Research and Education Conference where we take the opportunity to shine a light on how we can transform traditions, evolve systems, and redefine healthcare.

This year's conference theme is particularly relevant given current healthcare reform agendas internationally and here in Ireland, the perennial global shortage of nurses and midwives, and the continued impact of climate change and conflict across the globe. This year, we will explore how nurses and midwives are embracing emerging technologies, cross-sector partnerships, and new models of care to meet the demands of evolving health crises. We will examine how digital tools, remote care, and resource-efficient technologies can contribute to healthier communities and ecosystems. We will consider how technology can dismantle inefficiencies, personalise care, and support earlier interventions through digital tools that remain ethical, inclusive, and centred on human connection. Importantly, we will reflect on how we can ensure that no one is left behind in the transformation of healthcare.



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 continue the Lightning Talks session while also introducing an ePoster option so we can give as many people as possible – especially our early career colleagues – the opportunity to present their outstanding work. I look forward to hearing the perspectives of our keynote speakers who will address the important themes and subthemes of the conference including: Ms Rachel Kenna (Chief Nursing Officer, Department of Health, Ireland), Dr Siobhán O'Connor (Senior Lecturer in the Faculty of Nursing, Midwifery and Palliative Care at King's College

London), Prof. Didier Jourdan (Chair Holder of the UNESCO Chair Global Health & Education and Head of the WHO Collaborating Center for Research in Education & Health), Dr Christine Pabico (Sr. Director, ANCC Pathway to Excellence, American Nurses Credentialing Center) and Dr Renee Thompson (CEO and Founder of the Healthy Workforce Institute).

I would like to echo the Deans thanks to the Faculty Board for all their support, our Faculty's Conference Organising Committee, the Scientific Committee, all of 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, I encourage you to take full advantage of the opportunities available to exchange ideas, share best practice, reflect, and learn – 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 with us here in Dublin and I wish you a safe journey home.

**Prof. Mark White**

Executive Dean,  
Faculty of Nursing and Midwifery

## 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 Dean's 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.

Continuous Professional Development is a crucial component of our personal and professional development journeys as nurses, midwives and health and social care professionals. As Executive Vice Dean for Education, I am proud to

lead a learning environment that is academically rigorous, learner centred, and responsive to personal and professional development needs in our changing and challenging healthcare landscape.

Our programmes are evidence-based, innovative, agile and flexible. They are designed and delivered with national and international interdisciplinary experts, with PPI input. Our programmes respond to policy reports, scientific literature, requests from organisations and health system needs.

To learn more about our programmes, or 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/education> or contact me at [maryrosesweeney@rcsi.com](mailto:maryrosesweeney@rcsi.com)

**Prof. Mary Rose Sweeney, RGN,  
B.Sc., Ph.D., SFHEA.**

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 8 December and can be viewed here: <https://www.youtube.com/watch?v=tcfctj2PdnA>



**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 Subcommittee, 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:

- Innovating for a healthier future;
- Supporting health and societal well-being;
- Education and student success;
- Leading impactful research, and;
- 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 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. 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](mailto:maryalynch@rcsi.com)

**Prof. Mary Lynch**

Executive Vice Dean for Research

## Keynote speakers



### **Ms Rachel Kenna**

*Chief Nursing Officer, Ireland*

Rachel Kenna is the Chief Nursing Officer (CNO) in the Department of Health Ireland. She has been in post since June 2020. Rachel was formerly a Deputy Chief Nursing Officer leading on nursing and midwifery policy for patient systems, safety, and governance. She is a Registered Children's and General Nurse (RCN/RGN). While she specialised in paediatric critical care initially, she has extensive clinical and managerial experience, spanning 30 years in Ireland and the UK across a wide variety of clinical areas.

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

As an Assistant Secretary in the Department of Health, the CNO in addition to Nursing and Midwifery policy has a broad health policy portfolio. These include Professional Regulation Policy and Legislation, strategic workforce planning and workforce reform policy, population health screening, cardiovascular health policy as well as policy development and responsibility for the National Patient Safety Office.

Rachel's interest in global health policy includes active membership of the WHO European region Government Chief Nursing and Midwifery Officers Hub contributing to strengthening the nursing and midwifery workforce to improve health outcomes. Rachel is currently the Vice – Chair of the Standing Committee of the WHO Regional Committee for Europe.

She is educated in a wide range of areas to support her in her role and holds a MSc in Child Protection and Welfare and a BSc in Nursing Management. Rachel's other educational qualifications includes a Higher Diploma in Professional Practice, Critical Care Nursing, Leadership and Quality in Healthcare, a Diploma in Human Rights and Equality and a Professional Diploma in Governance. Rachel is also a Florence Nightingale Leadership graduate.



## **Dr Siobhán O'Connor**

*Senior Lecturer, Florence Nightingale Faculty of Nursing, Midwifery and Palliative Care, King's College London*

Dr Siobhán O'Connor is a Senior Lecturer in the Florence Nightingale Faculty of Nursing, Midwifery and Palliative Care at King's College London. She also holds an Adjunct Associate Professorship at Western University, Canada and is a Liaison to the United Nations (UN) for Sigma Nursing.

Dr O'Connor has a multidisciplinary background with bachelor's degrees in nursing and information systems, completing her PhD in health informatics, and has nearly 20 years combined experience in industry, clinical practice, and higher education. She also served as an external advisor on the World Health Organization (WHO) State of the World's Nursing report 2025 providing recommendations on digital nursing education and practice.

Her research focuses on co-designing, implementing and evaluating technologies in healthcare, with a particular interest in mobile health and other digital innovations that can support patient self-management. She also leads the AI Nurses Network - a clinical research network on artificial intelligence (AI) in nursing. [www.ai-nurses.com](http://www.ai-nurses.com)



### **Prof. Didier Jourdan**

*Full Professor and Chair Holder of the UNESCO Chair “Global Health and Education”; Head of the WHO Collaborating Centre for “Research in Education and Health”*

Didier Jourdan is Full Professor at the University of Clermont Auvergne (France). He is the Chair Holder of the UNESCO Chair “Global Health and Education” and Head of the WHO Collaborating Centre for “Research in Education and Health”.

He drives international research and knowledge exchange to shape policy and practice in health and education worldwide. His research examines how health promotion interventions make a real difference – tackling health inequalities, unpacking implementation dynamics, enhancing professional practice, and confronting ethical dilemmas. He brings fresh insight and practical solutions to the toughest challenges at the intersection of policy and practice.

He has formerly held positions as Director of the National Higher Institute for Teaching and Education Clermont-Auvergne (Inspé), Head of the Centre for Lifelong Learning and Vice-President of Blaise Pascal University. He is the former Director of the Prevention and Health Promotion Division of Public Health France, where he was responsible for the implementation of national policies and support for regional policies on prevention, health education, risk reduction and health promotion. He also served as President of the “Prevention, Education and Health Promotion” Commission of the French High Council for Public Health. Professor Didier Jourdan holds the title of Officier dans l’Ordre des Palmes Académiques, the highest national honour awarded in France for contributions to education.

Involved in the main international networks in the field of health promotion, health education and public health, he plays an active role in international collaborations centred on research in health promotion and health education. He is Vice-President of the International Union of Health Promotion and Education (IUHPE).



## **Dr Renee Thompson, DNP, RN, FAONL, FAAN, CSP**

*CEO & Founder of the Healthy Workforce Institute*

Dr Renee Thompson is a sought-after speaker, bestselling author, consultant, and leading authority on creating healthy workforces by eliminating bullying and incivility. With over 30 years of experience as a clinical nurse, nurse educator, quality manager, and nurse executive, Dr Thompson spends the majority of her time working with healthcare leaders who want to cultivate a healthy workforce.

Renee is the CEO and Founder of the Healthy Workforce Institute and has been repeatedly published, interviewed, and awarded for her work to eradicate disruptive behaviours in healthcare. In 2020, Renee was invited by the Joint Commission to become a member of their Workplace Violence Technical Advisory Panel, has been published in numerous nursing journals, and is a frequent invited guest on radio, podcasts, webinars, and online social media platforms.

In 2016, Renee received the Nursing Excellence award as a nurse entrepreneur, honouring her work to eliminate workplace bullying. She received the first Outstanding Nursing Alumni for Excellence in Leadership Award and Distinguished Alumni recognition from her alma mater, and was a finalist in the Healthcare Heroes Awards as a Healthcare Provider. Her blog has won numerous awards as a Top Nursing Blog “must-read” by the online nursing community, and her anti-bullying videos are viewed by healthcare organizations around the world.

Renee is one of only 30 nurses in the world who have achieved the prestigious Certified Speaking Professional designation. In 2018, she was recognized as one of LinkedIn’s Top Ten Voices in Healthcare for her contribution to their global online healthcare community and in 2022 was identified as one of the top 5 Nurse Influencers on LinkedIn. Also in 2022, Renee was inducted as a Fellow of the American Academy of Nursing for her work to eradicate disruptive behaviours in healthcare and in 2024 received the Safe Spaces award from the Florida Nurses Association.

In March 2026, Renee will be inducted as a Fellow of the American Organization for Nursing Leadership for her sustained contributions to the specialty of nursing leadership, commitment to service and influence in shaping health care by addressing disruptive behaviours.

Renee has a Master’s degree in Nursing Education and a Doctorate of Nursing Practice from the University of Pittsburgh.



## **Dr Christine Pabico PhD, RN, NE-BC, FAAN, FFMRC SI**

*Senior Director, ANCC Pathway to Excellence*

Christine Pabico, Senior Director of ANCC's Pathway to Excellence® and Well-Being Excellence™ programs, is a distinguished thought leader and expert in fostering high reliability organizations and positive practice environments. Her dedication lies in equipping organizations worldwide with strategies to create work environments that support, engage, and empower staff. Additionally, she is a recognized advocate for clinician well-being. Pabico is a global speaker and has authored numerous peer-reviewed articles, book chapters, and grants.

With over 25 years of leadership experience, Pabico holds a doctoral degree, is ANCC board-certified as a Nurse Executive, and is a Fellow of both the American Academy of Nursing and the Royal College of Surgeons in Ireland. Her doctoral research focused on the relationships among nurse manager competencies, the nursing practice environment, and frontline nurses' intent to stay, reflecting her passion for creating healthy work environments.

In her volunteer work, Pabico serves on the American Academy of Nursing's Building Health Care System Excellence Expert Panel and is a Tier 1 collaborator for The Lorna Breen Foundation's ALL IN: Wellbeing First for Healthcare coalition. She is also on the editorial board of the American Nurse Journal, a board member of the Chamber of Commerce, and the immediate past president of the Philippine Nurses Association in Metro DC.

## Concurrent sessions

### Transformative Practice: Innovating for a Resilient, Adaptive and Workforce *Future-ready, patient-focused*

#### 1.1 The Impact of Nursing Education Curriculum and Workforce Preparation on Nursing Students' Moral Reasoning and Evaluating their Perspectives on Cultural Sensitivity in UAE

Fattah, H.<sup>1</sup>

<sup>1</sup>Fatima College of Health Sciences

##### Introduction

Nurses play a crucial role in modern healthcare, serving as protectors, promoters, and advocates for patients, families, and communities (Guo et al., 2018; Mallah et al., 2018; Akman & Alagöz, 2018). Nursing education fosters critical thinking and moral reasoning (Michael & Marshall, 2018; Susan et al., 2017), while curriculum reform and clinical culture development help bridge the theory–practice gap in the UAE. Additionally, emotional intelligence training reduces nurse burnout and supports its inclusion in orientation programmes (Saifan et al., 2021; Fattah et al., 2023). Moral reasoning is a vital element for the nursing profession and a key factor to improve the nurse's ethical decision-making to provide holistic patient care.

##### Methodology / methods

The aim of this research study is to explore the 'nursing students' perceptions of their ethical education at the College of Health Sciences. The findings of this study are used to suggest an amendment of the current nursing curricula that would guide the students' moral reasoning, promote quality of health care, and reach for patients' satisfaction. A qualitative interpretive research method was used by collecting data through semi-structured qualitative interviews. The interviews were conducted with the third-year nursing students at the College of Health Sciences in the United Arab Emirates (UAE). The collected data was analysed through thematic analysis.

##### Findings

The findings of the study recommend much more focus on nursing ethical education and developing the moral reasoning of the nursing students at their early stages, which will lead to a positive influence and foster the students' clinical judgement abilities as accountable health care professionals. Interviews raised issues in the area of cultural perspectives. Subsequently, the study displays the significance of advocating the patients' rights at ethical dilemmas and the need to build a cultural framework for the UAE nurses' moral thinking and problem-solving as presented in the recommendation section.

---

---

---

---

---

---

---

---

---

---

## 1.2 Identifying the Barriers and Enablers to the Recruitment and Retention of Research Nurses and Midwives in Ireland

Walsh, S.<sup>1</sup>, Smyth, M.<sup>1,2</sup>, Reidy, D.<sup>1,3</sup>, Gallagher, D.<sup>1,4</sup>, Conway, E.<sup>1,5</sup>, O'Connell, L.<sup>1,5</sup>, Mason, S.<sup>1,6</sup>, Martin, T.<sup>1,7</sup>, Hyland, D.<sup>1,2</sup>

<sup>1</sup>Irish Research Nurses and Midwives Network, <sup>2</sup>RCSI University of Medicine and Health Sciences, <sup>3</sup>St James Hospital, <sup>4</sup>Children's Health Ireland, <sup>5</sup>University Hospital Limerick, <sup>6</sup>Tallaght University Hospital, <sup>7</sup>University College Dublin

### Background

Research Nurses and Midwives (RNM), an often-misunderstood specialty area within nursing and midwifery, are key to delivering clinical trials in Ireland. The Irish Research Nurses and Midwives Network (IRNM) has advocated since 2008 for secure employment, structured career progression, dedicated education, and the appointment of a national lead for clinical research nursing and midwifery. In 2022, the HRB funded a three-year project to examine the barriers and enablers when recruiting RNMs, and to explore the barriers faced by employers and stakeholders in retaining this essential workforce. During the project tenure, the National Clinical Trials Oversight Group was established at the Department of Health. The IRNM was invited to join this national group and co-chair a Workforce Planning Sub-Group. This marks the first time the Department of Health has assessed the clinical trial workforce.

### Aim

To identify the barriers and enablers to the recruitment and retention of RNM in Ireland from the perspective of all stakeholders.

### Methodology / methods

A mixed-method approach included a national survey of Irish clinical research sites on workforce composition, employment terms, and recruitment challenges, plus interviews with international clinical trial leaders to identify successful employment models. Descriptive and thematic analyses informed findings

### Results

RNM form 40% (n=187) of Irelands clinical trial workforce, representing the largest single professional group in this sector. However, 60% of RNM are employed on temporary contracts, contributing to instability in research continuity. The absence of RNM education and clinical placements restricts entry to the field. A lack of defined career progression contributes to attrition, with many migrating from clinical practice to industry, resulting in a loss of expertise.

### Conclusion

RNM are central to the successful delivery of clinical trials in Ireland. National recognition and investment in career structures, education, and long-term employment models are essential to sustain this critical workforce.

---

---

---

---

---

---

---

---

---

---

## 1.3 Evaluation of RCN Wales Healthcare Connect for Workforce Sustainability

Filipponi, T.<sup>1</sup>, Wallace, C.<sup>1</sup>, Jones, O.<sup>1</sup>

<sup>1</sup>University of South Wales

### Introduction

Wales, the UK, and Europe face persistent nursing workforce shortages and unfilled training places. Health Education and Improvement Wales (HEIW) and partners established the RCN Wales Healthcare Connect Programme, an education–employment pathway pairing paid Healthcare Support Worker (HCSW) roles with structured study and monthly university days, to bridge Level 3 learners into nurse education.

### Aim

To evaluate how the programme supports progression into nurse education and to identify improvements for all-Wales scale-up, with implications for widening access and workforce sustainability.

### Methodology / methods

Two qualitative studies involving 19 participants were conducted. Study 1 (pilot, 2023–24): learner focus groups and stakeholder interviews from education, service, and policy/commissioning generated recommendations. Study 2 (phase 1, 2024–25): one learner focus group and stakeholder interviews examined delivery after adjustments. Transcripts from both studies were thematically analysed using NVivo.

### Outcomes (across studies 1 and 2)

1. Governance, design, recruitment: Clear roles, protected study time and funding; however, standardisation of resources varied.
2. Assessment: Service pressures shifted ward assessments into classroom settings; multiple tasks per unit increased workload.
3. Ward experience/support: Induction and support were inconsistent; HCSW–student role boundaries were unclear. Learners wanted earlier preparation, simulation, and steadier ward engagement.
4. Progression: Routes into nurse education were unevenly communicated; most participants remained in healthcare, with some deferring progression for financial reasons.

Post-pilot adjustments improved role clarity and protection of study time, but assessment burden and awareness of progression routes still varied.

### Conclusion

The programme is a promising, inclusive pathway that enhances progression and retention, supporting a resilient nursing workforce in Wales. It helps retain vocationally committed learners who might otherwise be lost to nursing. Priorities for scale-up include equitable recruitment, stronger pre-placement preparation and identification in practice, increased simulation, and greater standardisation of resources and assessment. Further evaluation, including realist and Social Return on Investment analyses, is warranted.

---

---

---

---

---

---

---

---

---

---

## 1.4 Advancing Digital Pedagogical Readiness in Higher Education in Bahrain: A Nursing Perspective on Technology Integration for Patient-Centred Education

Fateel, E.<sup>1</sup>

<sup>1</sup>Royal College of Surgeons in Ireland - Medical University of Bahrain

### Background

Digital disruption is reshaping how educators teach and how learners prepare for professional practice. For the nursing profession, this transformation has significant implications, as the effective use of educational technologies contributes to developing competent, reflective, and patient-centred practitioners. This study examined academics' self-assessed Technological, Pedagogical, and Content Knowledge (HE-TPACK) across higher education institutions in Bahrain, highlighting readiness for technology-enhanced teaching from a nursing and health professions perspective.

### Aim

To assess academics' self-perceived HE-TPACK competencies, explore associations with demographic factors, and evaluate the psychometric validity of the HE-TPACK instrument within Bahrain's higher education context.

### Methodology / methods

A quantitative, cross-sectional, non-experimental design targeted 17 higher education institutions. Data were collected online using the HE-TPACK instrument and analysed with IBM SPSS V.23 and SmartPLS V4. Descriptive, inferential, and psychometric analyses were conducted to examine confidence levels and structural relationships.

### Results

A total of 333 academics from 16 institutions participated. High overall confidence in technology integration was reported, with significant differences linked to age and frequency of digital tool use in teaching. Frequent technology users demonstrated the strongest TPACK confidence, indicating that experiential familiarity drives digital competence more effectively than other demographic variables. The instrument showed high reliability and construct validity for Bahrain's context.

### Discussion and Implications

This national study aligns with Bahrain's Higher Education and Research Strategies, reinforcing the need to advance educators' digital fluency to prepare future health professionals for technology-enabled, patient-centred care. Practical implications extend across three levels; faculty, institutional, and governmental, by supporting professional development, digital policy advancement, and institutional capacity building. The newly developed 3-Tiered TPACK+ Model extends the original framework by incorporating intrinsic and extrinsic factors influencing educators' motivation and confidence.

### Conclusion

Strengthening educators' digital pedagogical readiness is essential for cultivating a technologically proficient, compassionate nursing and healthcare workforce equipped for patient-centred practice.

---

---

---

---

---

---

---

---

## 1.5 Well-being of the Romanian Nurses: A Base for Redefining Healthcare

Neculau, M.C<sup>1</sup>

<sup>1</sup>OAMGMAMR IASI, Romania

The well-being of health professionals, especially nurses is now a global priority. In increasingly complex systems of care, evidence links nurse well-being to the delivery of high-quality care.

This ongoing qualitative study documents how nurses in Romania understand and perceive well-being, the effects of workplace well-being on them, and its influence on nurse retention. To date, fourteen respondents, nurses employed in state hospitals, have participated in semi-structured interviews. For some, anonymity made the interview an opportunity to make their voices heard in a highly hierarchical, organization, dominated by the discourse of power. In this culture, staff shortages, lack of recognition and respect contribute to decreased professional motivation, fueling desires to leave the profession (Rotilǎ, 2011).

Preliminary data suggest a lack of control over determinants of one's own well-being, resulting from employer attitudes and those of colleagues or management. The Grounded Theory research method allows for in-depth analyses of realities described by participants as data is collected, yielding findings on the well-being meaning, understanding of contributors to maintaining/increasing well-being. Aspects respondents considered important to maintaining professional motivation and remaining in the profession also contribute to well-being and quality of medical/nursing care.

Initial results identified 200 categories on well-being considered important by participants: interpersonal relations within the medical team, including attitudes of management toward head nurses, lack of cohesion in policies on abuse of nurses, and aspects of professional satisfaction, like patient satisfaction, joy in supporting colleagues, contributing to the work culture through emotional control, and the need to empower nursing alongside the medical profession and civil society.

This study can create a "map" of needs and resources to strengthen a professional culture and facilitate the provision of quality medical care as well as policies promoting nurse well-being.

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

## 1.6 Don't Delay - Get Home Today!

Grehan, L.<sup>1</sup>, Swamidhas, C.<sup>1</sup>

<sup>1</sup>Beaumont Hospital, Dublin

### Introduction

Health systems are under increasing strain due to ageing populations, rising healthcare costs, workforce shortages, and growing prevalence of chronic disease. These pressures necessitate a shift away from traditional hospital-centred care towards adaptable, sustainable, and patient-focused models that support care delivery in the community. In April 2022, Beaumont Hospital identified significant delays in patient discharge related to the availability of homecare packages (HCPs), contributing to prolonged length of stay (LOS) and emergency department (ED) overcrowding. Beaumont Care in the Home (BIH) was established as a nurse-led service to reimagine where and how care is delivered by facilitating timely discharge and preventing unnecessary hospital admissions.

### Aims / objectives

Aligned with Sláintecare and the National Service Plan (2021), BIH supports older adults and patients with complex needs to remain living independently at home for as long as possible. Despite national investment in additional homecare hours, acute hospitals continued to experience discharge delays. BIH was developed to bridge this gap through a flexible transitional care model. The service operates seven days a week (8am–8pm) and is staffed by 10 healthcare assistants, a CNM3, a CNM2, and 0.5 WTE registered nurse. In 2024, reduced LOS and increased patient throughput enabled the service to expand its remit to include short-term HCPs for admission avoidance and early supported discharge.

### Methodology / methods

BIH accommodates approximately 20–25 patients concurrently, delivering 150–160 reviews per month, 7–8 reviews per day, and 30–40 discharges per month. Referrals are accepted from ED FITT, Pathfinders, GPs, and the Orthopaedic Early Supported Discharge (ESD) service, demonstrating strong interprofessional and cross-sector collaboration. This model enables nurses to work to the top of their licence while integrating allied health professionals to deliver rehabilitation in the patient's home.

### Results / findings

To date, BIH has facilitated the discharge of 993 patients. Of these, 83 patients were supported through ED FITT, Pathfinders, or GP referrals with short-term HCPs, generating significant admission avoidance. A further 34 patients were supported in collaboration with the Orthopaedic ESD service, preventing prolonged hospital stays while awaiting rehabilitation beds.

Since its establishment, BIH has achieved a bed-day saving of 19,242 days, equating to an estimated cost saving of over €21 million, while operating at an annual cost of under €600,000. Beaumont Care in the Home demonstrates how nurse-led, community-based models can enhance patient outcomes, support workforce resilience, and deliver sustainable healthcare systems fit for the future.

---

---

---

---

---

---

---

---

## 2.1 Evaluating the Effectiveness of the FLOURISHING Wellbeing Programme: A Pre–Post Evaluation Study of Nurse and Midwife Engagement and Health

Savolainen, K.<sup>1,2</sup>, Peters, J.<sup>2</sup>, Yang, S.<sup>2</sup>, Sweeney, M.R.<sup>2</sup>

<sup>1</sup>Maynooth University, <sup>2</sup>RCSI Faculty of Nursing and Midwifery

### Background

The wellbeing of nurses and midwives is essential for sustaining effective healthcare delivery, yet these professionals remain vulnerable to burnout and occupational stress. The FLOURISHING Wellbeing Programme was designed to enhance engagement, resilience, and overall health among nurses and midwives through a structured, evidence-informed framework grounded in the Job Demands–Resources (JD–R) model and positive psychology. This study evaluated the programme’s quantitative outcomes using a pre–post design.

### Methodology / methods

53 participants completed pre-programme measures, and 31 completed post-programme assessments. Data were collected via an online survey incorporating validated items from the Maslach Burnout Inventory (MBI), Oldenburg Burnout Inventory (OLBI), and Utrecht Work Engagement Scale (UWES). Analyses included descriptive statistics, paired t-tests, and effect size estimation using SPSS v29, with significance set at  $p < .05$ .

### Results

Statistically significant improvements were found in work–life balance ( $M_{pre} = 3.43$ ,  $M_{post} = 4.33$ , Cohen’s  $d = 1.04$ ,  $p < .05$ ) and general self-rated health ( $M_{pre} = 3.38$ ,  $M_{post} = 3.72$ ,  $p < .05$ ). Notable gains were observed in sleep quality (+0.85), energy (+0.82), stress management (+0.57), and nutrition (+0.59). Participants also reported enhanced optimism, emotional regulation, and leadership reflection. Qualitative comments indicated increased self-awareness, resilience, and alignment with professional values.

### Conclusion

The FLOURISHING Programme yielded measurable improvements across multiple domains of wellbeing and engagement, suggesting that structured, reflective interventions can strengthen workforce resilience and foster positive professional cultures in healthcare. Despite limitations related to sample size and lack of a control group, these findings offer promising evidence for integrating wellbeing initiatives into nursing and midwifery practice. Future research should adopt controlled longitudinal designs to confirm and expand upon these preliminary results.

---

---

---

---

---

---

---

---

---

---

---

## 2.2 Workforce Diversification: Safe Task Delegation in Children's Disability Network Teams in Ireland

**Doran, M.**<sup>1</sup>

<sup>1</sup>Health Service Executive

### Background

Children’s Specialist Disability teams provide health & social care support through an interdisciplinary Health & Social Care Professional (HSCP) model. There are 93 teams located throughout Ireland staffed with Speech & Language Therapists, Physiotherapists, Occupational Therapists, Dietitians, Nursing, Behaviour Therapists, Psychologists and Social Workers.

### Objectives

1. To increase the level of support provided to children and families by optimizing skill mix through the introduction of a diversified workforce
2. To support HSCPs in working at the full of their regulated practice

### Methodology / methods

To support safe delegation of less complex tasks and thus optimize the use of fundamental skills sets and availability of HSCPs, in 2025 a new role was delivered by the HSE and approved by the Department of Health- “Health & Social Care Assistant” (Therapy Assistant). The HSCP delegates tasks of client care and support to the Therapy Assistant under supervision of the delegating HSCP, & adhering to CORU professional regulation requirements. The key difference is that the role is not discipline specific, the Therapy Assistant can be delegated tasks from across the range of HSCPs on an inter-disciplinary basis. This enables the child with a disability to experience integrated, co-ordinated supportive care across a number of health and social care needs.

This interdisciplinary role was developed for Children’s Disability services, and the role infrastructure (eligibility/ entrance criteria, training, governance, educational pathways) has been developed to be applicable to all health and social care settings (wider Disabilities, Acute Care, Primary Care, Mental Health etc.). The role has scalability across wider health and social care settings. The measurable outcomes are child /family satisfaction with services, improvement in the quality of life /functionality for the child and their family.

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

## 2.3 WITHDRAWN

## 2.4 Supporting Workforce Integration: The Impact of Bridging Education on Internationally Educated Nurses – A Mixed-Methods Systematic Review

Cubelo, F.<sup>1</sup>, Parviainen, A.<sup>2</sup>, Kohanová, D.<sup>3</sup>

<sup>1</sup>Oulu University of Applied Sciences, <sup>2</sup>University of Eastern Finland, <sup>3</sup>Constantine the Philosopher University in Nitra

### Background

The number of internationally educated nurses (IENs) is increasing in high-income countries (HICs), highlighting the necessity to establish qualification pathways. Bridging programs provide educational solutions that support IEN nurses in licensing processes and transitioning into the workforce in both English-speaking and non-English-speaking countries, where qualification requirements and language proficiency challenges can vary significantly.

### Objective

The purpose of this study was to synthesise and analyse existing research evidence on the impact of bridging programmes on the qualification and licensing pathway of IENs in HICs.

### Methodology / methods

A mixed-methods systematic review was conducted in accordance with the PRISMA guidelines using a mixed-methods approach and a feminist analytical framework. Eight empirical studies were selected (1 mixed-methods, 3 quantitative, 4 qualitative).

### Results

1. Language competencies were a key factor in completing the program and licensing process.
2. The development of nursing skills showed that IENs lacked competencies in ethical conduct, patient-centered care, and teamwork. However, the programmes helped them understand the routines of registered nurse work and the functioning of the local healthcare system, which promoted the achievement of competence.
3. Transitioning into working life was a significant predictor of employment, but not a guarantee. Despite the programs' support for the transition, some IENs encountered difficulties in securing employment.

### Conclusion

Bridging programmes support the transition and integration of IENs into the healthcare system of the destination country. However, the content of these programmes needs to be developed to better address ethical, cultural, and communication challenges.

### Recommendations

Bridging programmes should include language training, cultural sensitivity, and training content tailored to local practices so that IENs can work effectively and ethically in diverse care settings.

---

---

---

---

---

---

---

---

---

## 2.5 Regulatory Structures and Functions Governing Nursing and Medical Practice in DG ENEST Countries: A Scoping Review

Kilkku, N.<sup>1,2,3</sup>, Kearns, T.<sup>4</sup>, Shannon, M.<sup>4</sup>, Duignan, M.<sup>4</sup>

<sup>1</sup>Vid Specialized University Oslo, <sup>2</sup>Tampere University, <sup>3</sup>Faculty of Nursing and Midwifery, Royal College of Surgeons in Ireland, <sup>4</sup>WHOCC Nursing Regulation and Continuing Professional Development, GILA, Faculty of Nursing and Midwifery, RCSI

In the WHO European region, nurses and medical doctors combined are the largest part of the healthcare workforce. Regulation of these professions is fundamentally aimed at protecting the public, but regulation serves also as a key strategy for ensuring patient safety, upholding standards of education, professional practice, and maintaining public trust in healthcare systems. The regulation of professions is not just about restriction; it is also about creating conditions that allow health professionals to work to the best of their ability, attain leadership positions and contribute positively to the development of the health system. Regulation could also be seen as a means of tackling the joint challenges facing healthcare systems in different countries. This broader perspective is particularly relevant in the context of the European Commission’s DG ENEST project, in which mechanisms such as employer-defined scope of practice, international collaborations and the desire to align with EU directives increasingly influence nursing and medical practice alongside statutory regulation.

A scoping review was conducted by the Faculty of Nursing and Midwifery RCSI, WHO Collaborating Centre to explore how regulatory functions for medical doctors and nurses are structured and operationalized in five DG ENEST countries (Armenia, Azerbaijan, Georgia, Moldova, and Ukraine) and how they relate to international regulatory best practice standards, workforce availability, patient safety, and the effectiveness of regulatory governance. The results of the study, along with the process of scoping review, will be presented at the conference.

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

## 2.6 The Development and Implementation of an Interprofessional European Curriculum for Health and Social Care Staff Working in the Community in Ireland

Regan, G.<sup>1</sup>, Illing, J., Kent, F., Fitzgerald, C., Aleo, G.  
<sup>1</sup>RCSI University of Medicine and Health Sciences

### Abstract

Currently, health and social care staff largely work and deliver care separately. This leads to frustration for service users, as care is disjointed and lacks continuity. There are many benefits to teamworking. It improves medical diagnosis, healthcare outcomes, reduces mortality, reduces morbidity and readmission rates. There are also staff benefits such as increased job satisfaction and reduced workloads. Nurses and midwives particularly benefit from collaborative working and are key to its success.

### Methodology / methods

An EU Curriculum called Teamcare, was developed following a review of the international literature, a series of focus groups with service users and an e-Delphi study to identify the core competences required of healthcare professionals to work in community-based healthcare. Subsequently, the learning outcomes for the course were identified. The course identified the knowledge, skills and behaviours needed to support the development of a community-based specialist in collaborative interprofessional community-based healthcare working.

The EU curriculum is being piloted in Ireland, as well as Greece, Italy, and Poland. In Ireland this curriculum was implemented through four micro credentials which will be completed in April 2026 with preliminary evaluation available before the Birmingham conference.

To ensure the curriculum benefits service users an evidenced based model, developed for the UK Department of Health and Social Care, called the “Four-Step Model” was followed (Illing et al. 2018). This model starts with identifying the problem, developing the education, ensuring the right staff are trained and are supported to bring this training back to their workplace and implement it. It involves ongoing monitoring to support staff behaviour change, support collaborative practice and show service user benefit.

### Results

The EU curriculum is completed and is available to present at the conference including the key competencies required of healthcare professional to work collaboratively in community-based healthcare and the learning outcomes associated with these.

---

---

---

---

---

---

---

---

---

---

---

---

### 3.1 Advancing Nurse Transition-to-Practice: Outcomes from the ANCC Practice Transition Accreditation Program® (PTAP)

Cosme, S.<sup>1</sup>

<sup>1</sup>American Nurses Credentialing Center

The American Nurses Credentialing Center’s Practice Transition Accreditation Program (PTAP®) sets the global standard for nurse residency programs, supporting the successful transition of newly licensed registered nurses (RNs) into clinical practice. Since its inception in 2014, PTAP has accredited over 300 programs across diverse healthcare settings, promoting evidence-based structures that enhance nurse retention, clinical competence, and patient outcomes.

This presentation will highlight key findings from the 2025 PTAP Annual Report, which aggregates data from accredited organizations across the United States and globally. The report reveals consistent trends in improved program completion rates, increased retention of new graduate nurses, and enhanced organizational outcomes. Accredited programs report significant benefits, including improved recruitment, stronger interprofessional collaboration, and increased institutional support.

PTAP’s framework, grounded in the Dreyfus Model of Skill Acquisition, emphasizes five core domains: program leadership, organizational enculturation, program goals and outcome measures, development and design, and practice-based learning. These domains guide organizations in building sustainable, high-quality residency programs that align with global best practices.

This session will provide nurse educators and leaders with actionable insights into leveraging accreditation to strengthen transition-to-practice programs, improve workforce stability, and elevate the professional development of early-career nurses.

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

## 3.2 Intention to Leave in Newly Qualified Nurses and Midwives from Three European Countries – Time for Action: A Qualitative Study

**Aleo, G.**<sup>1</sup>, Napolitano, F.<sup>1</sup>, Pagnucci, N.<sup>2</sup>, Walsh, N.<sup>3</sup>, Kearns, T.<sup>1</sup>, Wray, J.<sup>4</sup>, Mahon, P.<sup>1</sup>, Gazic, M.<sup>5</sup>, Samardžija, M.<sup>5</sup>, Bagnasco, A.<sup>6</sup>, Fitzgerald, C.<sup>1</sup>

<sup>1</sup>Faculty of Nursing and Midwifery, Royal College of Surgeons in Ireland, <sup>2</sup>University of Pisa, <sup>3</sup>Brindley Manor Private Nursing Home, <sup>4</sup>University of Hull, <sup>5</sup>Croatian Nursing Council, <sup>6</sup>Department of Health Sciences, University of Genoa

### Background

More newly qualified nurses and midwives are leaving their profession during transition, exacerbating the critical global shortage of nurses and midwives. While many studies have explored reasons and solutions for newly qualified nurses and midwives' intention to leave, this problem persists.

### Aim

To analyse the motivations of intention to leave in newly qualified nurses and midwives from Ireland, Italy, and Croatia and outline possible strategies and solutions.

### Methodology / methods

A qualitative study analysing the responses to the open-ended question: What is your main motivation for leaving the profession? Thematic analysis was used to analyse responses to an open-ended question, which was part of a larger survey. Currently employed newly qualified nurses and midwives with 3-24 months of work experience from one of the three European countries, were included in the study. The Job Demands-Resources Model was used to analyse the determinants and possible solutions for intention to leave.

### Results

From 471 responses to the survey, 256 (54%) participants responded to the question on motivations for intention to leave. The following themes were identified: Lack of recognition; Sub-optimal clinical learning environment; Poor working conditions; Negative workplace interpersonal relationships.

### Conclusion

The motivations for newly qualified nurses and midwives' intention to leave during transition were very complex and influenced by multiple professional, educational, organisational, environmental, and relational factors. These motives call for urgent interventions including evidence-based management, transformational leadership, better working conditions, preceptorship programs, and positive workplace environments that adequately recognise the professional value of newly qualified nurses and midwives.

---

---

---

---

---

---

---

---

---

---

### 3.3 Joint Clinical Academic Nursing and Midwifery Appointments: A National Framework

Clarke, V.<sup>1</sup>, Gallen, A.<sup>1</sup>, Lane, A.<sup>1</sup>, O Sullivan, K.<sup>1</sup>, Hegarty, J.<sup>2</sup>

<sup>1</sup>Office of the Nursing and Midwifery Services Director HSE, <sup>2</sup>School of Nursing and Midwifery, University College

#### Background

A clinical academic is a health professional who is engaged concurrently in both clinical and academic activities. Joint clinical academic appointments have potential to augment research capacity and culture to improve patient outcomes, improve clinical teaching and increase postholder job satisfaction and motivation. The number of nurses and midwives currently holding joint clinical academic appointments in Ireland is thought to be low.

#### Aims and Objectives

The Report of the Expert Review Body (ERB) of Nursing and Midwifery recommends the development of a nationally agreed clinical academic career framework and the development of a standardised approach for joint clinical academic roles.

#### Description of Innovation

A project implementation group comprising a wide range of stakeholders, and led by the ONMSD, the Higher Education Bodies and the Health Research Board, has been established, with four work streams, to achieve project objectives by December 2026.

#### Implementation of Innovation

Two systematic literature reviews to determine the international evidence are almost complete (Workstream 1). Findings, along with stakeholder engagement and consensus, will inform the development of a clinical academic career framework (Workstream 2). Ethics approval has been granted for two baseline surveys to determine the number of nurses and midwives who hold a joint clinical academic appointment and the number who hold or are studying for a level 10 qualification. Future nursing and midwifery clinical academic roles will be informed by literature evidence, survey findings and population health needs (Workstream 4). Funding models to support the clinical academic career framework will be proposed (Workstream 3).

#### Conclusion and Impact

An evidence-informed approach coupled with a consensus model for application will enable transferability and sustainability of the standardised career framework and approach to joint clinical academic roles. Incorporating population health data will further inform the development of research capacity and capability where it is most needed.

---

---

---

---

---

---

---

---

---

---

### 3.4 First-Year Undergraduate Nursing Students' Early Clinical Placement Experience in Bahrain: Insights from a Qualitative Longitudinal Study on Transition to Higher Education

Yaqoob, M., Hill, G., McElhinney, E.

<sup>1</sup>Royal College of Surgeons in Ireland - Medical University of Bahrain, <sup>2</sup>Glasgow Caledonian University

#### Background

In an era where healthcare systems are evolving to become more inclusive, adaptable, and sustainable, the education of future nurses plays a vital role in shaping a resilient and responsive workforce. In Bahrain, the government has given special attention to the healthcare sector, aiming to increase the number of locally trained healthcare professionals and address the shortage of qualified staff nurses. Within this context, the transition into higher education represents a critical period of personal and professional transformation for nursing students. Their first exposure to a clinical placement is often the point at which students begin to integrate theory with practice and shape their emerging professional identity and values. Understanding these early clinical experiences is essential to supporting students' development as future nurses capable of contributing to transformative nursing practice.

#### Aim

This paper presents findings from the second phase of a longitudinal qualitative study examining the transition of first-year undergraduate nursing students into higher education. It focuses on students' initial clinical placement experiences and how these shaped their confidence, professional identity, and engagement.

#### Methodology / methods

An exploratory, descriptive, qualitative longitudinal approach was employed using a purposeful sampling technique. Data was collected during the academic year 2022–2023 by conducting one-to-one semi-structured interviews at two points (three months, seven months). Participants were also asked to submit a diary at two points (five months, nine months). Data analysis was carried out using thematic analysis described by Braun and Clarke (2019).

#### Results

Two interrelated themes emerged: (1) Embarking on the Clinical Journey and (2) Professional Growth and Identity Formation. Early clinical experiences were found to be fundamental in shaping nursing students' professional identity. Despite initial challenges, participants demonstrated rapid adaptation to the clinical environment. Over time, they reported enhanced practical competence, greater emotional resilience, and increased confidence and satisfaction in their developing nursing roles.

---

---

---

---

---

---

---

---

---

---

### 3.5 Undergraduate Nursing Students' Perceptions of Clinical Leadership: A Qualitative Study

Delbene, L.<sup>1</sup>, Fara, G.<sup>1</sup>, Di Nitto, M.<sup>1</sup>, Zanini, M.<sup>1</sup>, Catania, G.<sup>1</sup>, Bagnasco, A.<sup>1</sup>

<sup>1</sup>Department of Health Sciences, University of Genoa

#### Background

Effective nursing leadership is a core competence influencing care quality, safety, and teamwork. As all nurses require leadership skills, these should be introduced early in undergraduate education. However, leadership concepts are often taught late and inconsistently, limiting opportunities to practise and internalise key behaviours. Clinical placements are crucial for leadership development, yet students frequently report limited exposure to effective role models. Understanding their perceptions is essential to improving educational strategies.

#### Aim

To explore undergraduate nursing students' experiences, perceptions, and challenges regarding clinical leadership to inform strategies for strengthening leadership education.

#### Methodology / methods

A qualitative descriptive study was conducted through focus groups with conveniently sampled undergraduate nursing students, as the first phase of a longitudinal project on leadership development. A semi-structured guide explored perceptions of clinical leadership and related experiences. Data were analysed using Braun & Clarke thematic analysis.

#### Results

Five themes emerged. Students viewed leadership as a relational and communicative process grounded in cooperation, trust, and emotional support. Credibility was linked to competence, technical skills, and self-confidence, while qualities such as humility, coherence, resilience, and courage were valued. Students described varied internship experiences, including positive role models and ambiguous or absent leadership that generated insecurity, moral distress, and fear of errors. Peer relationships offered shared learning, support, and informal leadership.

#### Conclusion

Students perceive leadership as relational, competence-based, and ethically grounded, yet clinical environments provide inconsistent role models, underscoring the need for earlier and more structured leadership training in undergraduate nursing education.

---

---

---

---

---

---

---

---

---

---

### 3.6 Building a Future-Ready, Patient-Focused Nursing Workforce: A Structured Support Programme for New Graduate Nurses in Louth Hospitals

**Mc Daniel, M.**<sup>1</sup>, O Neill, A.<sup>1</sup>, Mc Kenna, S.<sup>1</sup>

<sup>1</sup>Our Lady of Lourdes Hospital

#### Background

The transition from student to practicing nurse is a critical period that impacts confidence, competence, and retention. Louth Hospitals has responded to this challenge by implementing a structured transition-to-practice programme designed to support new graduate nurses in their first year of employment.

#### Aim

To evaluate the effectiveness of a revised support programme in enhancing resilience, clinical competence, and retention among new graduate nurses, while fostering a culture of compassionate, patient-centred care.

#### Methodology / methods

In 2023, the programme was expanded from two to five structured days delivered over six months. It includes classroom-based simulation training, clinical skills workshops, mentorship opportunities, and ongoing departmental support. Resources such as induction booklets, medication workbooks and mentorship complement the programme. Evaluation was conducted via participant feedback and retention tracking.

#### Results

Feedback from 2023–2024 cohorts was positive, with nurses reporting increased confidence and relevance of content. Retention improved from 64% in 2023 to 100% in 2024. Mentorship uptake also increased, with full completion among those who opted in during 2024. Recruitment for 2025 new graduates is strong, with 25 new graduates having commenced employment by November 2025 and a plan for a further 3 to commence early next year.

#### Conclusion

Structured support programmes are essential in preparing new graduate nurses for the demands of healthcare. Louth Hospitals' initiative demonstrates that investment in education, mentorship, and a positive practice environment can significantly improve nurse retention and readiness, contributing to a resilient and patient-focused workforce.

---

---

---

---

---

---

---

---

---

---

---

---

---

## 4.1 Return to Sender: Address Unknown - An Exploration of the Consequences when a Nursing Home Resident (NHR) requires alternative placement following admission to the Acute Hospital

O'Keefe, J.<sup>1</sup>, Broderick, C.<sup>1</sup>, Hughes, G.<sup>1</sup>, Killeen, J.<sup>1</sup>  
<sup>1</sup>St Vincent's University Hospital

### Background

In our acute hospital, we have a dedicated RANP (Registered Advanced Nurse Practitioner) Gerontology led service for Nursing Home Residents (NHR) that are admitted via the Emergency Department (ED). The service caters for a large amount of Nursing Homes in the catchment area accounting for 4,500 NHR or 5-6% of all unscheduled care admissions. The RANP led service seeks to improve both care related and patient flow outcomes.

### Methodology / methods

This presentation retrospectively reviews prospectively collected data on a small number of NHR that were admitted and subsequently, required alternative NH placement as their previous NH would not accept their care upon them being medically stabilized. It reveals the consequences in terms of both care / patient flow outcomes and its potential as an unsustainable increasing trend in healthcare.

### Results

Over a 34-month period 2,358 NHR were admitted to the hospital with n=24 requiring alternative NH placement. Average length of stay for this RANP led service is usually 3-6 days. Median range length of stay for those requiring alternative NH's was between 20 - 223 days. Bed days lost = 2,580 with fully absorbed bed day costs of €3,101,160. Primary reason for not accepting NHR back to original NH was behavioural disturbances due to Non-Cognitive Symptoms of Dementia. All residents experienced significant increases in Frailty burden while in hospital.

### Conclusions

While the overall number presented is low in the context of all admissions; this is a growing trend at a time when acute hospital capacity often exceeds 100-120%. It can lead to unsustainability in healthcare delivery / impacts NHR's quality of life. A range of patient focused solutions are explored.

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

## 4.2 Innovating Rehabilitation After Tracheostomy During Intensive Care: Mixed Methods Study

**Bolgeo, T.**<sup>1</sup>, Di Matteo, R.<sup>1</sup>, Gardalini, M.<sup>1</sup>, Gambarini, L.<sup>2</sup>, Iacorossi, L.<sup>3</sup>, Betti, M.<sup>1</sup>, Maconi, A.<sup>1</sup>

<sup>1</sup>Research Training Innovation Infrastructure - Department of Research and Innovation, Azienda Ospedaliero-Universitaria SS. Antonio e Biagio e Cesare Arrigo, <sup>2</sup>SC Health Professions Directorate - Azienda Ospedaliero-Universitaria SS. Antonio e Biagio e Cesare Arrigo, <sup>3</sup>Link Campus University

### Background

Survivors of intensive care who undergo tracheostomy frequently experience persistent communication difficulties and psychosocial consequences. Evidence on their long-term trajectories remains limited, yet it is essential to shaping multidisciplinary, patient-centred follow-up care.

### Objective

To explore communicative experiences and perceived impact on quality of life, self-esteem, and social relationships 12 months after ICU discharge.

### Methodology / methods

A qualitative-dominant mixed-methods study was conducted with 23 adult ICU survivors from three Italian hospitals. Semi-structured interviews at 12-month follow-up were analysed using reflexive thematic analysis. Quantitative measures (EQ-5D-5L, EQ-VAS, Visual Analogue Self-Esteem Scale-VASES) were analysed descriptively to support integrated interpretation.

### Results

Four main themes emerged:

1. A body that speaks no more-the emotional isolation and identity loss linked to voicelessness;
2. Finding new ways to be heard-adaptive strategies and the role of family support;
3. When the voice returns, so does life - the transformative recovery of communication as a turning point in rehabilitation; and
4. Living differently-the psychological and social adjustments shaping post-ICU life.

Quantitative data confirmed reduced self-esteem and QoL (mean EQ-5D index = 0.61; EQ-VAS = 58.4; VASES = 54.2). Ongoing communication issues were key contributors to reduced well-being.

### Conclusion

This study offers new insight into communicative recovery in tracheostomised ICU survivors, emphasizing the transformative role of voice restoration in emotional and social reintegration, and supporting the need for structured multidisciplinary post-ICU pathways to improve long-term quality of life.

---

---

---

---

---

---

---

---

---

---

### 4.3 Navigating RAMs in the Workplace: Racism, Audacity, and Misogyny as Barriers to Black Women’s Success

**McIntosh, C.<sup>1</sup>**

<sup>1</sup>Rochester Regional Health

Black women continue to face unique, intersecting challenges in healthcare workplaces shaped by racism, audacity, and misogyny (RAMs). These dynamics can lead to inequities in pay, limited opportunities for advancement, and psychological distress. Despite these barriers, Black women continue to demonstrate resilience, adaptability, and leadership in environments that often undervalue their contributions.

This session explores how RAMs manifest in professional settings and offers practical strategies to navigate them effectively. Participants will learn to identify and challenge discriminatory behaviours, build strong professional support networks, and develop personal brands that amplify their expertise and achievements. Additional discussion will focus on self-advocacy, career advancement, and cultivating psychologically safe work environments where authenticity and equity coexist.

Through evidence-based discussion and shared narratives, this program empowers participants to recognize RAMs as systemic issues rather than personal failings and equips them with actionable tools to rise above these challenges. By addressing RAMs directly, the nursing profession can move closer to creating workplaces that are inclusive, equitable, and future-ready for all practitioners.

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

## 4.4 Rehabilitative Palliative Care: Transforming Practice and Collaboration Across the Island of Ireland

Morrow, E.<sup>1</sup>, Lynch, M.<sup>1</sup>

<sup>1</sup>Faculty of Nursing and Midwifery, RCSI

### Background

There is a rapidly growing unmet need for healthcare and support for people living longer with complex life-limiting illness. Rehabilitative Palliative Care (RPC) integrates rehabilitation principles into palliative and end-of-life care, enabling people with life-limiting illness to maintain autonomy, dignity and quality of life. Despite policy endorsement in the Republic of Ireland and Northern Ireland, RPC remains underdeveloped and inconsistently delivered. In 2025, the All-Ireland Institute of Hospice and Palliative Care (AIHPC) commissioned the Faculty of Nursing and Midwifery, RCSI, to develop an All-Ireland position paper defining and advancing RPC.

### Aim

To establish a shared understanding, model, and roadmap for integrating rehabilitative palliative care within practice, education, policy and research across the island of Ireland.

### Methodology / methods

A three-part methodology was employed: 1) a seminar and interactive workshop with healthcare professionals, policy leaders and service users (n=80); 2) six post-seminar discussion groups (n=18) for in-depth stakeholder insights; and 3) a scoping review of 150 peer-reviewed and grey literature sources (2015–2025). Data were synthesised to identify core principles, implementation barriers and future directions for RPC.

### Results

Stakeholders expressed strong support for RPC as a person-centred, interdisciplinary approach that enhances autonomy and function while reducing suffering, deconditioning, and avoidable hospital admissions. Challenges include workforce capacity, leadership gaps, and inconsistent service availability. The literature shows growing global recognition of RPC benefits but limited high-quality evaluation. Seven recommendations emerged for system transformation: clarifying definitions and models of RPC, policy development informed by demographic insights, building evidence, embedding stakeholder engagement, informed implementation, encouraging innovation, and training and education.

### Conclusion

RPC represents a transformative model for nursing and other healthcare professionals, shifting from disease-centred to enabling care. Implementing the recommendations will enhance life-long care provision across Ireland.

Funded by the All-Ireland Institute for Hospice and Palliative Care

---

---

---

---

---

---

---

---

## 4.5 WITHDRAWN

## 4.6 Critical Care Nurses' Grief, Anxiety, and their Preparedness to Care for dying Patients: A Multisite, Cross-sectional Study in Ireland

Lapinid, J.M.<sup>1</sup>

<sup>1</sup>St. James's Hospital, Dublin

### Background

Critical care nurses are regularly exposed to emotionally challenging situations, particularly when providing end-of-life care. These experiences can elicit grief and anxiety, emotional responses that may affect their sense of preparedness to care for dying patients. Emotional resilience and preparedness to care are essential for delivering compassionate, patient-centered, end-of-life care.

### Aim

To examine levels of grief and anxiety of ICU nurses and their perceived preparedness to care for dying patients.

### Methodology / methods

Data from 256 nurses across six general hospitals were gathered using three standardized instruments. Statistical analyses included descriptive, inferential statistics, and binary logistic regression.

### Results

Majority were female (89.1%), median age of 34, median ICU experience of eight years with 71.9% having formal education in end-of-life care. Nurses reported elevated grief (median=53), variable anxiety (median=12), moderately prepared to care for dying patients (median=15). Age and ICU experience negatively correlated with grief and anxiety, but positively correlated with perceived preparedness suggesting that older and more experienced nurses feel better equipped and less emotionally burdened. Interestingly, nurses who had more recent experiences caring for dying patients felt slightly less prepared. This study has revealed a positive correlation between grief and anxiety (Spearman's  $Rho = 0.386$ ,  $pvalue < 0.001$ ) while both having negative correlation with preparedness to care for the dying (Spearman's  $Rho = -0.237$ ,  $p-value < 0.001$ ), (Spearman's  $Rho = -0.256$ ,  $pvalue < 0.001$ ). Binary logistic regression results showed that grief score has a statistically significant negative effect on general preparedness ( $p-value = 0.016$ ). For each unit increase in grief score, the odds of being prepared to care for dying patients decrease by approximately 15.3% (Odds Ratio = 0.8465).

### Implications

Regular debriefings and refresher training could enhance emotional resilience and care quality. The findings collectively underscore the importance of developing comprehensive targeted interventions that address not only clinical competence but also emotional and psychological needs of ICU nurses.

---

---

---

---

---

---

---

---

---

---

## Planetary Health: Integrating Environmental Responsibility into Care Models

*Healthy people, healthy planet*

### 5.1 Teaching Sustainable Healthcare: A Scoping Review of Decarbonisation-Focused Educational Interventions for Pre-Registration Health Profession Students

**McLaughlin-Borlace, N.<sup>1</sup>**, Mitchell, G.<sup>1</sup>, Flood, N.<sup>2</sup>, Steele, L.<sup>3</sup>, Anderson, T.1, Craig, S.<sup>1</sup>

<sup>1</sup>School of Nursing and Midwifery, Queen's University Belfast; <sup>2</sup>School of Natural and Built Environment, Queen's University Belfast; <sup>3</sup>Queen's Business School, Queen's University Belfast

#### Background

The accelerating impacts of climate change underscore the need for healthcare systems to rapidly reduce their carbon footprint, with the sector accounting for an estimated 4-5% of global greenhouse gas emissions. Decarbonising healthcare requires clinicians who understand how care delivery contributes to emissions and who possess the skills to implement sustainable, low-carbon practices. Despite this, structured education on healthcare decarbonisation remains underdeveloped across health professions training. This scoping review examines existing educational interventions designed to enhance pre-registration students' understanding of healthcare decarbonisation and related sustainability principles.

#### Methodology / methods

Conducted using JBI methodology and PRISMA-ScR guidelines, the review searched six databases (Scopus, Web of Science, MEDLINE, CINAHL, PsycINFO, and GreenFILE) in April 2025 with an updated search in October 2025. Studies were eligible if they empirically evaluated an educational intervention addressing healthcare decarbonisation aimed at pre-registration health profession students. Data were charted and thematically analysed.

#### Results

Thirty-two studies met inclusion criteria, including mixed-methods (n=17), quantitative (n=11), and qualitative (n=4) designs. Interventions varied widely in format, with simulation exercises, digital learning, didactic teaching, and blended models being most common. Knowledge acquisition and attitudinal change emerged as the most frequently measured outcomes. The thematic synthesis highlighted five cross-cutting concepts: enhanced knowledge and awareness; attitudinal and emotional responses to climate-health issues; behavioural intention and emerging pro-environmental action; identity development through collaborative and reflective learning; and persistent organisational and curricular barriers to decarbonisation education.

#### Conclusion

Overall, the findings indicate that interactive, multimodal, and technology-enabled approaches positively influence knowledge, attitudes, and early behavioural intention. However, long-term change requires longitudinal, skills-focused, and policy-aligned educational strategies. This review provides an evidence base to inform the design of future decarbonisation-focused learning tools and supports the integration of sustainability competencies into health professions curricula.

---

---

---

---

---

---

---

---

## 5.2 Mortality After Severe Weather: Which Older Adults Face the Highest Risk?

**Bell, S.A.**<sup>1</sup>, Davis, M.

<sup>1</sup>University Of Michigan

### Background

Severe weather can have immediate, well-known health impacts, especially for older adults. Less understood is how these events affect individuals over the long term—particularly those who rely on regular, consistent healthcare. This study examined whether older adults with chronic health conditions or other vulnerabilities experienced different one-year mortality risks after being exposed to the heavy rainfall that accompanied Hurricane Harvey in the U.S.

### Methodology / methods

We conducted a retrospective study of adults aged 65 and older before and after Hurricane Harvey. Using historical weather data, we measured the total rainfall over the four days when Harvey produced the most severe conditions. We then identified vulnerable groups, including those with chronic conditions requiring ongoing care (such as dementia, diabetes, and chronic kidney disease), adults aged 85 and older, and people who were dually enrolled in Medicare and Medicaid. We used Cox proportional hazards models to estimate how exposure to high rainfall affected the risk of death in the following year, adjusting for patient and community factors.

### Results

Older adults exposed to high rainfall had a modest but significant increase in one-year mortality. The impact was greater for patients with chronic conditions that are particularly sensitive to care disruptions. Mortality risk was higher among those with Alzheimer’s disease and related dementias, diabetes, and chronic kidney disease. Racial and ethnic disparities were also evident: Non-Hispanic Black, Hispanic, and Latino older adults experienced higher mortality risk compared with their peers.

### Conclusion

For nurses and other frontline providers, these findings reinforce what is seen in practice: when disasters interrupt routine care, medically complex and socially vulnerable older adults face the greatest risks. Heavy rainfall from Hurricane Harvey was linked to higher one-year mortality, with the strongest effects among those who depend on ongoing, reliable access to healthcare.

---

---

---

---

---

---

---

---

---

---

---

---

## 5.3 WITHDRAWN

## 5.4 "Because I'm HaPPE" - A Pilot Trial of Compostable Aprons Beaumont Hospital

Duignan, A.<sup>1</sup>

<sup>1</sup>Beaumont Hospital, Dublin, Ireland

### Background

The HSE's climate action strategy focuses on reducing carbon emissions to net zero by 2050. In 2020 it estimated that Ireland used approximately 70 million aprons as PPE. The current disposable plastic aprons are made from polyethylene type material and are producing emissions contributing to an increase in the carbon footprint coming from manufacture, packaging and disposal of the product, by trialling a disposable apron made of 100% compostable Bio resin product, Beaumont hospital aim to reduce carbon emissions.

The current apron used will take several years, if not decades to degrade. A HaPPE apron is entirely biodegradable and composts in just five weeks. While PPE aprons are predominately incinerated after use in the hospital, the reduction in emissions to produce the compostable apron would contribute to lowering overall CO2 emissions. As part of Infection, Prevention and Control, aprons are at times an unavoidable and necessary component of personal protective equipment and the use of compostable alternative would promote environmental sustainability throughout the hospital.

### Methodology / methods

A trial on a chosen ward commenced in October. All stock of the usual polyethylene aprons were removed and replaced throughout the ward with a compostable HaPPE Apron. An observational approach will be used to evaluate the pilot study.

### Discussion

This initiative will promote awareness to staff on the impact they can have on the products that are use in the healthcare facility which will embed sustainability into the HealthCare workers behaviour. It is anticipated that with end user approval at the conclusion of the trial, staff will advocate for change to the more sustainable product.

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

## 5.5 Long-Term Treatment Needs and Effect on Healthcare Budgets

Hainagiu, S.<sup>1</sup>

<sup>1</sup>Romanian Order of Nurses and Midwives, Romania

### Background

Ageing is associated with a higher prevalence of chronic conditions, which account for the vast majority of healthcare spending. As the population ages rapidly, the healthcare demands of older adults have grown considerably, leading to the frequent occurrence of “social hospitalisation” and a sharp rise in related costs and long-term care needs, while simultaneously improving the overall health of older adults and curbing the excessive increase in hospitalisation expenses.

### Funding challenges

The increased need for care results in more hospitalisations and emergency department visits, directly raising costs, as public and private healthcare funds are facing increased demand on healthcare reimbursements, particularly in countries with ageing populations, requiring strategies for sustainable financing and efficient resource allocation.

### Sustainable solutions

**Cost-Effectiveness Analysis:** Utilising cost-effectiveness analysis based on Artificial Intelligence Technologies to evaluate new long-term care models to provide updates for resource allocation toward the most efficient system of cost/efficient allocations of healthcare funds.

**Shift from Acute to Home/Community Care:** To manage costs, there is a trend toward shifting resources from hospitals to home-based and community care.

**Investment in Prevention:** Focusing on preventing chronic illness and improving health outcomes can significantly reduce the long-term care burden and associated costs. Investing in preventive care by leveraging Registered Nurses (RNs) is crucial for improving chronic disease outcomes through their roles in:

- patient education,
- care coordination,
- chronic disease management,
- promoting team-based care models.

RNs, often acting as care managers, are essential for implementing preventive strategies, managing care transitions, increasing access to services, and driving innovation in patient-centred care that focuses on self-management and health literacy, ultimately leading to better long-term health and reduced healthcare costs.

---

---

---

---

---

---

---

---

---

---

## 5.6 Social and Therapeutic Horticulture Contributions to Health and Wellbeing of Ourselves and our Planet

Walsh, K.<sup>1</sup>

<sup>1</sup>Gardening For Growth and Healing

Social and Therapeutic Horticulture (STH) is gaining momentum across health and social care systems as a nature-based intervention for supporting individuals' wellbeing. STH promotes a symbiotic association between the person and plant/garden – nurturing and nourishing. Those challenged by physical, mental, cognitive health conditions and social isolation within acute and community settings are being increasingly referred to STH programmes by care providers. A growing research evidence base confirms the many benefits and positive outcomes of STH. These benefits include stress reduction, socialisation, improved self-care, exercise tolerance, decrease in anxiety, improved memory, coordination, and quality of life.

In addition, there are benefits that positively influence planetary health such as acquisition of knowledge, environmental awareness, and community development. STH sessions with hands on activities of horticulture/gardening, creative arts and cookery may combine individual goals with selected planetary health objectives. Linking a person's goal of improved socialisation efforts/relationship building with a horticulture focus of companion planting in the garden explores the challenges and benefits of developing and maintaining relationships both at a human and plant level.

Participants facilitated in exploring and respecting cultural diversity in their communities alongside recognising the importance of supporting local biodiversity highlights the potential outcomes for public and planetary health. Educating persons on sustainable practices such as grow your own fruit and vegetables, composting, and improving soil health can be associated with wellbeing efforts for self-care and empowerment.

STH is gaining its foothold within health and social care systems as a complementary approach to facilitating an individual's health and wellbeing, in tandem with opportunities for nurses and midwives to embrace care models that nourish our planet's health. A double win for society!

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

## Breaking Barriers: Redesigning Systems for Equity and Access

*Health without borders*

### 6.1 Critical Care Outreach - Breaking Down Walls

**Nevin, A.<sup>1</sup>, Ward, C.<sup>1</sup>**

<sup>1</sup>Beaumont Hospital, Dublin, Ireland

Background - Audit of Critical Care Outreach Team (CCOT) 2024/2025 activity

#### Introduction

A Critical Care Outreach (CCO) service is a multidisciplinary, organisational model designed to ensure safe, equitable and high-quality care for all acutely unwell, critically ill and recovering patients regardless of their hospital location or clinical pathway. In Ireland, CCO services are predominantly delivered by Advanced Nurse Practitioners (ANP's) who possess specialist critical care expertise. These practitioners provide early recognition and intervention for clinical deterioration, support ward-based teams, facilitate timely escalation of care and contribute to continuity across critical and acute care settings.

#### Aim

Present data to highlight the time spent delivering Level 2 / Level 3 care on acute wards and to demonstrate the impact of CCOT on patient outcomes in length of decision-to-door times on patients admitted to ICU.

#### Methodology / methods

Data were captured on MedICU IT system.

#### Results

In 2024, the CCOT received 1414 referrals and a total of 3003 patient assessments were carried out. 218 (24%) were admitted to ICU. CCOT spent 432 hours at bedside of patients accepted to ICU and provided 44 hours of vasopressors infusions as well as 26 hours of care to intubated/ventilated patients who were waiting an ICU bed.

41% of CCOT patients accepted to ICU were admitted within 1 hour of time of decision to admit despite no provision of a protected ICU emergency bed. This did not meet the national target of 50% but exceeds national average 33% revealed in the National Office of Clinical Audit ICU National Audit 2025. 83% of patients were accepted within 4 hours which exceeds the national target of 80%. 684 (76%) of acute referrals remained on the ward and did not require ICU admission, 258 had iNEWS scores 7-10, 88 had iNEWS scores > 11. These patients were managed on the acute wards with support from the CCOT service.

#### Conclusion

CCOT has had a positive impact on patient outcomes in Beaumont Hospital, where critical care was given as indicated irrespective of location. The service acts as a bridge between ICU and the wards to facilitate the escalation of critically ill patients in a timely manner ensuring the right care, right patient, right place at the right time.

---

---

---

## 6.2 Redesigning COPD Care in Rural Ireland: How Advanced Practice Nursing Leadership Transformed Ireland's Highest Readmission Rate into Its Lowest

Doherty, A.<sup>1</sup>

<sup>1</sup>Health Service Executive, Ireland

This presentation chronicles the development and impact of the CARE Virtual Ward, an award-winning innovation that exemplifies how Advanced Practice Nurses can lead transformative healthcare redesign. Faced with Letterkenny University Hospital's 28.7% COPD readmission rate, Ireland's highest, I identified during my 2021 postgraduate studies in Healthcare Innovation that traditional hospital-centric care models were failing both patients and the healthcare system.

Using design thinking methodology, I developed and implemented a proof-of-concept study in 2022, leading to the establishment of a 20-bed virtual ward in 2023. The CARE model integrates wearable monitoring technology with ANP-led clinical oversight, pre-issued COPD rescue packs activated through real-time data, and comprehensive patient education for self-management. This represents a fundamental shift from scheduled, reactive hospital-based care to responsive, proactive home-based care under advanced practice nursing leadership.

Within ten months of implementation, results exceeded expectations: 30-day readmission rates dropped from 28.7% to 13% (lowest nationally), hospital admissions decreased by 22%, 853 acute bed days were saved, and 156 emergency department visits were avoided. Equally significant, 100% of patients demonstrated improved COPD knowledge and self-management capability, with significant improvements in quality-of-life scores.

The program's success led to funding extension through 2025 and a current evaluation for national scaling. This case study demonstrates three critical contributions to nursing practice: first, that ANPs are capable of leading system-level healthcare transformation rather than merely implementing existing protocols; second, that integrating digital technology with advanced practice expertise creates sustainable, scalable care models; and third, that nurse-led innovation can simultaneously improve patient outcomes while optimising healthcare resource utilisation.

CARE Virtual Ward provides a replicable blueprint for chronic disease management, proving that advanced practice nurses are not just care providers but essential healthcare innovators capable of redefining how we deliver care in the 21st century.

---

---

---

---

---

---

---

---

---

---

## 6.3 Equity and Access for Older People: Exploring the Out of Hours Discharge of Older People from the Emergency Department

Dunnion, M.<sup>1</sup>, Ryan, A.<sup>1</sup>, McIlfratrick, S.<sup>1</sup>, Goode, D.<sup>1</sup>

<sup>1</sup>Ulster University, Northern Ireland

### Introduction

Older person demographics are increasing worldwide with the associated risk of ill-health and the need to access healthcare with ageing. The ED is often a necessary step in this healthcare journey. Thankfully, many older people are discharged from the ED with support from healthcare professionals. However, these specialist teams are not always available out of hours. A dearth in research was evident in OOH ED discharge of older people.

### Aim

The study aimed to examine the out of hours discharge of older people from the emergency department.

### Objectives:

- Undertake an integrative review of the literature
- Obtain the views of senior managers in the ED re OOH older person discharge
- Determine the views of older people and their carers regarding their discharge experiences from the ED OOH
- Examine the profile of EDs and current practices in ED attendance and discharge

### Methodology / methods

Research design was a four phase multi-method approach. Phase 1 involved an integrative review of 29 articles using Whittemore and Knafli's framework. In phase 2, qualitative data was collected from semi-structured interviews with 14 MDT senior managers in ED's. In phase 3, collection of qualitative data from semi-structured interviews was with 19 older adults and/or carers. Data was analysed using Braun & Clarke's framework. Phase four included analysis of ED profile and older person attendance/discharge data.

### Results

A main theme identified from the data was the risks and safety for the older person whilst being discharged OOH from the ED. Findings from older people/carers identified some positive experiences but for many older people OOH attendance and ED discharge was an exhausting and challenging experience.

### Conclusion

Taking cognisance of the current increasing number of older people and demand on services, healthcare organisations and policy makers need to ensure equity and consistency of care for older people which includes out of hours.

---

---

---

---

---

---

---

---

## 6.4 Irish Mental Health Nurses' Readiness to Address Physical Health – A Quantitative Study

Smyth, S.<sup>2</sup>, Nash, M.<sup>3</sup>, **Frawley, T.**<sup>1</sup>, Murphy, L.<sup>4</sup>, Norton, M.<sup>2</sup>, Power, B.<sup>5</sup>, Lynch, E.<sup>2</sup>, Harrington, O.<sup>2</sup>

<sup>1</sup>University College Dublin, <sup>2</sup>University of Galway, <sup>3</sup>Trinity College, <sup>4</sup>University of Limerick, <sup>5</sup>Nursing & Midwifery Planning and Development Unit, HSE West Mid-West

### Introduction

Individuals with mental illness face significantly higher risks of physical health conditions, yet these needs are often under-addressed within mental health services. The purpose of this research was to explore Mental Health Nurses' (MHN's) knowledge, skills and attitude in managing the physical health needs of people with serious mental illness and determine associated training needs.

### Methodology / methods

A cross-sectional survey was conducted among 133 MHNs working in inpatient and community settings across Ireland. The questionnaire included validated scales measuring perceived importance of physical health, confidence, knowledge and skills in addressing physical health issues. Descriptive analyses will be performed for all variables in the total population. All analyses were carried out using R Version 4.4.2. Ethical approval for this study was obtained from the [Institution Name] Research Ethics Committee (Ref: 2023.03.007).

### Results

A total of 133 mental health nurses participated in the survey, most of whom were female, aged 31–50, and educated to postgraduate level. Nurses reported strong perceived knowledge and skills for routine physical health care tasks, particularly baseline observations and blood glucose monitoring, but lower confidence and competence in complex tasks such as ECG interpretation and blood result analysis. Knowledge, skills, and confidence demonstrated high internal reliability and were strongly correlated, indicating that higher perceived knowledge aligned with greater confidence. No significant differences were found across age, clinical setting, or educational level, though dual-qualified nurses consistently showed higher knowledge and confidence. Formal training had only modest impact, and workload pressures were common, with almost half reporting daily effects.

### Conclusion

Overall, findings suggest a competent workforce in core skills, with a need for more structured and interdisciplinary education to support advanced clinical assessment and decision-making.

---

---

---

---

---

---

---

---

---

---

## 6.5 Holding on to Me: A Classic Grounded Theory

O'Reilly, S.<sup>1,2</sup>, Irving, K.<sup>1</sup>, Leufer, T.<sup>1</sup>

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

### Introduction

Within the literature, there remains considerable debate regarding the persistence or loss of self in the context of dementia, particularly in its advanced stages. Sense of self for people living with dementia is often influenced by the attitudes and perceptions of others, which can shape both how individuals see themselves and how they are seen by others and society. Stigma surrounding dementia can further undermine sense of self, contributing to self-stigma, social exclusion and limiting access to appropriate services and support. These issues have significant implications for person-centred care, wellbeing, and autonomy.

### Aim

The aim of this study was to develop a grounded theory to explain how people with dementia experience, process, and respond to challenges related to their sense of self—understood primarily in terms of their main concern of “losing me.”

### Methodology / methods

Using Classic Grounded Theory methodology, data were gathered and analysed concurrently through 26 semi-structured interviews and six published autobiographies authored by people living with dementia. Person and Public Involvement (PPI) was incorporated throughout to enhance relevance, robustness, and meaningful engagement.

### Results

The resulting theory, Holding on to Me, comprises three interrelated processes:

- Holding Tighter, where individuals preserve the core aspects of who they are and what matters to them;
- Letting Go, where they relinquish certain activities or roles they can no longer sustain while protecting their overarching sense of self; and
- Relational Grappling, where they negotiate and maintain connections with others to support autonomy and belonging.

### Conclusion

This research presents a dynamic, multivariate theory of how people living with dementia sustain their sense of self in the face of progressive cognitive change and social stigma. The findings offer valuable insights for families, caregivers, healthcare professionals, and policymakers on recognising and supporting the self in dementia, thereby enhancing wellbeing, promoting independence, and reducing stigma-related barriers to care and service access.

---

---

---

---

---

---

---

---

## 6.6 From Clicks to Connection: Embedding Person-Centred Values in Nursing Documentation within the Electronic Health Record

Hardiman, M.<sup>1,2</sup>, O'Neill, W.<sup>1,2</sup>, Watkin, J.<sup>1</sup>  
<sup>1</sup>Blackrock Health, <sup>2</sup>Atlantic Technology University

Electronic Health Records (EHRs) are central to healthcare transformation, promising improved access to information, decision support, and safer care delivery. It acts as a repository of all information pertinent to a person receiving treatment and care in one place and easily accessible. The EHR also offers critical information to enable evidence based clinical decision making, prompting evidence informed interventions and safety checks to aid and support care. Digital nursing records are promoted on the premise that they capture the critical information needed to, plan, implement care interventions and captures the important elements of nursing practice. However, there is growing discontent among nurses globally that the pre-set and automated content within EHR's fails to capture and support the complexity and relational nature between the nurse and the patient. Drawing on literature and the lived experience in Blackrock Health this presentation explores the limitations of the nursing content offered by the technology vendors and describes the structures, processes and patterns that emerge when the documentation is redesigned to align with person-centred workflows. The authors conclude that embedding person-centred principles, nursing values and language within digital systems enhances staff engagement, improves satisfaction with documentation, and supports more holistic care.

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

## 7.1 Nurses for Health Equity: Tackling the Social Determinants of Health - Reviewing Progress, Grasping the Challenges

Hannaway, C.<sup>1</sup>, McArdle, C.<sup>2</sup>

<sup>1</sup>Catherine Hannaway Associates Ltd, <sup>2</sup>Faculty of Nursing & Midwifery, RCSI

The World Health Organization defined the social determinants of health (SDOH) as the "conditions in which people are born, grow, live, work, and age." Ample global evidence demonstrates strong correlations between factors like gender, ethnicity, income, education, and access to quality housing and healthcare, with health status.

Widespread health inequities, within and between nations, disproportionately and negatively impact the poor and vulnerable. Nurses are uniquely positioned to act on the SDOH, in alignment with their ethical obligations and in pursuit of major global health goals like Universal Health Coverage (UHC) and the Sustainable Development Goals (SDGs). This includes being innovative and forward thinking, leveraging digital platforms and mobile health solutions to reach underserved populations and ensure no one is left behind in the transformation of healthcare.

Building on the recommendations of the 2016 Doctors for Health Equity Report,<sup>1</sup> the 2021 Nurses for Health Equity Report released actionable guidelines for nurses and their representative organisations across six domains: 1) Education and training; 2) monitoring and evaluation; 3) the clinical setting; 4) leveraging healthcare organisations as employers, managers, and commissioners; 5) working in multisector partnerships; and 6) nurses as advocates. The report integrated global case studies and expertise from internationally renowned nursing and policy leaders, securing commitment statements from key organisations including the International Council of Nurses.

Five years later, critical questions remain: "Where are we now?", "What changes have occurred?", and "What more can be done?" This presentation, delivered by the original nursing report authors and featuring contributing global experts, offers reflections on progress and a roadmap for future efforts by nurses to advance health equity globally.

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

## 7.2 Nursing and Midwifery Regulation: Cross-National Perspectives from the WHO European Region

**Duignan, M.<sup>1</sup>, Keams, T.<sup>1</sup>, Langins, M.<sup>2</sup>, Shannon, M.<sup>1</sup>**

<sup>1</sup>WHO Collaborating Centre for Nursing Regulation and Continuing Professional Development, Faculty of Nursing & Midwifery, Royal College of Surgeons in Ireland, <sup>2</sup>World Health Organization, Regional Office for Europe

Effective nursing and midwifery regulation is central to protecting the public, ensuring professional accountability, and enabling nurses to practise to the full extent of their competence. Across the 53 countries of WHO European Region, however, regulatory systems vary considerably in scope, structure, and maturity, reflecting diverse legislative structures, governance models, and levels of alignment with international guidance documents and benchmarks. This presentation outlines the WHO Collaborating Centre at RCSI's response to a request from the WHO Regional Office for Europe to develop a regional technical brief on nursing regulation to map current systems, with the aim of strengthening regulatory capacity, identifying potential reform priorities, and informing evidence-based policymaking.

Drawing on survey and interview data from Government Chief Nursing and Midwifery Officers across the region, the brief maps six core regulatory functions (entry-to-practice requirements, accreditation and licensing, qualification recognition, competence-based scopes of practice, maintenance of competence, and fitness-to-practise mechanisms) using Benton's typology of regulatory models and WHO's 2023 guidance on health practitioner regulation. Findings reveal progress toward harmonised standards, but also significant diversity in how regulators fulfil their core functions.

The work situates these findings within broader regional dynamics including population and health workforce ageing, workforce mobility and digital transformation, and highlights the need for regulatory systems that are agile, proportionate, and risk-based. By connecting regulatory strengthening with WHO's Framework for Action on the Health and Care Workforce 2023–2030 and the Global Strategic Directions for Nursing and Midwifery 2021-2030, the presentation will position regulation as a strategic lever for public protection, workforce sustainability and health system resilience.

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

## 7.3 Adaptation of a Gender-Based Violence (GBV) Screening Tool to Facilitate Culturally Sensitive GBV Screening for Pregnant Women in Ghana

**Agbenu, I.**<sup>1</sup>, Ohene, L.<sup>2</sup>, Adjorlolo, S.<sup>3</sup>, Kyei, J.<sup>4</sup>, Henriksen, L.<sup>5</sup>

<sup>1</sup>University of Ghana/unfpa Ghana, <sup>2</sup>University of Ghana, <sup>3</sup>University of Ghana, <sup>4</sup>University of Ghana, <sup>5</sup>Oslo Metropolitan University

### Background

Violence against women and girls is a crucial global health concern. Violence occurring during pregnancy is an alarming global health issue due to increased adverse outcomes on maternal and newborn health. A vital component in the management of gender-based violence in pregnancy is the identification of victims. Routine screening during the antenatal period is the most effective approach to identify pregnant women and girls exposed to GBV. Despite this crucial need, evidence suggests that little is done to identify women exposed to violence during pregnancy in Ghana.

### Aim

This study aimed to assess gender-based violence screening practices among maternal healthcare providers and adapt a tool to facilitate routine GBV screening for pregnant women in Ghana.

### Methodology / methods

The study utilized a multi-method approach. The study reviewed global evidence on GBV screening tools to identify existing tools and conducted a contextual assessment of healthcare provider GBV screening practices. Additionally, the study employed a co-creation approach involving policymakers, representatives from civil society, community and traditional leaders, educators, clinicians, and students to select and adapt a tool.

### Results

The scoping review identified five GBV screening tools. However, the contextual assessment revealed that little to no GBV screening is done, with poor utilization of existing tools during the antenatal period. The co-creation process selected and adapted the Violence Against Women Instrument (VAWI) to facilitate routine GBV screening for pregnant women in Ghana.

### Conclusion

The study revealed significant gaps in GBV screening practices among maternal healthcare providers in Ghana at the individual, institutional, and policy levels. There is a need for capacity development of providers and resource adaptations to enhance holistic identification of pregnant women and girls exposed to GBV in Ghana.

---

---

---

---

---

---

---

---

---

---

## 7.4 Evaluating the Impact of Training CPD Educators in Low and Lower Middle-Income Countries

**Fitzgerald, C.**<sup>1</sup>, Sherman, L., Pagnucci, N., Napolitano, F., Aleo, G.<sup>1</sup>

<sup>1</sup>Faculty of Nursing and Midwifery, RCSI

### Background

Leadership and a framework to support the development and sustainability of continuing professional development (CPD) systems is important. However, there is scant evidence in the literature around the impact of training CPD educators in low and lower middle-income countries (LLMIC) and how this could influence the delivery of effective CPD programs using evidence-based methods.

### Methodology / methods

This was a mixed methods study that evaluated a CPD educator course, delivered in LLMIC’s. In the quantitative phase, participants completed a 12-item questionnaire covering learning, community building, achievement, and impact. In the qualitative phase, five focus groups were conducted with participants from Lesotho, Kenya, Rwanda and Malawi to explore their perspectives on the course’s effectiveness and how it supported their ability to create and evaluate their own CPD initiatives.

### Results

Survey findings showed high participant satisfaction and relevance for the course and its effectiveness in meeting their learning needs. The focus group data reinforced these results revealing increased self-efficacy and professional recognition, enhanced ability to design, deliver and evaluate CPD programs, evidence of behaviour change and motivation to influence organizational and, in some cases, national CPD policies.

### Discussion

The course demonstrated significant impact in strengthening the skills, self-confidence, interprofessional collaboration and professional capacity of educators across diverse contexts. The course effectively supported a shift from ad hoc to outcomes focus CPD contributing to a sustainable culture of continuous learning and quality improvement in healthcare. These results highlight the value of well-structured collaborative CPD programs empowering educators to drive change and improve patient outpatient outcomes.

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

## 7.5 Inequity of Access to Oral Healthcare among Asylum Seekers and Refugees, Wales, UK

Coll, A.M.<sup>1</sup>, Filipponi, T.<sup>1</sup>, Ratnayake, D.<sup>1</sup>

<sup>1</sup>University of South Wales

### Background

Dental problems present the second highest reported unmet need for asylum seekers/refugees with dental caries and periodontal disease prevalent. Although integrating oral health into universal health coverage and hospital care, positioning oral care as core nursing practice, has been recommended, structural barriers (fragmented referrals, language and cultural gaps, transport and costs, limited dental provision, and low oral health literacy) steer people toward emergency care and deepen inequities.

### Aim

To explore perceived oral health needs, access barriers, and opportunities to improve oral health among asylum seekers and refugees in Wales.

### Methodology / methods

Semi-structured interviews with caseworkers supporting asylum seekers/refugees (n=10), followed by a World Café with caseworkers and asylum seekers/refugees (combined n=26). Data were thematically analysed using investigator triangulation to enhance rigour.

### Results

Participants described high prevalence of dental caries and periodontal disease, with frequent emergency presentations (e.g., abscess management) rather than preventive care:

1. Access & affordability: scarcity of NHS dental appointments, inadequate referrals and no follow-up information, transport costs, and unclear eligibility.
2. Communication & culture: language barriers, limited interpreting, culturally specific diets and practices, confusing messages, and stigma around visible dental disease.
3. Health literacy & trauma: low awareness of preventive behaviours; previous traumatic experiences reducing help-seeking.
4. Suggested interventions: Oral health education; culturally sensitive guidance with clear, consistent messages; peer support/oral-health champions and mental-health-linked self-care.

### Conclusion

The inequity of access to oral healthcare poses a challenge for asylum seekers/refugees. Tailored, prevention-focused interventions improve oral behaviours and shift demand from emergency to preventive care. Nurses, health visitors, school nurses, and in secondary care, are key in education, risk assessment, and prevention. Culturally tailored prevention, co-designed with lived-experience partners, and social prescribing to resources can help close access gaps. Crucially, empowering asylum seekers/refugees to understand their oral health and how to access services should underpin all service redesign.

---

---

---

---

---

---

---

---

---

---

## 7.6 Echolight: Alternative and Feasible Bone Health Screening for People with Intellectual Disabilities, Bridging the Gap Beyond DXA

Power, A.<sup>1</sup>, Moynihan, J.<sup>2</sup>, Burke, E.<sup>3</sup>

<sup>1</sup>Wexford Residential Intellectual Disability Service, <sup>2</sup>Trinity Centre for Ageing and Intellectual Disability, School of Nursing and Midwifery, Trinity College, <sup>3</sup>Trinity Centre for Ageing and Intellectual Disability, School of Nursing and Midwifery, Trinity College

### Background

Adults with intellectual disability are at heightened risk of undiagnosed osteoporosis, which can lead to fractures and increased levels of disability. This is often due to difficulties in accessing standard diagnostic tools such as DXA scans, which present logistical and physical challenges for this population. These barriers contribute to underdiagnosis and delayed treatment. Addressing this gap requires more accessible and adaptable assessment options. This study examined the feasibility of using the Echolight REMS device, an innovative, non-invasive bone health screening tool as a more inclusive alternative for adults with intellectual disability.

### Methodology / methods

Using a process-effectiveness design, 84 adults aged 18+ with mild to profound intellectual disability were recruited through Irish service providers. Participants completed pre- and post-assessment questionnaires alongside a REMS scan using the Echolight device. Feasibility was defined by a completion rate over 70% and was evaluated through both completion data and participant feedback.

### Results

The assessment was successfully completed by 96% (n=81/84) of participants. Most found the process easy (92.9%) and would recommend it to others (96.2%). Notably, 72.5% had never previously accessed bone health screening. Osteoporosis was identified in 26.2% (n=22/81), with a further 36.9% (n=31/81) in the osteopenic range. Of those with compromised bone health (n=53), 59% (n=33/53, p<.001) had not received a prior diagnosis and were unaware of their condition.

### Conclusion

Echolight REMS demonstrates strong feasibility for use among adults with intellectual disability, offering a community-based, user-friendly alternative to DXA. As a result of this study, the Irish Osteoporosis Society have officially endorsed it for use in people with intellectual disabilities, offering a transformative approach to osteoporosis diagnosis and monitoring and expands access to reliable bone health screening and improved bone health outcomes for this population.

This study was funded by the Nursing and Midwifery Planning and Development Unit, HSE, Dublin & South-East, Ireland.

---

---

---

---

---

---

---

---

---

---

## 8.1 WITHDRAWN

## 8.2 Breastfeeding Related Knowledge, Attitudes, Perceptions and Practices of Primary Healthcare Professionals in Ireland: A National Cross-Sectional Survey

**McGuinness, D.**<sup>1</sup>, Frazer, K.<sup>1</sup>, Brennan, S.<sup>2</sup>, Bhardwaj, N.<sup>1</sup>, Cornally, P.<sup>1</sup>, Ni Mhurchu, S.<sup>3</sup>, Cantwell, M.<sup>3</sup>, Pardy, A.<sup>3</sup>, McHugh, L.<sup>3</sup>, Cullen, W.<sup>1</sup>, Vickers, N.<sup>1</sup>

<sup>1</sup>University College Dublin, <sup>2</sup>University of Galway, <sup>3</sup>Health Service Executive

### Background

Global research identifies the importance of breastfeeding, including the World Health Organisation in developing recommendations and noting over 800,000 child lives would be saved each year if breastfeeding was adopted following the recommendations of WHO/UNICEF. There is limited published data exploring breastfeeding knowledge, attitudes, perceptions and practices [KAPP] of health care professionals employed in primary care. Recent Irish evidence from one local geographical area identified general practitioners and general practice nurses [GPs and GPNs] received limited formal breastfeeding education within undergraduate or postgraduate education programmes and were interested in undertaking further professional development education and training.

### Methodology / methods

Following ethical approval, a national cross sectional online survey using a breastfeeding [KAPP] survey instrument was completed using the Qualtrics platform. All registered GPs, GP trainees and General Practice Nurses [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. Data collection was from June 1st 2023, to November 17th, 2023.

### Results

A total of 662 primary health professionals participated, including 58.2% GPs, 14.2% GP trainees and 27.6% GPNs. The response rate to the survey was 10%, with approximately 6618 healthcare professionals receiving the link to the survey and 662 participating. Approximately 78% of respondents reported always recommending breastfeeding to women, and the majority (94.2%) were interested in completing further breastfeeding education. Barriers to training noted were time (84.3%), workload (62%) and financial cost (34.9%). Perceived and factual breastfeeding knowledge, perceived attitude and confidence scores with breastfeeding related issues significantly differed among the three groups.

### Conclusion

This national study reports low engagement with a national KAPP survey. There is inadequate preparation of primary healthcare professionals both theoretically and clinically to promote, protect and support breastfeeding in the primary healthcare setting.

---

---

---

---

---

---

---

---

---

---

## 8.3 Improving Communication and Health Awareness Across London for Pregnant Women with Language Barriers

Reeves, H.<sup>1</sup>, Rezvani, A.

<sup>1</sup>University College London Hospital

The latest report from The Maternal, Newborn and Infant Clinical Outcome Review Programme (MBRRACE-UK) has underscored the inadequate provision of maternity services for migrant women with language barriers. Women from the global majority communities are at a significantly higher risk of experiencing poor perinatal outcomes. In addition, the Birth Trauma report (2023) confirmed women with language barriers experienced poorer birthing experiences and higher chance of birth trauma. Ensuring access to health information in women's preferred languages, alongside parent education classes, tailored to cultural inclusivity, is crucial to improve health awareness.

Without understanding the NHS system, these women are unable to navigate their care, which often leads to worse outcomes and inequity. A deeper review of UCLH maternity data indicates that of the 3009 women invited to parent education in 2024, 21% of these women (634) first language was not English. Of the 634, there were 49 recorded different languages in play.

UCLH only offer English language classes online, excluding computer illiterate and the 20% non-English speakers. This diversity underscores the necessity for maternity trusts to form partnerships and co-produce accessible standardised parent education resources tailored to the languages spoken by their local communities. A service evaluation is underway across London asking 100 women with limited or no English what they want from parent education classes, whether they would be prepared to travel across London and how best to offer classes tailored to cultural beliefs.

### Results

100% of women want to attend parent education classes but have been excluded due to not being offered interpreter. They were offered no health information. Of the women offered parent education classes in their language, 100% said they recommend this to a friend. 80% are prepared to travel to another hospital. FUTHER mid-results ANALYSIS UNDERWAY AND SERVICE EVALUATION completion DUE DEC 2025.

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

## 8.4 An Examination of Maternal Continence Management in the South East of Ireland: An Exploratory Study

Halley, J.<sup>1</sup>

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

### Background

Morbidities associated with pregnancy and childbirth are heavily topical in healthcare at present. Urinary incontinence is described as a challenging problem for women and can affect women physically, psychologically and socially. High incidence of urinary incontinence, both during pregnancy and following childbirth has been reported worldwide. To explore continence management specifically within the maternity care setting, this research engages with the healthcare professionals (HCPs) delivering care to service users.

### Aim

The aim of this research is to examine relevant healthcare providers' understanding of continence care for women in pregnancy and afterwards in the South East of Ireland.

### Objectives

- To explore current practices, the approach to prevention and treatment of urinary incontinence
- To explore relevant healthcare professionals' knowledge, attitudes and beliefs surrounding peripartum urinary incontinence
- To identify possible barriers to the delivery of effective continence care
- To identify the educational needs of the relevant healthcare professionals
- To formulate recommendations for future practice in continence care in the South East of Ireland and beyond

### Methodology / methods

An explorative, cross-sectional descriptive design to examine HCPs understanding of continence care. A survey questionnaire, was circulated to relevant HCPs in the South East of Ireland. Data analysis will be conducted using Statistical Package for Social Sciences, SPSS Version 28 and further thematic analysis will be applicable for open questions. Data collection was completed end of October 2025 and data analysis is ongoing.

### Conclusion

An exploratory study of relevant healthcare professionals' knowledge, practices, attitudes and beliefs in relation to urinary incontinence could provide further insight into how these professionals deliver care and how they perceive their roles in the prevention and management of continence. This could assist policy makers and HCPs delivering care to women both effected by or at risk of developing UI.

---

---

---

---

---

---

---

---

---

---

## 8.5 Breaking Barriers to Accessing Mental Health Supports for Postnatal Mothers

Martin, F.<sup>1</sup>, Whelan, C.<sup>1</sup>

<sup>1</sup>Health Service Executive, Ireland

### Background

A significant number of women in Ireland are affected by perinatal mental health problems and current health service provision is reported to be inadequate (Huschke et al., 2020).

### Aim

To explore mothers' experience of mental health difficulties in the post-natal period, barriers to and preferred options for supports which could be provided by the Public Health Nursing service.

### Methodology / methods

An online survey was developed using Smart Survey with 17 questions some with open ended responses. The survey was offered to mothers attending their child's development check at 9-11 and 21-24 months over a four-month period in 2025. Participation was voluntary and completion of the survey implied consent. Responses were analysed quantitatively and qualitatively using content analysis.

### Results

Thirty-four mothers responded to the survey from four community networks with 41% being first time mothers. Findings showed that 62% of participants struggled at different times with their mental health up to the child's 2nd birthday. Only 21% of mothers found accessing supports "easy" or "somewhat easy". The main barriers to accessing support were: Lack of time (60%), lack of information on supports (50%) and stigma or fear of judgement (50%). Mothers noted a need to increase the support available and to integrate more mental health care with postnatal care. Almost three quarters (73.5%) of participants identified the benefit of a postnatal mother's support group. Three themes emerged from the qualitative analysis: "Struggling" due to isolation and fatigue; "Barriers to Support" including not recognising when support was needed and; "Current and Desired Supports" including the "level of empathy and support" shown by the Public Health Nurse.

### Conclusion

These findings highlight a substantial unmet need. A community-based mothers' mental health support group potentially developed by Public Health Nurses could have a key role to play in supporting positive mental health.

---

---

---

---

---

---

---

---

---

---

## 8.6 The Ladies Lounge – A Nurse-Led Initiative Promoting Resilience Through Inclusive Female Health Education

**McGowan, K.**<sup>1</sup>

<sup>1</sup>Beaumont Hospital, Dublin

The Ladies Lounge is a nurse-led educational initiative dedicated to promoting female health across all stages of life. Created as a safe, inclusive, and supportive space, the Ladies Lounge brings together nurses, midwives, and other health professionals to learn, share, and connect through evidence-based discussions about women’s health, wellbeing and advances in female health. Recognising that personal health experiences directly impact professional performance and resilience, the Lounge empowers participants to explore topics that are often overlooked in traditional education, including menstrual health, fertility, menopause, and the psychosocial aspects of female wellbeing.

This initiative embodies transformative practice by fostering open dialogue, mutual respect, and interprofessional collaboration. Through facilitated conversations and expert-led sessions, participants are encouraged to reflect on their own experiences, enhance their clinical understanding, and develop strategies to support both colleagues and patients. The Lounge demonstrates innovation in professional development by creating a psychologically safe environment that integrates personal health literacy with professional growth.

By investing in the wellbeing and education of nurses and midwives, the Ladies Lounge contributes to a resilient and adaptive workforce capable of delivering compassionate, supportive, patient-focused care. In this predominantly female workforce, it exemplifies how inclusive, peer-led education can address burnout, promote empathy, and strengthen professional identity. Ultimately, this initiative supports the creation of a future-ready workforce that values connection, embraces adaptability, and upholds the human touch at the heart of nursing and midwifery practice.

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

## Digital Disruption: Harnessing AI and Technology for Patient-Centred Care

*Smart tech, human touch*

### 9.1 Redefining Kidney Transplant Follow-up: Remote Monitoring for Safer, Smarter, and More Engaged Care

**McEnroe, O.<sup>1</sup>**, McNamara, C.<sup>1</sup>

<sup>1</sup>Beaumont Hospital, Dublin, Ireland

Beaumont Hospital is the location for the National Kidney Transplant Service (NKTS). On average we carry out 170 transplants per year. Kidney transplant recipients require intensive post-operative follow-up care to detect rejection, infection, and medication non-adherence. Traditional in-person monitoring presents challenges such as travel burden, delayed detection of complications and time spent waiting for review. Remote Monitoring (RM) offers a solution by enabling real-time patient engagement and early clinical intervention.

In 2020, with the support of Sláintecare, we established the first national transplant remote monitoring programme. This involves a patient app and a portal to store lab and biometric data, the latter are captured automatically using integrated devices provided to the patient as part of the project. In collaboration with patientMpower, patients can access an app that enables them to view their laboratory results, set timely medication reminders, and communicate through a two-way messaging system, among other features.

In 2025, we launched a major development with the national renal EMED system. This integration allows for blood results and medication changes to automatically upload at timed intervals throughout the day. Bloods results are available to the patient within hours. Medication changes are managed by a two-step verification process via the app which has enhancing patient safety. Home monitoring of blood pressure and weights allows for timely management of interventions required.

Integrating remote monitoring into renal transplant care streamlines continuity of care, supports clinical decision making and empowers patients to actively manage their health. Almost 500 transplants have availed of the service to date which illustrates how digital transformation can bridge gaps in traditional follow-up care by enabling real-time monitoring of transplant recipients. This system greatly reduces hospital visits and in turn delivers cost-effective patient-centred solutions.

---

---

---

---

---

---

---

---

---

---

---

## 9.2 Governance-Aware Digital Interoperability: A Critical Evaluation of the HL7 FHIR Continuous Glucose Monitoring Implementation Guide for Safe, Patient-Centered Device-to-EHR Integration

Garciano, C.<sup>1</sup>, Bhattarai, S.<sup>1</sup>

<sup>1</sup>Peamount Healthcare

### Background

The HL7 FHIR Continuous Glucose Monitoring (CGM) Implementation Guide (IG) defines a modern interoperability framework for transmitting continuous glucose data from patient devices and mobile apps into Electronic Health Records (EHRs). Although technically sound, its outpatient-centred design assumes unrestricted storage, mature APIs, and automated data ingestion – conditions rarely met in resource-governed or safety-critical clinical environments. This raises operational, ethical, and governance challenges for nurses and clinicians who depend on validated, context-aware data for decision-making.

### Aim

To critically evaluate the governance and operational readiness of the HL7 FHIR CGM IG through a nursing informatics lens, identifying technical and workflow gaps that may impact patient safety, workload, and accountability in real-world healthcare settings.

### Methodology / methods

A structured document analysis was conducted on the CGM IG's core components (Device, Observation, ServiceRequest, and \$submit-cgm-bundle operation). Each artifact was assessed against hospital governance standards (data validation, consent, retention, provenance, and audit trail) and mapped to nursing workflows requiring continuous validation and clinical oversight.

### Results

Six governance and operational gaps were identified:

1. Lack of receiver-side validation
2. Absence of machine-readable governance metadata
3. Unsustainable data upload frequency
4. Weak provenance enforcement
5. No traceability of device QA status, and
6. Absence of treatment context or clinical linkage

These gaps risk data overload, skewed clinical interpretation, and increased cognitive burden on nurses and physicians.

### Conclusion

Embedding governance and validation directly within interoperability standards transforms digital disruption into safe, human-centred care. A governance-aware interoperability model—featuring validation gateways, provenance metadata, and adaptive submission schedules—positions nurses as digital safety leaders in the era of AI-enabled healthcare.

---

---

---

---

### 9.3 Integrating Smart Technologies in Post-Surgical Flap Monitoring: A Qualitative Study on Navigating Digital Disruption and Professional Challenges

Iziku, D.<sup>1</sup>, Petrucci, V.<sup>1</sup>, De Tommasi, R.<sup>1</sup>, Lommi, M., Codini, J.<sup>1</sup>, Brunetti, B.<sup>1</sup>, Alloni, R.<sup>1</sup>, Valeri, S.<sup>1</sup>, Tartaglini, D.<sup>1</sup>

<sup>1</sup>Campus Bio-Medico University Hospital, Rome, Italy

#### Background

Digital tools such as In Vivo Optical Spectroscopy (INVOS) and hand-held acoustic Doppler have revolutionized postoperative monitoring after free-flap reconstruction in limb sarcoma resections, a complex procedure often performed in young adults at high risk of disability. These technologies enable earlier detection of vascular complications and improve flap survival. Yet, their integration into daily practice demands not only technical competence and teamwork but also critical interpretation of data to prevent misinformation and misjudged clinical decisions. This study explored healthcare professionals' experiences, burdens, and challenges in technology-assisted flap monitoring.

#### Methodology / methods

A qualitative descriptive study was conducted with healthcare professionals involved in postoperative free flaps monitoring after sarcoma reconstruction. Data were collected in July-September 2025 through semi-structured interviews, audio-recorded and transcribed verbatim. Inductive content analysis was applied following Elo & Kyngäs methodology.

#### Results

Overall, 38 healthcare professionals (89% nurses, 60% women) were interviewed. Three overarching themes emerged:

1. Management of monitoring, encompassing workflow organization, prioritization, and timing of observations
2. Resources and support, highlighting the need for specialized and technical training, adequate staffing, access to validated information, and
3. Organizational structure and communication, stressing clear role delineation, interdisciplinary collaboration, and standardized protocols

Participants reported frequent uncertainty and misinformation about device values, thresholds, and reliability, leading to anxiety, unnecessary alarms, and delayed interventions. They called for evidence-based monitoring protocols, structured tutoring, and specialist education to strengthen autonomy, competency, confidence and reduce data misinterpretation in monitoring flaps.

#### Conclusions

Technology can enhance safety and precision in complex surgical care, but only when supported by clear standards, verified information, and interdisciplinary collaboration. Without robust frameworks, misinformation from unverified data increases professional stress, workload, burden, and patient risk. To preserve the human touch in digital innovation, healthcare systems must invest in education, critical data literacy, and change-management strategies that ensure smart technology truly serves compassionate, evidence-based care.

---

---

---

---

---

## 9.4 ChatDrT - The Evolving Landscape of Patient Education in Asthma Self-Management. Perspectives of People Living with Asthma

**Plunkett, S.**<sup>1</sup>

<sup>1</sup>Trinity College Dublin, Ireland

### Background

Patient education is paramount to asthma self-management and remains the responsibility of health care professionals (HCP). In response to digital innovation the position of HCPs in delivering education has significantly evolved. Rapid advancements in A.I and digital technologies provides new possibilities alongside diverse challenges. Ethical concerns around trust, empathy and data privacy exist. Amid dynamic changes in education, exploring peoples' perspective is both timely and necessary for the people it aims to support.

### Aim

Understanding individual perspectives and acceptability of innovation in asthma education.

### Design

Mixed Method Exploratory Sequential Design. Qualitative interviews were conducted with 9 people living with asthma. A.I acceptability survey was distributed to people living with asthma.

### Findings

Qualitative interviews are completed, and the quantitative phase is currently underway (responses 130. Anticipated completion prior to conference). Preliminary results place emphasis on the need to regulate and the scope to innovate education. Education provided by HCP's remains invaluable and is considered the primary source of information for people self-managing their asthma. HCP advice is preferred for its reliability but above all personability. A.I solutions, while innovative, are not always the most preferred for addressing real-life healthcare challenges.

### Conclusion

This study emphasises the need to innovate and the scope to regulate education for people living with asthma. HCP's are the preferred source of education for people self-managing their condition. While there is scope to integrate A.I into areas of healthcare, there appears a mixed appetite in integrating its use in patient education. Results strengthen a need for A.I technologies to supplement but not substitute the clinician-patient experience.

### Relevance to practice

Standardising patient education and strengthening digital and A.I health policies is needed to safeguard and support people living with asthma. A.I technologies should supplement but not substitute healthcare advice.

---

---

---

---

---

---

---

---

## 9.5 Health Equity in the Age of Algorithms: Reimagining AI Policy Through a Nursing Lens

**McIntosh, C.**<sup>1</sup>

<sup>1</sup>Global Nursing AI Alliance

Artificial intelligence (AI) is reshaping healthcare from predictive analytics and diagnostics to workflow optimization and patient monitoring. While AI promises to improve efficiency and personalization, its development and application often reflect the same biases found in society. Algorithms learn from human data, and human data carries the imprint of racism, sexism, and socioeconomic inequity. As a result, biased AI tools can perpetuate disparities in care delivery, misdiagnose underrepresented populations, and amplify structural inequities under the guise of innovation.

This presentation explores how systemic bias becomes embedded in healthcare technology and examines the political realities behind AI policy, who owns the data, who profits, and who bears the risk when algorithms fail. Through a nursing and policy lens, it calls for nurses to act as ethical gatekeepers and policy advocates in shaping transparent, accountable, and equitable AI systems.

By integrating health equity principles into digital governance, nurses can help design a “Health Equity by Design” framework that ensures the ethical coexistence of human intelligence and artificial intelligence. The future of healthcare will not be determined by technology alone but by the courage, conscience, and policy leadership of those who stand at the intersection of care and code.

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

## 9.6 Remote Monitoring of Oxygen Saturations to Support Clinical Decision-Making in Long-Term Oxygen Therapy Titration (LTOT) in COPD Patients

Uno, M.<sup>1,2</sup>, Cuddihy, M.<sup>1</sup>, Olugbade, C.<sup>1</sup>, Brennan, V.<sup>1,2,3</sup>, Cushen, B.<sup>1,3,4</sup>

<sup>1</sup>Beaumont Hospital, <sup>2</sup>HSE OMNI Integrated Care Hub (Dublin North), <sup>3</sup>Royal College of Surgeons in Ireland, <sup>4</sup>HSE National Clinical Programme Respiratory

### Introduction

LTOT is essential for hypoxaemic COPD patients, with mortality benefits. Accurate oxygen titration is needed to treat hypoxaemia whilst avoiding over-oxygenation and hypercapnia. Conventional practice titrates oxygen based on stationary measurement in outpatient settings, but studies have shown this approach may not always reflect actual oxygen needs. We piloted a remote monitoring (RM) programme to support clinical decision-making in oxygen therapy titration.

### Methodology / methods

Eleven patients from a tertiary referral advanced COPD clinic were recruited and identified as suitable for LTOT weaning (Group 1, n=5) or requiring new/increased oxygen (Group 2, n=6). Patients use wearable devices that transmit data to a centralised platform accessible by clinicians. Oxygen saturations (SpO2) were recorded 4x daily over 2-3 weeks. Weekly mean SpO2 was calculated to guide oxygen titration decisions. CAT, Borg score and ABG were performed pre- and post-RM.

### Results

All Group 1 patients successfully weaned from LTOT, with 3/5 discontinuing it. Mean(sd) SpO2% 92.5(2.6) week 1, 91.1(2.1) week 2. RM confirmed adequate LTOT for 5/6 Group 2 patients; mean (sd) SpO2% 89.3(1.7) week 1, 90.6(1.2) week 2. One patient required up-titration. CAT scores improved by 57%, with a clinically significant reduction in Borg observed at 87.5%. Two patients (Group 2) received unscheduled calls; one received exacerbation treatment, and one self-presented to the ED. Repeat ABG did not reverse any RM-based decisions.

### Conclusion

RM technology is a safe and valuable addition to support LTOT titration in COPD patients. It offers a cost-effective, scalable solution to enhance long-term management and reduce healthcare use.

## 10.1 A Comparison of the Benefits of Virtual Reality (VR) and High-Fidelity Patient Simulators for ABCDE Protocol Training

**Maria Elena, C.<sup>1</sup>**, Bello, D.<sup>1</sup>, Chiciudean, N.<sup>1</sup>, Turucz, E.<sup>1,2</sup>

<sup>1</sup>Emergency Department Targu Mures, RO, <sup>2</sup>University of Medicine, Pharmacy, Science and Technology George Emil Palade of Targu Mureș

### Background

Nursing education needs to adapt to the rapid integration of smart technologies in healthcare while maintaining its human-centered core. The ABCDE algorithm (Airway, Breathing, Circulation, Disability, Exposure) is an essential tool in managing life-threatening conditions. This research examines how innovation can enhance learning, comparing VR and high-fidelity manikin simulation for ABCDE emergency training.

### Methodology / methods

A randomized controlled study was conducted at the National Emergency Nursing Training Center in Târgu Mureș, involving 20 participants (10 nursing students and 10 registered nurses). Participants were randomly assigned to two groups: Group A: VR simulation (Oculus Quest 2/3, SimX platform) and Group B: high-fidelity manikin simulation. All participants completed a pre-training knowledge test, underwent simulation-based training and assessment using their assigned method, and then completed a crossover experience and a satisfaction questionnaire.

### Results

There was no significant difference in the overall ABCDE performance scores between the two groups ( $p = 0.847$ ). However, Group B scored significantly higher in the airway component ( $p = 0.002$ ), while Group A completed the simulation faster (mean time: 8.9 vs. 12.3 minutes,  $p < 0.001$ ). Participants in both groups demonstrated specific procedural strengths. Satisfaction scores favored VR: 85% of participants found VR more effective for learning, and 100% supported integrating VR into nursing education. Technical issues with VR were minimal to none. This ongoing project is expanding to include more participants to evaluate long-term clinical performance, cost-efficiency, and integration frameworks for VR-based simulation in nursing curricula.

### Conclusion

ABCDE training can be effective with both techniques VR and manikin-based simulations. VR encourages engagement, efficiency, and learner satisfaction, while manikin-based methods improve procedural dexterity. The complementary use of both modalities supports the concept of smart technology with a human touch, enhancing competence in future nursing education.

---

---

---

---

---

---

---

---

---

---

## 10.2 'Stepping into Reality': Immersive Learning to Support Clinical Competence and Confidence Development in Undergraduate Nursing Education

**White, C.<sup>1</sup>**, Drury, A., Kirwan, A.  
<sup>1</sup>Dublin City University, Dublin, Ireland

The THRIVE-VR project (Transforming Health education through Immersive Virtual Environments – Virtual Reality) explored the integration of Virtual Reality (VR) simulation into undergraduate nursing education to enhance students’ clinical confidence, competence, and engagement. Funded through the 2024 SATLE initiative, this pilot study was implemented within the BSc General Nursing programme at Dublin City University, involving Year 2 and Year 4 students enrolled in clinical modules aligned with immersive scenarios delivered through the UbiSim VR platform.

The project responded to the growing need for innovative and scalable approaches to clinical education. While traditional simulation remained a core element of the curriculum, increasing pressures on clinical placement capacity and the rising complexity of patient care highlighted the value of supplemental teaching modalities. VR provided a safe, repeatable, and highly immersive environment in which students practised assessment, prioritisation, communication, and clinical decision-making. Unlike mannequin-based simulation, VR enabled learners to engage with dynamic, realistic clinical settings that reflected real-world challenges.

THRIVE-VR employed a mixed-methods design, incorporating pre- and post-intervention surveys that measured changes in students’ self-reported confidence, perceived competence, engagement, and usability. This pre/post measurement approach contributed empirical evidence to the growing body of knowledge on the educational impact of VR simulation. Optional focus groups and interviews further explored learners’ perceptions of educational value, usability, realism, and suggestions for improvement. Quantitative data were analysed descriptively, while qualitative data were examined through thematic analysis to develop a comprehensive understanding of students’ learning experiences.

The project also incorporated a collaborative peer-facilitation model in which students alternated between completing the VR scenario and supporting their peers via the UbiSim interface. Findings from THRIVE-VR offered valuable insights into the potential for immersive technologies to augment simulation-based education and provided direction for scalable integration of VR across nursing and health programmes.

---

---

---

---

---

---

---

---

---

---

---

## 10.3 The Effect of Music Therapy on Postoperative Pain Management in Cardiac Surgery Patients: A Randomized Controlled Trial

Birindelli, S.<sup>1</sup>, Salomoni, V.<sup>1</sup>, Bargagna, G.<sup>1</sup>, Pagnucci, N.<sup>2</sup>

<sup>1</sup>Azienda Ospedaliero Universitaria Pisana, <sup>2</sup>Department of Translational Research and of New Surgical and Medical Technologies, University of Pisa

### Background

Cardiovascular diseases are the leading cause of death worldwide, and cardiac surgery is often the only treatment. Postoperative pain is common and, if poorly managed, can cause complications and delay recovery. Non-pharmacological approaches such as music therapy are increasingly used to support pain management.

### Objective

This study aimed to evaluate the effectiveness of music therapy in reducing postoperative pain in patients undergoing cardiac surgery.

### Methodology / methods

A randomized controlled trial was conducted in the Cardiosurgery ICU at Pisa University Hospital, with 20 patients assigned to either a music therapy or standard care group. The intervention group listened to self-selected music during morning nursing care on the first postoperative day. Pain was measured using the Numerical Rating Scale before, immediately after, and 30 minutes post-intervention.

### Results

Music therapy significantly reduced postoperative pain immediately after nursing care compared with the control group ( $p = 0.02$ ). However, no significant difference was observed after 30 minutes between groups ( $p = 0.12$ ). Qualitative data also indicated positive emotional responses from both patients and nurses, suggesting that music improved the overall care experience.

### Conclusion

Music therapy is a safe, non-invasive intervention that can reduce postoperative pain and enhance care quality in cardiac patients. Larger studies are needed to confirm these findings and support its routine clinical use.

---

---

---

---

---

---

---

---

---

---

---

---

## 10.4 Digitally Enabled Hospital-at-Home: Strengthening Chronic Disease Management Through Education and Remote Support

Corrigan, C.<sup>1</sup>, Azhar, M.

<sup>1</sup>Independent Consultant

### Background

Chronic disease remains one of Ireland’s most persistent healthcare challenges, demanding continuous monitoring, timely communication, and coordinated care. The Hospital-at-Home (HaH) model is proven internationally as a safe and effective alternative to hospitalisation, delivering comparable outcomes and high patient satisfaction (1,2). Digital technology is the essential enabler, connecting patients and clinicians, supporting real-time assessment, and sustaining high-quality, patient-centred care in the home (3,4).

### Aim

To demonstrate how one digital platform can operationalise the HaH model for chronic disease management by educating clinicians to teach, support, and communicate effectively with patients, and preparing patients to use digital tools for home-based monitoring and self-care.

### Innovation

Telegenx is a purpose-built telehealth and education system that integrates structured history and physical exam workflows, virtual Objective Structured Clinical Examinations (OSCEs), multilingual support and remote clinical monitoring. Clinicians receive training in device education and digital communication; patients are guided through smart-device use, real-time monitoring, and timely support from care teams. The platform’s multilingual design and OSCE-style training modules support consistency and confidence in digital clinical practice, narrowing the gap between technology availability and real-world usability.

### Impact

Embedding digital literacy and structured education into HaH programmes promotes self-management (5), reduces preventable hospital readmissions, and strengthens continuity between individuals and their care teams. People living with chronic disease gain skills in monitoring, early symptom recognition, and timely reporting, delivering safer care at home. By combining innovation with empathy, Ireland has the opportunity to lead in hospital-level care at home, empowering patients and professionals alike through a digitally supported partnership.

### References

1. Arsenault-Lapierre G et al. *JAMA Netw Open*, 2021; 4(6): e2113074.
2. Pong G et al. *JMIR*, 2024; 26(1): e53576.
3. Tan SY et al. *Digit. Med.* 2024; 7, 192.
4. WHO. *Global Strategy on Digital Health 2020–2025*.
5. Liu X et al. *BMC Geriatr*, 2025; 293.

## 10.5 From Data to Decision: Clinical Data Categories, GDPR Controls, and Artificial Intelligence Act Compliance in Care Delivery

**Nico, A**<sup>1,2</sup>

<sup>1</sup>Doctoral Researcher at University of Bari "Aldo Moro" on AI and IP, <sup>2</sup>Member of Italian Society for the Ethics of Artificial Intelligence [SIPEIA]

This study aims to develop a legal framework for the governance and management of health data in care delivery, aligning clinical data categorization and operational controls with the General Data Protection Regulation (GDPR), the EU AI Act, and the European Health Data Space (EHDS) regime. By addressing the full health-data lifecycle—from collection and clinical use to Artificial Intelligence (AI) development / deployment and potential secondary use—the framework is designed to support lawful, secure, and accountable data processing while enabling trustworthy AI in healthcare settings.

The study proposes a pragmatic taxonomy of clinical data categories relevant to care delivery (e.g., administrative identifiers, structured electronic health record (EHR) data, imaging and reports, genomic / biometric data, device / wearable streams, unstructured clinical notes, and patient-reported outcomes) and links each category to a set of integrated compliance controls. These controls combine GDPR requirements for special-category data (lawful basis and Article 9 conditions, transparency, rights management, security, and accountability) with AI Act obligations where healthcare AI is likely to qualify as high-risk (risk management, data governance, technical documentation, logging, human oversight, and post-market monitoring), while incorporating EHDS rules on electronic health data access, interoperability, and secondary use governance.

Methodologically, the work uses a streamlined norm-to-control mapping: regulatory requirements are extracted and organized by lifecycle stage, then translated into control statements and validated through a focused case study involving an EHR-integrated clinical decision support workflow. The output is a consolidated, auditable compliance matrix and implementation roadmap that care delivery organizations can adopt to operationalize health data governance under the converging EU regulatory landscape.

Keywords: health data, GDPR, EU AI Act, European Health Data Space (EHDS).

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

## 10.6 Clinical Artificial Intelligence in Healthcare: Ethical Data Use, Transparency, and Human Oversight

**Boccuzzi, G**<sup>1,2,3,4</sup>

<sup>1</sup>Doctoral Researcher, University of Bologna "Alma Mater Studiorum", <sup>2</sup>Associate Researcher, National Research Council of Italy in AI Ethics and Law, <sup>3</sup>Member of Italian Society for the Ethics of Artificial Intelligence [SIPEIA], <sup>4</sup>Board Member and Data Protection Officer [DPO] at Hypex Srl.

This study synthesizes 2020–2025 research studies on the ethics of patient-data acquisition and use in clinical Artificial Intelligence (AI), translating evidence and policy into principles for responsible practice. We have analysed how data types shape ethical risk profiles and governance needs – clinical and administrative records, biometric and genetic information, wearable and home telemetry, and psychometric or patient-reported outcomes.

The review maps core regulatory anchors to everyday workflows, focusing on GDPR requirements for special-category data, Data Protection Impact Assessment (DPIA) as a safety-and-rights assessment, and the EU AI Act’s risk-based duties for high-risk clinical systems.

Building on nursing and maternity care use cases that can be generalized to broader healthcare, we articulate an applied ethics framework articulated around three principles: equity, through systematic checks for subgroup and device-related bias; transparency, via decision-focused explanations and data provenance to support professional judgment and patient understanding; and human oversight, operationalized as pause, override-with-reason, and escalation pathways with auditable accountability. The study’s main purpose is pragmatic: responsible clinical AI emerges when proportional data governance, concise explainability, and human-in-command control are embedded in routine care and continuously reviewed for fairness and safety.

Keywords: clinical AI, health data ethics, GDPR, EU AI Act, transparency, human oversight, equity, DPIA, wearable data, patient consent

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

## Lightning Sessions

### 11.1 Chairs Briefing to Participants

## 11.2 Designing Green Healthcare Leadership: Integrating Sustainability into Nurse Education, Governance

**Notamicola, I.<sup>1</sup>, Duka, B.<sup>2</sup>, Grosha, E.<sup>3</sup>, Carrodano, S.<sup>4</sup>, Conte, G.<sup>5</sup>, Gioiello, G.<sup>1</sup>, Iozzo, P.<sup>3</sup>, Rocco, G.<sup>4</sup>, Stievano, A.<sup>6</sup>**

<sup>1</sup>Kore University of Enna, Enna, Italy, <sup>2</sup>Catholic University Our Lady of Good Counsel, <sup>3</sup>Department of Biomedicine and Prevention, University of Rome "Tor Vergata", <sup>4</sup>Centre of Excellence for Nursing Scholarship OPI, <sup>5</sup>Clinical Research Service, IRCCS Policlinico San Donato, <sup>6</sup>Department of Clinical and Experimental Medicine, University of Messina

### Introduction

This future-oriented initiative aims to design a framework for "Green Healthcare Leadership" that embeds sustainability competencies within nursing education and institutional governance.

### Methodology / methods

Using a Delphi-based consensus approach, nurse leaders, educators, and policy experts will identify essential sustainability domains—environmental literacy, resource efficiency, and systems thinking—to integrate into leadership curricula and practice.

### Results

The project anticipates a competency framework that aligns environmental responsibility with professional leadership roles, reinforcing planetary health as a core nursing value.

### Conclusion

Integrating sustainability into leadership education reshapes nursing identity towards ecological accountability and global citizenship.

### Nursing Implications

Future nurse leaders must act as catalysts of sustainable transformation, promoting environmental responsibility as a key dimension of professional excellence.

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

## 11.3 Empowered-Based Intervention: To What Extent Do Advanced Practice Nurses Enable Adults with Sickle Cell Disease to Improve their Self-efficacy and Self-Management Capacity?

Khali, H.<sup>1</sup>

<sup>1</sup>Master of Science in Adult Health Nursing Program, Nursing Department, College of Health and Sport Sciences, University of Bahrain, The Royal College of Surgeons in Ireland (RCSI)

### Background

Bahrain is among the countries with a high prevalence of Sickle Cell Disease (SCD). Approximately 18,000 individuals are diagnosed with SCD; however, only about 5,000 have been registered with the Ministry of Health and are receiving treatment for the disease or its complications. SCD and its complications profoundly impact patients' self-care capacity. Empowering patients to perform home self-management is essential to minimize suffering, reduce hospital stays, and lower treatment costs.

### Objective

To examine the impact of an empowerment-based intervention (EBI) on self-efficacy and self-care capacity among adults living with SCD.

### Methodology / methods

A randomized controlled trial with a pre–posttest design was conducted at two randomly selected health centers in Bahrain using a cluster sampling technique. A convenience sample of 68 adults with SCD was randomly assigned to two groups: the EBI group, which received the Empowerment-Based Intervention, and the control group, which received routine care. The EBI was delivered through structured small-group discussion sessions, individualized consultations, and follow-up sessions. Individualized consultations for self-management were guided by the 5A model. And both groups were re-evaluated for self-efficacy and self-care capacity after one month.

### Results

A significant improvement was observed in the EBI group regarding their ability to perform day-to-day activities ( $4.31 \pm 0.79$ ) compared to the control group ( $3.47 \pm 0.89$ ,  $P < .001$ ). The implementation of the EBI enabled adults with SCD to reduce pain by using methods other than taking extra medication ( $P < .001$ ). Regarding self-care, adults who received the EBI demonstrated higher self-care capacity ( $4.32 \pm 0.35$ ) compared to the control group ( $3.49 \pm 0.48$ ,  $P < .001$ ). Furthermore, the EBI enhanced their self-efficacy in managing self-care ( $4.02 \pm 0.42$  vs.  $3.02 \pm 0.52$ ,  $P < .001$ ).

### Conclusion

The empowerment-based intervention guided by the 5A model effectively improved self-efficacy and self-care capacity among adults with SCD.

---

---

---

---

---

---

---

---

## 11.4 Reducing Healthcare-Associated Waste Through Innovative Material Science Technology

**Solola, D.**<sup>1</sup>, Doyle, A.<sup>2</sup>, Walsh, A.<sup>3</sup>, Rochfort, K.<sup>4</sup>, Sweeney, M.R.<sup>1</sup>

<sup>1</sup>Faculty of Nursing and Midwifery, RCSI, <sup>2</sup>RCSI SIM Centre, RCSI, <sup>3</sup>School of Population Health, RCSI, <sup>4</sup>School of Biotechnology, DCU

### Aim

The aim of this project is to explore the barriers to adopting more biodegradable plastics in healthcare settings and to develop and pilot test a number of biodegradable plastic alternative healthcare products to currently used single-use non-biodegradable products in a healthcare setting in Dublin.

### Background

Europe's healthcare sector is an enormous polluter of both plastic waste and harmful greenhouse gases such as carbon dioxide, polluting nearly one billion tonnes and over five million tonnes of each respectively every year [1]. This problem is largely exacerbated by the growing reliance on single-use plastic consumables in clinical settings [2].

### Methodology / methods

In Phase 1, a scoping review will be conducted to analyse and to explore the existing barriers to introducing biodegradable plastics into the healthcare system currently. In Phase 2, while referring to ISO standards, biodegradable plastic prototypes will be developed and they will be pilot tested in real world healthcare settings. Semi-structured interviews will be undertaken with healthcare staff to explore their perceptions, attitudes and knowledge of biodegradable plastics among Irish healthcare workers.

### Expected Outcomes

Preliminary findings from the scoping review on the barriers to adopting more sustainable healthcare plastics will be presented in addition to findings from our prototype development and pilot testing with front line healthcare staff.

### Conclusion

Through this project the barriers to widespread adoption of more biodegradable single use plastic item will be identified in addition to the factors facilitating their implementation and will strive to reduce the negative effect of healthcare single-use plastic waste and integrate environmentally responsible methods into our models of care.

**Keywords:** Single-Use Plastics, Sustainable Healthcare, Biodegradable Plastics, Material Science, Healthcare Waste Management

---

---

---

---

---

---

---

---

---

---

### 11.5 Global Health Nursing: Better Outcomes Through Innovation and Sustainable Practices

Callans, K.<sup>1</sup>, **Chaves, D.**, Farrington, E., Silva, M.

<sup>1</sup>CareWays Collaborative, Mass General Brigham Hospital

CareWays Collaborative is a Boston-based global health surgery and research foundation that partners with public pediatric hospitals in Latin America. A team of health care professionals from Mass General Brigham (doctors, nurses and speech language pathologists) support care for pediatric 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 emphasizes 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.

The contribution of nurses to positive healthcare outcomes can be overlooked in global health missions, limiting the sustainability of value created by missions. Collaboration and teaching address this challenge

---

---

---

---

---

---

---

---

---

---

---

---

## 11.6 Evaluating the International Economic Evidence of Proactive Disaster Management Strategies for Extreme Weather Events: A Global Systematic Review

Ogbodo, J.<sup>1</sup>, Haf Spencer, L.<sup>2</sup>, Pittalis, C.<sup>3</sup>, Dickinson, N.<sup>4</sup>, Sweeney, M.R.<sup>5</sup>, Lynch, M.<sup>6</sup>

<sup>1</sup>Faculty of Nursing and Midwifery, RCSI University of Medicine and Health Sciences, <sup>2</sup>Faculty of Nursing and Midwifery, RCSI, <sup>3</sup>Institute of Global Surgery, School of Population Health, RCSI University of Medicine and Health Sciences, <sup>4</sup>Adult Health, University of the West of Scotland, <sup>5</sup>Faculty of Nursing and Midwifery, RCSI, <sup>6</sup>Faculty of Nursing and Midwifery, RCSI

### Background

Extreme weather events (EWEs), including floods and hurricanes, are becoming more frequent and intense due to climate change. Past studies have relied primarily on narrow economic tools, such as cost-benefit analysis, while overlooking broader economic measures.

### Aim

This systematic review will synthesise global evidence on the economic performance of various proactive strategies for EWEs, using a comprehensive set of economic metrics.

### Methodology / methods

This systematic review follows the PRISMA guidelines, with the protocol registered in PROSPERO (CRD420251023343). Searches were conducted across the following databases: ScienceDirect, JSTOR, Scopus, Web of Science, EBSCO, and PubMed. The inclusion criteria are as follows: studies must focus on human populations and locations, involve proactive interventions, address extreme weather events, have no geographical restrictions, measure economic outcomes, and be published from 2015 onward. Six independent reviewers participated in all stages of the process. A narrative and subgroup synthesis will be applied to analyse the findings, given the wide variation in study methods.

### Findings

5,446 studies were identified, 299 duplicates were removed, 5,146 were screened, 66 full-text articles assessed, and 53 met the inclusion criteria. Data extraction is ongoing. Preliminary findings indicate that proactive strategies, such as early warning systems and flood defences, are cost-effective, with many reporting Benefit-Cost Ratios (BCR) above one:

1. Nature-based solutions, like mangrove restoration, show high Social Return on Investment (SROI), while infrastructure-based solutions offer strong ROI, especially in urban areas
2. Economic outcomes vary, with the Global North leaning towards technological strategies and the Global South focused on community-driven and nature-based approaches
3. Barriers include financial constraints and a lack of government support, especially in low-income regions
4. Nature-based solutions are most effective in coastal areas.

### Conclusion

These early findings provide policymakers with valuable insights into addressing the growing impacts of extreme weather events.

---

---

---

---

---

---

---

---

## 11.7 WITHDRAWN

## 11.8 Nurturing Human Connection with Artificial Intelligence

**Christensen, B.**<sup>1</sup>

<sup>1</sup>SUNY Brockport, New York, USA

For today’s healthcare providers, the complexity of charting presents a significant challenge. Accurate and comprehensive recording is not only essential for quality clinical care, but directly influences billing, regulatory compliance, and the healthcare organization’s financial stability. Every note carries significant legal and operational implications, making it difficult for clinicians to balance administrative and clinical priorities.

Despite the importance of thorough charting, the significant time and cognitive effort required for documentation remain largely invisible to patients. From the patient perspective, the most valued aspects of a healthcare visit are meaningful connection, genuine empathy, clear communication, and the reassurance of being truly heard and understood by their provider (Sepako & Molwantwa, 2023). Documentation burden can threaten these priorities by diverting the provider’s attention from the patient to the computer screen. The general public fear that Artificial Intelligence (AI) integration into healthcare will erode the human element in care. However, when implemented thoughtfully and responsibly, it can provide clinicians a tool to be more present, attentive, and emotionally available to their patients.

AI-based scribing technologies have emerged as an innovative solution to the documentation burden in clinical practice, capturing and transcribing patient encounters in real time (Kanaparthi et al., 2025). Allowing clinicians to devote more attention to what matters most, delivering compassionate care to the patients they care for.

### References

- Kanaparthi, N. S., Villuendas-Rey, Y., Bakare, T., Diao, Z., Iscoe, M., Loza, A., Wright, D., Safranek, C., Faustino, I. V., Brackett, A., Melnick, E. R., & Taylor, R. A. (2025). Real-World Evidence Synthesis of Digital Scribes Using Ambient Listening and Generative Artificial Intelligence for Clinician Documentation Workflows: Rapid Review. *JMIR AI*, 4, e76743–e76743. <https://doi.org/10.2196/76743>
- Sepako, E., & Molwantwa, M. C. (2023). Patients’ Perspectives on Optimal Doctor-patient Interactions during Medical Consultation: Lessons for Medical Educators. *Education for Health* (Abingdon, England), 36(1), 14–23. [https://doi.org/10.4103/efh.efh\\_593\\_20](https://doi.org/10.4103/efh.efh_593_20)

## 11.9 Digital Innovation and Nursing Leadership: A Pilot Project for Diabetes Management in the Prison Setting

Gioiello, G.<sup>1</sup>, Notarnicola, I.<sup>1</sup>, Arnone, A.<sup>2</sup>, Gonzales, C.I.A<sup>1</sup>, Caiazzo, A.<sup>3</sup>

<sup>1</sup>University of Enna "Kore", <sup>2</sup>A.O.U. Federico II, <sup>3</sup>AUSL Toscana Nord Ovest

### Introduction

Diabetes mellitus is one of the chronic conditions most frequently observed in prison populations, requiring continuous monitoring and access to specialist care. In correctional settings, organizational barriers and limited resources often compromise the quality and safety of healthcare. Implementing digital health models based on telemedicine can improve continuity of care, timeliness of specialist input, and process efficiency, while enhancing nursing leadership in coordinating and innovating clinical practice.

### Objectives

This project aims to develop, implement, and evaluate a digital diabetes management model within an Italian correctional facility. The objectives are to improve the quality of care, patient safety, and organizational performance while advancing nursing leadership and professional digital competencies.

### Methodology / methods

A pilot pre-post test design will be used, combining quantitative and qualitative methods. The initial phase will analyze clinical and organizational needs and available technological and educational resources. A telemedicine platform, integrated with territorial healthcare systems, will then be implemented. Trained nurses will act as digital case managers, overseeing clinical monitoring, data management, and coordination of digital care. Evaluation at 12 months will use process indicators (accessibility, timeliness, continuity) and outcome measures. Clinical outcomes will include metabolic parameters, particularly glycated hemoglobin (HbA1c), while qualitative outcomes will assess perceptions of safety, satisfaction, and engagement among patients and healthcare professionals.

### Results

The project is expected to demonstrate improved metabolic control, enhanced continuity and quality of care, and greater organizational efficiency. Increased perceptions of safety and satisfaction among detainees and staff are also anticipated. Pilot results will inform validation and support the model's extension to other Italian correctional facilities.

### Conclusion

This nurse-led digital health project represents a strategic initiative to promote quality, safety, and sustainability in chronic disease management within correctional healthcare systems, positioning nurses as key drivers of clinical and organizational transformation.

---

---

---

---

---

---

---

---

---

---

## 11.10 Low-Code Solutions for High-Impact Care: Empowering Nurses and Healthcare Organizations Through Workflow Automation

**lordache, D.M<sup>1</sup>**

<sup>1</sup> The Order of Nurses, Midwives and Medical Assistants in Romania, Romania

### Background

Healthcare organizations and nursing professionals increasingly seek scalable methods to automate routine administrative and educational processes such as appointment coordination, patient communication, and health promotion campaigns. Administrative workload consumes a significant portion of nurses' working time, limiting opportunities for direct patient care and contributing to workforce strain. Traditional workflow automation has relied on complex and costly IT infrastructures requiring technical expertise, often excluding nurses from active participation in digital innovation. The feasibility of nurses or organizations leading automation through visual, low-code platforms remains largely unexplored.

### Objective

To evaluate whether nurses without formal technical backgrounds can independently design, implement, and maintain workflow automations using a visual, low-code platform, and to examine the broader applicability of such solutions in nursing education and small-scale organizational processes, including automated educational outreach.

### Methodology / methods

An exploratory single-case design was conducted. A non-practicing nurse with no IT training independently learned to use a node-based, drag-and-drop automation environment using publicly available documentation. Several automations addressing operational inefficiencies were conceptualized and implemented, including the automated creation of health education campaigns, appointment reminder systems linked to communication channels, and automated extraction and summarization of clinical updates. The process involved API integrations, conditional logic, and iterative troubleshooting.

### Results

All automations were successfully deployed and optimized without IT support. Functional proficiency was achieved after approximately 40–50 hours, with each workflow completed in about 12 hours. The automations reduced manual workload, improved accuracy, enhanced workflow consistency, and demonstrated replicability in both educational and clinical contexts.

### Conclusions

Visual low-code platforms can empower nurses and healthcare organizations to independently develop and sustain clinically relevant automations. These findings support the vision of an AI-assisted nursing future with reduced documentation burden, cost-effective innovation, and increased professional autonomy. Low-code environments thus represent an accessible, sustainable pathway for integrating digital transformation into nursing practice and healthcare management.

---

---

---

---

---

---

---

---

## 11.11 The Health Economics of Social Prescribing: A Systematic Review

Haf Spencer, L.<sup>1</sup>, Keating, A.J.<sup>1</sup>, Morrow, E.<sup>1</sup>, Lynch, M.<sup>1</sup>

<sup>1</sup>Royal College of Surgeons in Ireland, <sup>2</sup>Faculty of Life Sciences and Education

### Background

Social prescribing is gaining global traction as a strategy to reduce pressure on primary healthcare systems and enhance access to community-based support. Community assets involved in social prescribing include arts organisations, fitness initiatives, financial guidance, volunteering opportunities, social support, and various health and wellbeing programs. This systematic review explores the evidence on measurement tools and approaches to economic evaluation of social prescribing initiatives worldwide.

### Methodology / methods

A systematic review methodology was applied to search seven databases (PubMed, Embase, Cochrane Trials, APA PsycINFO, CINAHL, Web of Science, and Ovid Global Health) for literature on health economics and social prescribing. Grey literature and citation searching were also included. Two independent reviewers screened titles, abstracts, and full texts using the Covidence systematic review management software. Conflicts were resolved through discussion. Data extraction was conducted independently by two reviewers, and a narrative synthesis was developed.

### Results

Twelve studies met the inclusion criteria, including n=9 studies from database searches and n=3 studies via citation searching. Four thematic categories emerged

1. Dance and movement-based social prescribing
2. Exercise-based or loneliness prevention initiatives
3. Nature-based interventions; and
4. Coaching programmes

Social Return on Investment (SROI) studies consistently reported positive returns for every £1 invested, particularly in interventions targeting mental health and loneliness. However, evidence from randomised controlled trials was mixed. For instance, a chair-based yoga intervention showed no improvement in health-related quality of life, despite high participant satisfaction.

### Conclusion

There is a notable scarcity of social prescribing evaluations incorporating health economic analysis. While community-based interventions supporting mental health and wellbeing are expanding, more rigorous and standardised economic evaluations are needed to inform policy and funding decisions. Economic evaluation helps show whether social prescribing offers good value for money and supports efficient use of healthcare resources.

---

---

---

---

---

---

---

---

---

---

## 11.12 Addressing Social Inequities in the Current Age-Related Hearing Loss (ARHL) AAO-HNS Guideline

Ross, E.<sup>1</sup>

<sup>1</sup>Cleveland Clinic Head and Neck Institute, USA

### Objective

This presentation abstract examines the current age-related hearing loss (ARHL) guideline by AAO-HNS addressing social inequities and disparities in access to, and utilization of, hearing healthcare. Identified disparities significantly impact quality of life, social engagement, and health outcomes among older adults.

### Background

Age-related hearing loss is highly prevalent among the aging population and is linked to increased risks of social isolation, depressive symptoms, and cognitive decline. Although several interventions—such as hearing aids and cochlear implants—exist, a low percentage of older adults with hearing loss utilize these devices. Profound disparities persist based on race, ethnicity, socioeconomic status, and geography.

### Methodology / methods

The current evidence-based clinical practice guideline (CPG) by AAO-HNS identifies recommendations based on randomized trials, SR's, database analysis, cross-sectional surveys and qualitative or mixed methods studies with a preponderance of benefit over harm.

### Results

- Identification of Sociodemographic Factors: Clinicians are encouraged to assess patient-specific characteristics, preferences, and barriers that affect healthcare access and utilization
- Patient Education and Counseling: Enhanced emphasis is placed on informing patients and their families about effective communication strategies and the broader implications of hearing loss, aiming to reduce stigma and improve outcomes
- Promoting Accessible Technology: The introduction of over-the-counter hearing aids and other assistive listening devices is acknowledged to lower financial obstacles and expand access for underserved populations
- Follow-up: The guideline underscores the necessity of ongoing evaluation to ensure achievement of communication goals and improvements in hearing-related quality of life across varied social contexts

### Conclusion

The current ARHL guideline marks a pivotal progression by directly addressing social inequities and SDOH. Successful implementation necessitates a comprehensive approach extending to achieve equitable access to screening, diagnosis, and rehabilitative care for all older adults, irrespective of socioeconomic or geographic factors.

---

---

---

---

---

---

---

---

## 11.13 Water EDUCare: Empowering Healthcare Professionals to Curb Pharmaceutical Pollution through Planetary-Health Education

Tartari, E.<sup>1</sup>, Cassar, M.<sup>1</sup>

<sup>1</sup>

### Background

Antibiotic pollution from healthcare settings represents a silent but potent driver of antimicrobial resistance (AMR) and ecosystem degradation. Recognising that “healthy people depend on a healthy planet,” the University of Malta’s Department of Nursing has partnered with Health Care Without Harm Europe and European academic and clinical institutions to pioneer Water EDUCare, a cross-border initiative linking environmental stewardship to patient safety.

### Aim

To integrate planetary-health thinking into nursing and medical education by training healthcare professionals to recognise and mitigate the environmental impact of antibiotic use and waste in clinical practice.

### Methodology / methods

Building on the EU-funded AMR EDUCare programme, Water EDUCare develops a multilingual e-learning module on pharmaceutical pollution in waterways from a One Health perspective. The Department of Nursing leads Malta’s implementation: co-designing training content, embedding it into undergraduate curricula, and coordinating an island-wide awareness campaign engaging university students, hospital staff, and policymakers. Behaviour-change surveys, focus groups, and campaign analytics will evaluate impact.

### Results

The project will train over 4,000 healthcare professionals across Europe, including 500 in Malta, enhancing knowledge, responsible prescribing, and waste-minimisation behaviours. The Maltese campaign, launched during World Water Week, will feature digital storytelling, public exhibitions, and a patient-communication toolkit to bridge clinical and environmental literacy. Preliminary feedback already highlights heightened awareness among nurses as “environmental custodians of care.”

### Conclusion

Water EDUCare exemplifies how nursing leadership can align infection prevention and antimicrobial stewardship with planetary-health goals. By embedding environmental responsibility into professional training, the University of Malta is cultivating a generation of climate-conscious nurses and clinicians, championing the dual mission of protecting human health and the ecosystems that sustain it.

---

---

---

---

---

---

---

---

---

---

## 11.14 Bridging Gaps in Dementia Care: Enablers and Barriers to Implementing the Cohen–Mansfield Agitation Inventory in Community-Based Memory Clinics

Kavanagh, S.<sup>1</sup>, Weathers, E.

<sup>1</sup>HSE South, <sup>2</sup>University College Dublin

### Background

Agitation in people with dementia is common and challenging to assess and manage in community memory clinics. Objective measurement is critical to guiding antipsychotic use due to the associated morbidity and mortality. Despite Clinical Practice Guideline recommendations (DOH, 2019), implementation gaps persist, although international evidence suggests structured strategies can reduce inappropriate prescribing. Using a validated tool such as the Cohen–Mansfield Agitation Inventory (CMAI), alongside multifaceted implementation strategies, could improve guideline adherence and support evidence-informed, high-quality care for people with dementia and their non-formal carers.

### Aim

To identify and interpret the enablers and barriers to implementation of the CMAI in community-based memory clinics.

### Methodology / methods

A systematic search of CINAHL and PubMed identified 16 relevant articles (12 quantitative, 4 qualitative). No empirical research was found from the Irish context. Findings were synthesised thematically to identify barriers and enablers.

### Results

Barriers included CMAI length, observer bias/recall issues, and difficulties in its comprehension. Enablers included form adaptability (e.g., short form), its acceptability to informal carers, its ability to detect change over time, and its availability in multiple languages to support multicultural populations.

### Conclusion

This review adds to the international evidence on CMAI implementation, previously unsynthesised. Accurate, objective assessment of agitation, combined with multifaceted implementation strategies, can support guideline-based antipsychotic prescribing and reduce associated morbidity and mortality. Applying the I-PARHIS framework, successful implementation requires local contextual evaluation, stakeholder engagement, and appropriate facilitation. Effective use of the CMAI promotes high-quality, evidence-informed care, supporting people with dementia to live as independently and healthily as possible in their communities.

---

---

---

---

---

---

---

---

---

---

## 11.15 Preventive Strategies to Reduce Dementia Risk in Middle-Aged Individuals with Mild Neurocognitive Disorder- Preliminary Findings

**Dookhy, J.**<sup>1,2</sup>, Stokes, D.<sup>3</sup>, McCague, Y.<sup>2</sup>, Hickson, J.<sup>2</sup>, Kroll, T.<sup>2</sup>, Frazer, K.<sup>2</sup>

<sup>1</sup>Galway University Hospitals, <sup>2</sup>SNMHS, University College Dublin, <sup>3</sup>Library Service, University College Dublin

### Introduction

Preventative strategies and addressing modifiable risk factors for cognitive wellbeing, also known as brain health, in middle-aged individuals with mild neurocognitive disorder (mNCD) have become a public health priority to delay or reduce the onset of dementia. Despite global efforts to integrate brain health into healthcare frameworks, disparities persist, particularly for this population group who encounter challenges in maintaining cognitive function while managing occupational, family and social responsibilities (Irwin et al., 2018).

### Aims

The aim of this scoping review was to map the depth and breadth of strategies used to address modifiable risk factors for this population and report the equity mapping of strategies using the Cochrane PROGRESS-PLUS framework.

### Methodology / methods

The review followed the Joanna Briggs Institute methodology for scoping reviews. A systematic search of four databases [PubMed, PsycInfo, CINAHL and Embase] was conducted in August 2025, restricted to English language and 10-year timeframe. This yielded 6842 records. Following deduplication and screening 247 articles were reviewed, and 19 studies were included in the review.

### Outcomes

The review represents evidence from Europe (37%), Asia (42%), Africa (5%), and the USA (16%). A variety of study designs are reported, including randomised controlled trials, cross-sectional surveys, observational studies and mixed methods. Strategies reported in the evidence include cognitive rehabilitation and training, mind-body psychoeducation, physical activity and dietary approaches. These strategies dominated in urban clinical settings and led to higher participation from females. Key equity gaps highlight limitations in literacy, rural setting, family support and for people with disabilities.

### Conclusion

Preliminary evidence from this review provides gaps in dementia preventative care which can be used to develop services and further research.

### References

- Irwin K, Sexton C, Daniel T, et al.: Healthy aging and dementia: two roads diverging in midlife? *Front Aging Neurosci.* 2018; 10: 275

---

---

---

---

---

---

---

---

## 11.16 Connection Counts: Standardizing the Recognition and Response to Loneliness in Hospital Care

Hill, C.<sup>1</sup>

<sup>1</sup>SUNY Brockport, New York, USA

Loneliness has a profound impact on an individual's healing and well-being, yet most hospital systems do not recognize or address it as a formal part of patient care. Unlike pain or nutrition, social connection is less likely to be assessed, documented, or managed through structured clinical processes. This leaves hospitalized patients vulnerable to emotional distress that can slow recovery, reduce engagement in care, and increase readmission risk. Loneliness has been associated with higher risks for heart disease, stroke, dementia, depression, and early mortality (Albasheer et al., 2024; Cacioppo et al., 2022; Gabarrell-Pascuet et al., 2023; Nakou et al., 2025; Soh et al., 2024). Despite this, it often goes unacknowledged in hospital settings (Just et al., 2022).

Nursing can close this gap by integrating awareness of loneliness into standard assessment and care routines and by fostering connection through conversation, family facilitation, and collaboration with chaplaincy, volunteers, and social work. Programs such as ICU family-engagement bundles, volunteer companionship initiatives, and family-presence policies in the United Kingdom and Canada demonstrate that connection-based interventions can be systematized without adding to nursing workload (Kokorelias et al., 2025; Nelson et al., 2024; Xyrichis et al., 2021).

Standardizing the practice of recognizing and responding to loneliness – through consistent assessment, documentation, and referral—would make a patient's sense of connection as quantifiable and actionable as other aspects of care. Studies show that structured assessment and documentation improve detection and establish a measurable basis for clinical response (Avelino-Silva et al., 2023; Cortés-Aguilar et al., 2024; Ostrowska et al., 2021). Nursing practice can create practical, compassionate change by establishing loneliness as a measurable element of patient well-being. Nurses are uniquely positioned to identify loneliness early and advocate for meaningful connections that restore belonging, security, and improve recovery outcomes.

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---



### 11.18 The Co-Design, Implementation and Evaluation of a Comfort Rounding Programme on the Frequency and Severity of Inpatient Falls in an Acute Hospital: A Mixed Methods Study

Hetheron, A.<sup>1</sup>, Sorensen, J., Horgan, F., McCarthy, S.

<sup>1</sup>Royal College of Surgeons in Ireland

Falls in older adults are of major concern internationally. Many adults are at an increased risk of falling in hospitals. An example of a strategy used to prevent inpatient falls is Intentional or Comfort Rounding. This is a structured process whereby staff conduct one to two hourly checks with patients, to evaluate that fundamental care needs are attended to (Sims et al., 2018). There have been mixed reviews on its successful implementation globally (Christiansen et al., 2018).

Six programme theories have been developed as a result of a realist synthesis. This study draws on effectiveness- implementation research paradigms and employs a mixed methods design. It is a hybrid effectiveness-implementation study (type 2) and seeks to understand and measure the implementation and effectiveness of comfort rounding in a hospital ward. We seek to co-design and implement an intervention (comfort rounding) while also evaluating its effectiveness on health outcomes (inpatient falls and safety). The implementation strategies chosen for this study include activities such as co-design of training and education for stakeholders, developing stakeholder interrelationships, measuring for improvement and supporting clinicians in the implementation process. The design is a quasi-experimental survey, with non-equivalent control group design. Two prospective surveys will be utilised to evaluate the effect of the introduction of a comfort rounding programme on patient satisfaction scores and also staff knowledge and awareness.

The two surveys will be administered in two medical wards in a general hospital. The experimental ward and control ward will have a similar cohort of patients.

Ethics approval is under review at present. Overall, the study aims to contribute valuable insights into the effectiveness of intentional rounding in improving healthcare delivery with the intention of disseminating findings through peer-reviewed publications. This research is part of a PhD thesis that will be made available in the RCSI repository.

---

---

---

---

---

---

---

---

---

---

## 12.1 Chairs Briefing to Participants

## 12.2 Qualitative Evaluation of a Wellbeing Programme for Nurses and Midwives

Peters, J.<sup>1</sup>, Yang, S.<sup>1</sup>, Savolainen, K.<sup>1</sup>, Sweeney, M.R.<sup>1</sup>

<sup>1</sup>Faculty of Nursing and Midwifery

### Aim

The aim of this qualitative study was to explore participants' experiences of the programme and gather feedback for future development.

### Background

Nurses and midwives work in demanding environments where personal health and wellbeing are often deprioritised. Flourishing was developed to strengthen understanding of factors influencing wellbeing – including sleep, physical activity, stress, shift work, nutrition, nature exposure and social connection – and to support sustainable, life-enhancing habits that can be integrated into everyday practice.

### Methodology / methods

A qualitative evaluation was conducted in August 2025 using semi-structured interviews and focus groups with n=13 programme participants from a range of healthcare settings. Data were analysed using reflexive thematic analysis.

### Results

Five key themes were identified:

1. Perceived benefits and positive experiences: participants reported greater self-awareness, self-compassion, and reflection on their personal life and professional values
2. Learning, knowledge, and skills development: the programme helped reinforce existing knowledge, deepen understanding of topics such as trauma, sleeping and encourage structured reflection
3. Behavioural and habitual change: participants described adopting healthier habits, better stress management, and more positive daily routines after taking the programme
4. Programme design and delivery: the flexibility and inclusive approach of the programme delivery were valued, though some found the content better suited to certain roles or career stages
5. Barriers and recommendations: isolation during self-directed learning, and digital challenges were mentioned. Participants suggested clearer guidance, a reflection and interaction space, and opportunities for ongoing engagement

### Conclusion

Flourishing supported nurses and midwives to enhance their wellbeing through evidence-based, accessible learning. Embedding such programmes within professional development structures can contribute to a more resilient, adaptive and health-promoting workforce.

---

---

---

---

---

---

---

---

---

---

---

## 12.3 An Examination of the Role of District Nurses in Assessing and Managing Frailty and Loneliness in Older Adults

Halpin, F.<sup>1</sup>

<sup>1</sup>Ulster University

### Background

Frailty and loneliness are interrelated conditions that significantly affect older adults' health and well-being. District nurses are well positioned to identify and manage these issues in community settings, but challenges remain due to limited education, resources, non-standardised assessment tools, and the need to address social as well as clinical needs.

### Aim

This study explores district nurses and older adults' perceptions and experiences related to frailty and loneliness, with the goal of developing an educational intervention to enhance district nursing practice.

### Methodology / methods

Using a pragmatic mixed-methods approach, the study consists of four phases: (1) a systematic review of district nurse interventions for frailty and loneliness; (2) qualitative interviews and quantitative assessments (Edmonton Frailty Scale, UCLA Loneliness Scale) with older adults; (3) qualitative interviews with district nurses in Northern Ireland's Western Health and Social Care Trust; and (4) co-design and pilot of an educational resource informed by phases 1, 2 and 3 findings alongside policy.

### Preliminary Findings

Evidence suggests district nurses face barriers including understaffing and inconsistent frailty assessment practices. The integration of multidimensional frailty tools alongside loneliness screening may support more holistic care. Early findings underscore the need for tailored education and support to empower district nurses in this role.

### Conclusion

This research aims to fill practice gaps by enhancing district nurses knowledge and confidence in managing frailty and loneliness, ultimately improving community care outcomes for older adults. The educational intervention developed has potential for scalable implementation within nursing practice and public health policy.

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

## 12.4 WITHDRAWN

## 12.5 Empowering Junior Nurses through a Respiratory Skills Development Programme: Building a Resilient and Confident Workforce

Gapuzan, M.A.<sup>1</sup>

<sup>1</sup>Mater Misericordiae University Hospital, Ireland

### Background

The increasing complexity of respiratory care, combined with persistent workforce pressures, has highlighted the need to strengthen the confidence and competence of early-career nurses. Within the Mater Hospital's Respiratory Wards, many newly qualified nurses report uncertainty when managing acutely unwell respiratory patients, particularly those requiring non-invasive ventilation (NIV), oxygen titration, and airway management. To address this, a Respiratory Skills Development Programme (RSDP) is being proposed to support professional growth, promote resilience, and improve the quality and safety of patient care.

### Aims

The project aims to design, implement, and evaluate a structured educational and mentorship initiative that:

- Enhances clinical competence and confidence among junior nurses
- Strengthens multidisciplinary collaboration and reflective practice
- Builds a sustainable, resilient workforce capable of adapting to the evolving demands of respiratory care

### Methods (Planned Approach)

A multidisciplinary steering group (CNM3s, Clinical Facilitators, and Respiratory Clinical Nurse Specialists) will co-develop the RSDP. The programme will include:

- Simulation-based training on common respiratory emergencies and interventions
- A tiered competency framework with clear progression milestones
- Ongoing mentorship and reflective learning sessions

Evaluation will be conducted through pre- and post-programme surveys, feedback interviews, and skill assessments to measure confidence, competence, and engagement.

### Expected Outcomes

It is anticipated that the RSDP will improve junior nurses' clinical confidence, strengthen team cohesion, and contribute to higher retention rates. The programme will demonstrate how nursing leadership can proactively shape a resilient, future-ready workforce, aligning with RCSI's vision for transformative practice and adaptive healthcare systems.

---

---

---

---

---

---

---

---

---

---

---

## 12.6 "Out of my control" - Emergency Nurses' Experiences of Violence from Patients and Visitors in China: A Qualitative Descriptive Study

Hou, Y.<sup>1,2</sup>, Corbally, M.<sup>3</sup>, Timmins, F.<sup>2</sup>

<sup>1</sup>Shanxi Provincial People's Hospital, <sup>2</sup>School of Nursing, Midwifery and Health Systems, University College Dublin,

<sup>3</sup>School of Nursing & Midwifery, Trinity College Dublin

### Aim

To explore emergency nurses' experiences and perceptions of violence from patients and visitors in China, focusing on its nature, causes, and consequences.

### Methodology / methods

A qualitative descriptive design was employed. Thirteen registered emergency nurses from nine tertiary hospitals in northern China were recruited through purposive and snowball sampling. Data were collected via semi-structured, face-to-face interviews and analysed using latent content analysis to develop categories and overarching themes.

### Results

Two overarching themes were identified. "Nurses as Healers or Targets: Confronting Misplaced Anger" described how violence escalated within a climate of structural pressures, emotional volatility, and power asymmetry, where patient and visitor aggression was sometimes used to gain immediate or symbolic outcomes. "Healing in Shackles: Maintaining Professional Composure and Emotional Desensitization" captured nurses' efforts to sustain professionalism while managing fear, fatigue, and emotional detachment following repeated exposure to violence. Together, these themes illustrate how systemic, emotional, and cultural expectations shape nurses' ability to cope, recover, and remain compassionate in a hostile care environment.

### Conclusion

Violence from patients and visitors represents a chronic occupational stressor that transforms nurses' emotional wellbeing and professional identity. Sustained by emotional labour, gendered expectations, and organisational silence, it reflects a broader systemic imbalance in which resilience must be reframed as an organisational, not individual, responsibility.

### Implications for nursing practice

Embedding structured emotional support, transparent visitor management, and explicit accountability for violence prevention within hospital governance could transform emergency care from a culture of endurance to one of structural protection and collective resilience.

---

---

---

---

---

---

---

---

---

---

## 12.7 Newly Graduated Nurses Transition to Primary Health Care in Bahrain

Restam, M,<sup>1</sup>, Matrook, K.<sup>1</sup>

<sup>1</sup>RCSI-MUB, Bahrain

### Background

The global nursing shortage undermined the sustainability of healthcare systems, making the transition of Newly Graduated Nurses (NGNs) into the professional practice challenging. This period rife with reality shock and high turnover. While regional and global research explored this phenomenon in hospital settings, little was known about the unique experiences within Primary Health Care (PHC), particularly in Bahrain, where the workforce shortage coincided with the national Bahrainization initiative. This study addressed this gap by exploring NGNs' transition experiences within Bahrain's PHC sector to provide targeted recommendations for improving future transition experiences.

### Aim

To explore the experiences of NGNs transitioning into professional practice in primary health care in Bahrain.

### Methodology / methods

Guided by Colaizzi's phenomenological analysis, this study employed a qualitative descriptive design using content analysis to explore the experiences of NGNs. To ensure generalizability across settings, purposive sampling recruited NGN participants. The final sample included nine PHC centres across four governorates in Bahrain. Data were collected through ten semi-structured, in-depth interviews with NGNs. An inductive analytic process guided theme development through constant comparison and iterative reflection.

### Results

Five major themes emerged:

1. Systemic & institutional disappointments
2. Substandard support structures
3. Overwhelming workplace environment
4. Psychological & emotional impact
5. Positive support & anticipated buffers

The primary challenges are delayed essential training, and limited institutional support, while the facilitators are peer collaboration and effective leadership.

### Conclusion and Recommendations

Adopting a three-pillar framework that includes mandatory pre-placement training, formalized mentorship programs, and standardized competency-based programs can improve NGNs transition experiences, strengthen retention, and ensure patient safety.

---

---

---

---

---

---

---

---

---

---

## 12.8 Building a Foundation Where Nurses Thrive

O'Flaherty D.<sup>1</sup>, Garcia-Dia, M.

<sup>1</sup>Hunter-Bellevue School of Nursing, <sup>2</sup>NY Harbor VA Hospital

### Introduction

Fostering environments that support the quadruple aim framework for enhancing healthcare system outcomes places wellbeing in the forefront for all and promotes the value of person-centered initiatives that optimize care for patients, and team members alike. Supporting nurse leaders with the foundational tools to enhance resilience, hardiness, interprofessional collaboration and engagement, augmenting the work setting.

### Objectives

Recognition and retention of staff is important as turnover rates rise. Identifying and discussing strategies that have increased interprofessional collaboration, engagement, fortified resilience, hardiness and empowered staff and have brought value and meaning to nurses will be shared. Acknowledging that nurse leaders are integral to sustaining a thriving environment as well as building a solid foundation with evidence-based programs and practices supporting Teamwork, Hardiness, Recognition, Innovation, and Empowerment will be reviewed.

### Methodology / methods

We have previously studied and analyzed Clinical Nurses' and Nurses in leadership positions perceptions of resilience, hardiness, empowerment and engagement. Results show positive correlations. Providing clinical leadership with the necessary tools to support and develop a hardy team where staff thrive is vital.

### Conclusion

Creating a culture that engages and empowers staff and supporting initiatives that sustain positive outcomes for clinical nurse wellbeing are important to future nurse retention. Promoting work life integration as a key driver in decreasing turnover and enhancing quality outcomes. Recognition, staff retention is also important as turnover rates continue to rise. As nurse managers are key to staff retention, realizing what matters most within the work environment as contributors to wellness, quality of work life and engagement, known factors in healthcare and workplace satisfaction. Additionally fortifying teams so they can flourish and contribute to positive outcomes, benefits all.

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

## 12.9 Supporting Newly Qualified Nurses in Italy: Readiness for Practice and Career Intentions — Preliminary Quantitative Findings from the STaR-ITA Project

Sallai, T<sup>1</sup>, Moro, A.<sup>1,2</sup>, Gammone, M.<sup>3</sup>, Watson, R.<sup>4</sup>, Hayter, M.<sup>5</sup>, Catania, G.<sup>1</sup>, Zanini, M.<sup>1</sup>, Sasso, L.<sup>1</sup>, Bagnasco, A.<sup>1</sup>

<sup>1</sup>Department of Health Sciences, University of Genoa, <sup>2</sup>Direction for Healthcare Professions, European Institute of Oncology, IRCCS, <sup>3</sup>Fondazione IRCCS Istituto Neurologico Carlo Besta, <sup>4</sup>Saint Francis University, <sup>5</sup>Manchester Metropolitan University

### Background

Global nurse shortages, turnover, and increased mobility challenge the sustainability of healthcare systems. Strengthening resilience and retention requires investing in education and ensuring that nurses feel prepared to transition into professional practice. This study is part of the STaR-ITA project designed to monitor new graduate nurses for 36 months and investigates the transition experience and early retention of newly qualified nurses.

### Methodology / methods

A cross-sectional survey was conducted with final-year nursing students at the University of Genoa (Italy), the aim is to assess demographics, previous work experience, academic performance, perceived adequacy of theoretical and practical preparation, and post-graduation career intentions by a questionnaire

### Results

A total of 160 students participated (72.5% female, mean age 26 years). Most were Italian (82%). Previous work experience was common both in healthcare (78.1%) and outside it (63.7%). Students reported high readiness for practice: 87% felt adequately prepared by clinical placements, and 71% felt prepared by theoretical learning. Career intentions showed strong motivation to enter the profession immediately after graduation (84%). However, only 52% planned to work in Italy, while 34% were undecided, indicating potential international mobility. Furthermore, 34% intended to pursue postgraduate education within two years, although 47% remained unsure of future pathways.

### Conclusion

Students report strong confidence in their clinical preparation and readiness for professional practice, despite uncertainty regarding long-term educational and geographical career choices. These preliminary findings will be useful to better understand students' experiences and expectations, which will emerge more clearly at the end of the full STaR-ITA study. Understanding predictors of career choices may help academic leaders and policy makers address workforce shortages and improve retention of newly qualified nurses.

---

---

---

---

---

---

---

---

---

---

---

---

## 12.10 Bridging Educational Gaps in European Healthcare: Mixed-Methods Insights from the ECHOES Project

**Pagnucci, N.**<sup>1,2</sup>, Fitzgerald, C.<sup>1</sup>, Aleo, G.<sup>1</sup>, Walsh, N.<sup>1</sup>, Bonello, M.<sup>3</sup>, Jones, P.<sup>4</sup>, Agius, R.<sup>5</sup>, Couto, G.<sup>6</sup>

<sup>1</sup>RCSI - Faculty of Nursing & Midwifery - European Centre of Excellence for Research in Continuing Professional Development, <sup>2</sup>University of Pisa - Department of Translational Research and of New Surgical and Medical Technologies, <sup>3</sup>University of Malta - Department of Occupational Therapy, Faculty of Health Sciences, <sup>4</sup>University of Malta - Head of Department - Food Sciences & Nutrition, Faculty of Health Sciences, <sup>5</sup> University of Malta - Department of Human Communication Sciences and Disorders, Faculty of Health Sciences, <sup>6</sup>University of Malta - Faculty of Health Sciences

### Background

Persistent inequalities in healthcare education across Europe limit equitable access to expertise and contribute to uneven skill development among professionals. These disparities hinder healthcare systems' capacity to ensure consistent quality of care and equitable professional opportunities.

### Aim

Identify and understand expertise gaps in healthcare professional education across Europe, integrating quali-quantitative findings to inform more equitable and accessible educational systems.

### Methodology / methods

A mixed-methods study was conducted within the Erasmus+ ECHOES project. A cross-sectional survey (n=230) measured perceived gaps in knowledge, practice, research, and teaching across four domains: hard, transversal, digital, and green skills. Reliability and validity were assessed using Cronbach's alpha and confirmatory factor analysis. Complementary qualitative data were collected via four online focus groups and two semi-structured interviews involving 28 healthcare professionals and educators from 12 European countries.

### Results

Quantitative results revealed the largest gaps in digital (mean=5.04, SD=2.10) and green skills (mean=6.16, SD=2.30), with Eastern Europe reporting the widest theoretical knowledge gaps. Qualitative findings reinforced these trends, identifying five themes: limited access to continuing professional development, lack of interprofessional collaboration, insufficient integration of evidence-based practice, inadequate digital competencies, and minimal attention to green and sustainable healthcare practices.

### Conclusion

The findings highlight systemic inequities in healthcare education that restrict access to high-quality learning and perpetuate regional disparities. The ECHOES platform addresses these barriers by connecting European institutions and professionals through digital collaboration, promoting equitable access to expertise, and fostering innovation in teaching and learning. This approach contributes to redesigning healthcare education systems for equity, inclusivity, and sustainability.

Acknowledgements: We thank the European Union for co-funding this study.

---

---

---

---

---

---

---

## 12.11 Simulation-Based Training to Improve Drug Calculation Competence in Nursing Students: A Pre–Post Study

**Salomoni, V.**<sup>1</sup>, Giaquinto, G.<sup>1</sup>, Baccheretti, D.<sup>1</sup>, Bargagna, G.<sup>1</sup>, Scrima, G.<sup>1</sup>, Pagnucci, N.<sup>2</sup>

<sup>1</sup>Azienda Ospedaliero Universitaria Pisana, <sup>2</sup>Department of Translational Research and of New Surgical and Medical Technologies, University of Pisa, Pisa, Italy

### Background

Medication calculation errors are a major cause of preventable adverse events. Nursing students often face challenges in applying mathematical knowledge in clinical settings. Simulation-based education effectively enhances practical skills, self-efficacy, and learning in a safe environment.

### Objectives

To evaluate the effectiveness of a simulation laboratory in improving nursing students' skills in drug calculation, preparation, and dilution, as well as the retention of these competencies after three months.

### Methodology /methods

A pre–post experimental study with a three-month follow-up was conducted among students at second year of the Bachelor's degree in Nursing at the University of Pisa. Participants attended a simulation laboratory on drug preparation and administration. Questionnaires at three time points assessed self-perceived knowledge, preparedness, attitudes, and objective calculation skills. Data were analyzed using repeated-measures ANOVA and McNemar's test.

### Results

Significant improvements were observed over time ( $F(2,132) = 129, p < .001$ ) in perceived knowledge, preparedness, and attitudes, which remained higher at three months. Calculation performance also improved significantly ( $F(2,132) = 30.0, p < .001$ ) and continued to strengthen at follow-up, suggesting sustained learning.

### Conclusion

Clinical simulation thus proves to be an effective educational tool, capable of strengthening knowledge, attitudes, and practical pharmacological calculation skills, with effects maintained and consolidated over time, supporting both patient safety and nursing education

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

## 12.12 Building Inclusive Nursing Education through Universal Design for Learning: From Audit to Co-Design in Classroom and Clinical Practice

Gilmore, J.<sup>1</sup>, Browne, F.<sup>1</sup>

<sup>1</sup>School of Nursing, Midwifery and Health Systems University College Dublin

### Background

Inclusive education is central to nursing's social justice mission. Universal Design for Learning (UDL) provides a framework for designing curricula that accommodate learner diversity from the outset. While UDL has been embedded in classroom teaching across higher education, its application in nursing remains limited, particularly in practice learning environments where students spend half of their programme time.

### Objective

This presentation shares insights from two complementary initiatives: a descriptive, practice-based inquiry exploring UDL integration within nursing curricula, and a co-design project with students developing UDL guidelines for clinical practice learning. Together, these projects aim to create a cohesive vision for inclusive nursing education across classroom and clinical contexts.

### Methodology / methods

A descriptive, practice-based inquiry used an anonymous online survey of 19 academic staff across nursing programmes. The survey mapped teaching, learning, and assessment practices against UDL principles. Quantitative and qualitative data were analysed descriptively to identify inclusive strategies, areas for development, and perceived barriers. The co-design project engaged students through participatory workshops to identify barriers and enablers to inclusion in clinical settings, translating findings into actionable guidelines.

### Results

Educators reported widespread use of inclusive strategies, including flexible assessments, multimodal teaching, and technology-enhanced engagement. Over half had completed the national Digital Badge for UDL, reflecting growing awareness of inclusive pedagogy. However, application of UDL principles remained inconsistent. Reported barriers included workload, limited redesign time, and sustaining innovation amid competing demands. The co-design project produced the world's first guidelines for Universal Design in Practice Learning Environments.

### Conclusion

While UDL principles are increasingly integrated within nursing education, implementation remains uneven and dependent on individual educators. Sustained leadership, curriculum planning, and faculty development are essential to embed UDL as a structural feature of nurse education. Systematic adoption can enhance access, belonging, and learner success, strengthening nursing's commitment to equity and inclusion.

---

---

---

---

---

---

---

---

## 12.13 The Design of an Online Antenatal Education Programme for Postnatal Perineal Wound Healing

O'Kelly, S.<sup>1</sup>, Watson, C.<sup>1</sup>, Patton, D.<sup>1</sup>

<sup>1</sup>School of Nursing and Midwifery, RCSI University of Medicine and Health Sciences

### Introduction

Antenatal education is an important aspect of the parenthood journey, equipping first time parents with evidence-based information to improve self-care, understand and adopt positive health practices, and learn to navigate pregnancy, labour, birth, and the postnatal period. During the Covid-19 pandemic, in-person hospital antenatal education classes were converted to an online format in response to National lockdown safety measures. For this study, an interactive online antenatal education class was developed with an accompanying emailed booklet, which was designed to be accessible and understandable to as many prospective parents as possible.

### Aim

This study aimed to develop an accessible online antenatal education programme relating to postnatal perineal wound care.

### Methodology / methods

A literature review was undertaken to determine the different learning styles and how to accommodate them into an education programme. The programme structure was determined following examination of international guidelines relating to the development and layout of general adult education programmes and those regarding the establishment and layout of community and hospital-based antenatal classes. A literature review to determine the contents of the education programme was also performed.

### Results

The programme delivered self-care guidelines assorted into 11 categories, alongside information relating to potential postnatal perineal complications. Instructions were straightforward and easily achievable, and information was delivered at a basic level, with an emphasis on reassurance and instilling confidence. In order to appeal to a large number of attendees, pictures, written slides, demonstrations and models were used in the class, to appeal to visual, auditory, reading/writing and kinaesthetic learning styles, in adherence with Knowles Theory of Adult Learning Principles. The programme contents were peer reviewed and ratified by a panel of experts using a Delphi consensus technique.

### Discussion

The online education programme is adaptable for use in an in-person or online setting and is recommended for inclusion in antenatal midwifery care.

---

---

---

---

---

---

---

---

---

---

## 12.14 Exploring Midwives' Leadership: A Protocol of An Integrative Review

Michelerio, V.<sup>1,2</sup>, Barbieri, M.<sup>1</sup>, Catania, G.<sup>1</sup>, Zanini, M.<sup>1</sup>, Steven, A.<sup>3</sup>, Bagnasco, A.<sup>1</sup>

<sup>1</sup>Genoa's University, Department of Health Sciences, <sup>2</sup>San Martino Policlinic, <sup>3</sup>School of Healthcare and Nursing Sciences, Faculty of Health and Wellbeing, Northumbria University

### Background

Midwifery leadership is recognized as a key component in ensuring the quality, safety, and sustainability of maternity care systems. The International Confederation of Midwives (ICM, 2022) and the American College of Nurse-Midwives (ACNM, 2022) highlight the need to develop leadership competencies specific to midwives and to promote autonomous governance roles. However, the available evidence on the characteristics, styles, and outcomes of midwifery leadership remains limited and fragmented.

### Aim

To map and synthesize the current evidence on midwifery leadership, identifying predominant leadership styles and their reported impacts on clinical practice, organizational culture, and quality of care.

### Methodology / methods

An integrative review will be conducted following the methodological framework proposed by Toronto and Remington (2020), based on the five-stage model of Whitemore and Knafl (2005). The research question - What is known from the existing literature about leadership exercised by midwives, including its characteristics, styles, and effects on the work environment and models of care? - is guided by the Population-Concept-Context approach. Searches will be conducted in PubMed, CINAHL, and Scopus. Quantitative, qualitative, mixed-method, and theoretical studies will be included. JBI tools (2020) will support critical appraisal, and thematic synthesis will identify recurring patterns and gaps.

### Expected Results

The review will map the available literature on the concept of midwifery leadership, focusing on the leadership styles most associated with effective midwifery practice, the theoretical frameworks, the tools used, and the reported outcomes.

### Conclusion

The expected results will advance the conceptual understanding of midwifery leadership, informing education, policy, and practice. The review is intended to serve as the foundation for a broader project aimed at evaluating the impact of midwifery leadership on midwives' and population outcomes, as well as on the learning environment of midwifery students.

---

## 12.15 Advanced Nurse-Led Out-Patient Hysteroscopy

**Collins, C.<sup>1</sup>**

<sup>1</sup>Our Lady of Lourdes Hospital, Drogheda

Ambulatory Gynae care is a model for assessing and treating women in a timely fashion, as an alternative to hospital admission. Advanced nurse practitioners can provide safe and effective out-patient hysteroscopy. Increased uptake on outpatient hysteroscopy. Decrease waiting list and increase in theatre space. Women led care- women in control, fully informed. Advanced nurse practitioners deliver a complete episode of care and contribute to the improvement of quality patient care and have substantial potential to optimize the health of women globally. The advanced nurse practitioner provides comprehensive assessment and investigations that historically would have required at least an overnight admission, with obvious financial and operational benefits. Patient and relative feedback has to date been very positive- feedback forms and data in presentation.

Advanced nurse-led care is associated with informational, relational and management aspects of continuity of care interventions, and a range of improved patient outcomes.

They are also linked to the key outcomes of fewer hospitalizations and readmissions, positive patient experiences and symptom and lifestyle improvement.

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

## 12.16 Introducing a Blended Grand Rounds Model for Older Persons Services

Burke, A.M.<sup>1</sup>, McTiernan, E.<sup>2</sup>

<sup>1</sup>Older Persons Services HSE Dublin Midlands, <sup>2</sup>NMPDU Tullamore HSE Dublin Mid Leinster

This abstract introduces a blended model of Nursing Grand Rounds (NGR) for Older Persons Services (OPS), integrating in-person and virtual formats to enhance accessibility, interdisciplinary collaboration, and continuous professional development.

This initiative aimed to implement a cohesive, coordinated, and sustainable blended NGR programme for OPS. It supports nursing staff in maintaining professional competence through structured, evidence-based, and collaborative learning opportunities.

In 2024, a regional collaboration between OPS and the Nursing and Midwifery Planning and Development Unit (NMPDU) established an NGR Committee representing all service areas. To overcome geographical challenges, a blended model combining onsite and virtual participation via Microsoft Teams was implemented. Monthly one-hour sessions rotated among host sites, each awarding one Nursing and Midwifery Board of Ireland (NMBI) Continuing Professional Development (CPD) hour. Attendance and feedback were managed through QR-codes, providing access to session links, evaluations, and CPD certificates.

The initiative commenced in August 2024, with the first NGR held in October. Monthly sessions ran from October to May (excluding December), with the second cycle launching in September 2025. The programme has gained momentum across OPS, attracting interest and participation from interdisciplinary colleagues and external services, reflecting growing engagement and impact.

An evaluation (N=40) of one NGR session showed that 58% attended online, demonstrating the success of the blended format. Attendees represented all nursing grades and allied health professionals. Most (87.5%) were from our services, with others from acute and community settings, highlighting the forum's role in promoting integration and knowledge exchange. Sixty-five percent attended to enhance knowledge, and 35% due to specific topic interest. To date, 421 participants have engaged in NGRs, reflecting the reach and impact of this blended model.

The model promotes shared learning across diverse residential care settings, supports evidence-based practice, and advances excellence in gerontological nursing through interactive case discussions and reflective learning.

---

---

---

---

---

---

---

---

---

---

## 12.17 Evaluating the Social Value of the 'Art of Life' Project: A Social Return on Investment (SROI) Mixed-Methods Study

**Yang, S.,<sup>1</sup>**, Lynch, M.

<sup>1</sup>Faculty of Nursing and Midwifery, RCSI University of Medicine and Health Sciences

### Background

The 'Art of Life' project, funded by Creative Ireland, uses creative arts to normalise conversations around death and dying across communities in the Republic of Ireland and Northern Ireland. Despite growing recognition of the role of creativity in promoting well-being and social connection, there is limited evidence on its wider social and economic value. Building on a pre-developed Theory of Change model from Phase 1, this evaluation applied a Social Return on Investment (SROI) approach to explore the social values of the 'Art of Life' creative workshops.

### Methodology / methods

A mixed-methods design was employed, combining a post-workshop SROI questionnaire and focus group discussions. A total of (n=120) participants completed the questionnaire, and three in-person focus groups were conducted in October 2025 with (n=22) stakeholders, including workshop end-users, creatives and project partners. The focus groups explored participants' experiences, perceived outcomes, and the broader social value of engaging in creative activities on end-of-life topics. Qualitative data was analysed thematically, and an SROI analysis was conducted to assess the social value generated for every euro invested in the project and the return on investment generated.

### Results

Demographic results indicate the average age of participants is 67 years, with 94% female and 6% male. Preliminary findings indicate improved emotional well-being, confidence, and openness in discussing death and dying and end-of-life topic. Creatives reported personal and professional development and a deeper understanding of the social impact of their practice. Participants described effects within families and communities, suggesting increased awareness and communication around end-of-life issues.

### Conclusion

The SROI evaluation highlights the significant personal and social benefits of using creative arts to engage communities in sensitive health and well-being topics. The findings support the integration of creative approaches into public health and compassionate community initiatives.

---

---

---

---

---

---

---

---

---

---

---

## 12.18 Write Like a Nurse: Transformative Writing Development to Strengthen Confidence and Professional Identity

Crawford, C.<sup>1</sup>, Sproule, H.<sup>1</sup>, Delaney, G.<sup>1</sup>

<sup>1</sup>Ulster University

### Background

Writing is a core competency in nursing, underpinning critical thinking, reflective practice, and professional communication. Despite its importance, many student nurses begin university underprepared for degree-level writing. Traditional support, often generic and optional, fails to provide discipline-specific guidance or demonstrate the clinical relevance of writing. Poor academic writing skills have wider implications beyond academic achievement. Deficiencies in written communication are linked to inaccurate documentation, reduced clarity in clinical records, and potential risks to patient safety. Addressing this gap through initiatives like Write Like a Nurse (WLAN) can enhance students' professional identity and strengthen the bridge between academic literacy and clinical competence.

### Aim

To evaluate the impact of the WLAN initiative on student nurses' confidence in academic writing and its perceived transferability to professional practice.

### Methodology / methods

A mixed-methods design was employed, with the writing initiative embedded within a ten-week pre-registration module. The initiative covered core academic writing skills, sourcing high quality evidence, referencing, and critical analysis. Each component was aligned with the module's learning outcomes to ensure relevance and integration. The Situated Academic Writing Self-Efficacy (SAWSE) scale was administered pre and post initiative. Focus groups were conducted to explore students' perceptions of writing confidence, relevance, and the transferability to clinical practice.

### Results

Quantitative findings demonstrated improvements across the majority of the 17 SAWSE items, with 6/17 items achieving statistical significance. Qualitative findings further revealed that students viewed the initiative as practical, relevant, and directly applicable to clinical documentation, critical thinking and professional communication. Students with dyslexia found the initiative particularly beneficial to their confidence and writing ability.

### Conclusion

The WLAN initiative significantly enhanced student nurses' academic writing self-efficacy, demonstrating that embedding structured, discipline-specific writing support within the curriculum can improve both academic performance and professional readiness. The initiative offers a model for integrating writing development into nursing programmes.

---

---

---

---

---

---

---

---

## Posters

### P.1 Shining the Spotlight on Surgical Site Infection Surveillance

Campbell, P.<sup>1</sup>, Gibney, R.<sup>1</sup>

<sup>1</sup>Louth Hospitals

#### Rationale

Surgical site infections (SSIs) comprise the third most hospital acquired infections (HAIs) in Ireland (ECDC 2023), representing a significant burden on hospitals, in terms of morbidity, mortality and prolonged hospitalisation (NHSN 2022). The key to reducing SSI rates is the establishment of a well organised and effective SSI Surveillance programme.

#### Aims / Objectives

To illustrate the success of an SSI Surveillance programme in an acute Irish hospital, over thirteen years, spanning 2011- 2024.

#### Implementation

Following a successful pilot study, a multidisciplinary committee was established in May 2010, with the programme commencing with Lower Segment Caesarean Section (LSCS) surveillance in 2011. The programme has continually expanded, with additional surgery types, both in Gynaecology and General surgery being added to the programme.

#### Evaluation / outcomes

The SSI committee reports its findings quarterly. On reviewing data collected since 2011, a reduction of SSI rates of between 43 and 82% has been observed, depending on surgery type. Regular engagement with staff has increased awareness of SSI prevention and fostered a commitment to continuous improvement, leading to increased patient safety and outcomes.

#### Discussion

It has been found that the key to a successful programme is:

1. A multidisciplinary approach- involving everyone on the patient's journey
2. Creating a strong culture and ethos of providing high quality, patient-centred care
3. Collection, collation, analysis and distribution of good quality data
4. Communication, accessibility and visibility
5. Adapting new mindsets based on findings- using a no blame approach
6. Implementing changes based on data driven findings
7. Remaining open to discussion and opinions of all stakeholders

An effective SSI Surveillance programme reduces SSIs, improving patient outcomes and experiences.

#### The Future

To adapt to new innovative digital surveillance methods, to be transformative where possible and willing to engage with new technologies, alongside the development of a National SSI Surveillance program.

---

---

---

---

---

## P.2 WITHDRAWN

## P.3 Reimagining Future Nurse: Adaptive Leadership and Systemic Resilience in Healthcare

**Notamicola, I.**<sup>1</sup>, Duka, B.<sup>2</sup>, Grosha, E.<sup>3</sup>, Carrodano, S.<sup>4</sup>, Conte, G.<sup>5</sup>, Gioiello, G.<sup>1</sup>, Iozzo, P.<sup>3</sup>, Rocco, G.<sup>4</sup>, Stievano, A.<sup>6</sup>

<sup>1</sup>Kore University of Enna, Enna, Italy, <sup>2</sup>Catholic University Our Lady of Good Counsel, <sup>3</sup>Department of Biomedicine and Prevention, University of Rome "Tor Vergata", <sup>4</sup>Centre of Excellence for Nursing Scholarship OPI, <sup>5</sup>Clinical Research Service, IRCCS Policlinico San Donato, <sup>6</sup>Department of Clinical and Experimental Medicine, University of Messina

### Introduction

This project envisions the evolution of nursing leadership post-pandemic, emphasizing adaptive capacity, digital transformation, and moral resilience as pillars of workforce renewal.

### Methodology / methods

A mixed-methods design will integrate Delphi consultation, focus groups, and scenario-based modelling to identify competencies required for resilient and technologically empowered nursing leadership.

### Results

Preliminary findings indicate that adaptive leadership fosters innovation, ethical coherence, and emotional sustainability across shifting care environments.

### Conclusion

Nurses equipped with adaptive leadership skills can guide healthcare systems through complexity, uncertainty, and continuous transformation.

### Nursing Implications

Embedding resilience and adaptability in leadership education will prepare future nurses to lead ethically, innovate effectively, and sustain human connection amid digital and systemic change.

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

## P.4 Clinical Impact of Sink Disinfection on MDR-GNB in Healthcare Setting

George, J.<sup>1</sup>

<sup>1</sup>Our Lady of Lourdes Hospital Drogheda, Ireland

### Background

Sink drains in the acute health care settings are occasionally colonised with Multidrug resistant gram-negative bacteria (MDR-GNB). This bacterium can easily contaminate the clinical environment and become a vehicle of infection transmission for patients. As removing or replacing sinks and water-safe interventions are not always feasible, we exam other sink disinfecting methods to maintain a safe clinical enviroment, such as devices, various chemical options and heat, that all aim to degrade the biofilm after the sink has been thoroughly cleaned.

### Aim

The aim of this Systematic review (SR) was to investigate the impact of sink drain disinfection on the incidence of MDR-GNB colonisation among patients in acute health care settings.

### Methodology / methods

Systematic review included databases including PubMed, Embase, CINAHL plus, Cochrane Library, Primo VE, and Google scholar. Due to methodological heterogeneity, a narrative approach was undertaken in this systematic review. This study outlined standard control measures, environmental sampling, active case finding and Whole-Genome Sequencing (WGS) analysis of environmental and patient strains.

### Results

Eight studies that examined the relationship between sinks in patient rooms and healthcare-associated MDR-GNB acquisition in acute healthcare settings were embedded in the final analysis. The significance of contaminated sinks as the environmental reservoir was highlighted by epidemiological analysis, which showed a positive and substantial association among contaminated sinks and MDR-GNB acquisition of patients admitted to acute health care settings.

### Conclusion

This systematic review has shown that colonisation with MDR-GNB in sink drains and patients in acute health care settings were effectively managed by various disinfection methods. Particularly in situations where other options are not immediately practical. Sink drain disinfection is a useful substitute for other techniques like sink replacement, sink removal, and water-free care.

---

---

---

---

---

---

---

---

---

---

## P.5 Co-Designing and Evaluating a Gamified E-Resource to Promote Healthcare Decarbonisation Competencies in Pre-Registration Health Profession Students: A Mixed-Methods Study Protocol

**McLaughlin-Borlace, N.<sup>1</sup>**, Craig, S.<sup>1</sup>, Flood, N.<sup>2</sup>, Steele, L.<sup>3</sup>, Anderson, T.<sup>1</sup>, Lynch, S.<sup>4</sup>, Sánchez-Martín, J.<sup>5</sup>, Gallagher, R.<sup>6</sup>, Tutticci, N.<sup>7</sup>, McArdle, C.<sup>8</sup>, Levett-Jones, T.<sup>9</sup>, Halaïqa, F.<sup>10</sup>, Hammoude, D.A.<sup>10</sup>, Binti Ahmad, N.<sup>11</sup>, Mitchell, G.<sup>1</sup>

<sup>1</sup>School of Nursing and Midwifery, Queen's University Belfast (QUB), <sup>2</sup>School of Natural and Built Environment, QUB, <sup>3</sup>Queen's Business School, QUB, <sup>4</sup>Estates Directorate, QUB, <sup>5</sup>Facultad de Educación y Psicología, Universidad de Extremadura, <sup>6</sup>Royal College of Nursing, <sup>7</sup>School of Nursing and Midwifery, Griffith University, <sup>8</sup>Faculty of Health Science, Ulster University, <sup>9</sup>School of Nursing and Midwifery, University of Technology Sydney (UTS), <sup>10</sup>College of Nursing, Qatar University, <sup>11</sup>International Islamic University Malaysia, Kuantan Campus

Climate change continues to intensify pressures on global health, with healthcare systems contributing approximately 5% of global greenhouse gas emissions. Decarbonising healthcare is therefore a critical priority, yet many health profession students feel underprepared to understand or address the carbon impacts of clinical care. Strengthening the decarbonisation knowledge and capabilities of the future workforce is essential to achieving low-carbon, sustainable healthcare delivery. This protocol outlines a mixed-methods study that will co-design and evaluate a gamified e-learning resource intended to build students' knowledge, attitudes, self-efficacy, and behaviour related to healthcare decarbonisation.

The study will follow a sequential explanatory design across three interconnected phases. Phase 1 involves a scoping review to synthesise current evidence on educational approaches to sustainable and low-carbon healthcare. Phase 2 consists of four co-design workshops with pre-registration health profession students (n=20), supported by focused ethnographic post-workshop focus groups to explore participants' perspectives on the co-design process, learning needs, and design features that support engagement. Phase 3 will assess the impact of the e-resource using pre- and post-test questionnaires (n=200) measuring knowledge, attitudes, self-efficacy, behaviours, willingness to act, and perceptions of usability, followed by focus groups (n=30) to explore behavioural change and user experience in greater depth after interacting with the resource.

This research will generate empirical evidence on the development and evaluation of a co-designed gamified e-resource centred on healthcare decarbonisation. The findings will offer important insights into how game-based digital education can support meaningful learning, influence decarbonisation behaviours, and enhance the integration of sustainability competencies within health professions curricula. Ultimately, this work aims to support the preparation of a workforce capable of contributing to a low-carbon, climate-resilient health system.

---

---

---

---

---

---

---

---

---

---



## P.7 Nursing Perspectives on Digital Gaps and Interoperability: A Cross-Sectional Study

Filice, M.R.<sup>1</sup>, **Ulivieri, D.**<sup>1</sup>, Criniti, S.<sup>1</sup>, Mora, S.<sup>1</sup>, Roascio, L.<sup>1</sup>, Rosso, N.<sup>1</sup>

<sup>1</sup>IRCCS Ospedale Policlinico San Martino, Genoa, Italy

### Introduction

Digital transformation is reshaping healthcare delivery, yet interoperability gaps among information systems remain a major challenge. As primary users of electronic health records, nurses play a vital role in ensuring efficiency and quality of digital workflows.

### Aims

To explore nurses' perceptions of digital infrastructure gaps and system interoperability within the hospital's clinical information ecosystem.

### Methodology / methods

A cross-sectional survey was conducted at Policlinico San Martino, in collaboration with the ICT Department, using the HIMSS Analytics EMRAM framework. The questionnaire, composed of items rated on a 5-point Likert scale, assessed perceptions regarding system integration, training, technical support, and the impact of digitalization on efficiency, quality, and patient safety. Data from nurses were analysed descriptively.

### Results

Among participating nurses (n = 285), 78% reported that digital tools improved efficiency and 82% agreed they enhanced care quality and safety. However, 61% rated system interoperability as "neutral" or "poor," and 55% expressed limited satisfaction with training and technical support. The mean score for interoperability was low (M = 2.88 ± 0.80), while that efficiency was high (M = 3.90 ± 0.85). Cronbach's  $\alpha = 0.76$  indicated good internal consistency. Positive correlations were observed between interoperability and perceived efficiency (r = 0.42; p < 0.01) and care quality (r = 0.39; p < 0.01).

### Conclusion

Digitalization supports clinical practice, but nurses continue to face barriers related to fragmented systems and uneven digital competencies. Strengthening interoperability and investing in targeted nurse training are essential to bridge these gaps and unite technology with humanity, ensuring that smart healthcare fosters coordinated, person-centered.

---

---

---

---

---

---

---

---

---

---

## P.8 Embracing Digital Technology and Transforming Care Delivery for the Person with Type I Diabetes by Initiation of Hybrid Closed Loop Insulin Pump Systems

**Matthews, L.<sup>1</sup>**

<sup>1</sup>Louth Hospitals, Ireland

### Background

The introduction of digital technology over recent years has revolutionized insulin delivery with Hybrid Closed Loop systems (HCLs). HCLs is an insulin delivery pump that communicates with a glucose sensor and an algorithm, enabling auto corrections and adjusts insulin delivery. This new technology can improve quality of life, reduce the burden of self-management of diabetes, offer virtual digital data driven consultations along with assisting the Person with Type 1 Diabetes (PWT1D) to achieve glycaemia targets within the international consensus of greater than 70% ultimately preventing or reducing diabetes complications.

### Aim

The Advanced Nurse Practitioner (ANP) aims to initiate an adult HCLs insulin pump service potentially enhancing well-being, improve clinical outcomes and long-term complications that impact the lives of PWT1D.

### Methodology / methods

The ANP through application of transformational leadership enlisted stakeholders to form a steering group. Using Kotters stages of change a pathway for insulin pump initiation and a policy procedure and guideline was developed. Members of the diabetes team enrolled on Insulin pump training course in preparation for initiation of HCLs. Prior to HCLs onboarding the ANP performed a focused health assessment and diabetes distress assessment. The ANP repeated these assessments three to four months post onboarding to measure outcomes.

### Conclusion

The initiation of HCL system has improved clinical outcomes, increased time in range, and enhanced quality of life by reducing emotion burden of diabetes. Additionally, the benefit of enriched data from technology platforms provides the ANP and the PWT1D an alternative virtual consultation delivery that is effective and accessible.

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

## P.9 Embedding Nursing Research into the Care Journey: An Evaluation of a Co-Designed Survivorship Pathway

McGarvey, C., Soman, N., Raymonde, J., O'Malley, K., Galvin, D., Nason, G.

### Introduction

In 2020 over 4,500 new cases of prostate cancer (PC) were diagnosed in Ireland. Although the five-year survival rate is 99%, (NCRI 2022), challenges faced by men relating to diagnosis, treatment and the sequelae of PC care and surgery are multifaceted. The impact of PC on masculine identity, physical, psychological and functional outcomes is well established (Chambers 2017, Chen 2021). However, in spite of evolving medical/surgical advancements, nursing research has identified contemporary care deficits relating to information and transitional care (Corbally et al 2023).

The PROsper survivorship pathway is a co designed evidence-based pathway of nurse led care designed to address care deficits by collating multidisciplinary prehabilitation and rehabilitation care at pre-determined time points. It embeds survivorship principles into the patient pathway from diagnosis to week 12 post-surgery.

### Methodology / methods

This paper presents findings from an evaluation of the PROsper project. Data was evaluated retrospectively from January 2025 to October 2025. Data sources included hospital database data as well as patient narrative accounts.

### Results

146 patients were successfully recruited. 100% (n=146) received ANP survivorship clinic referral (83.6%, n=122 attendance) and CNS-led education at multiple time points (pre and post operatively). Eligible candidates (77%, n=113) were referred to pre-operative online multidisciplinary seminar with 40% (n=59) attendance. 15%(n=23) were referred for counselling, with 2.7% (n= 4) patients referred to psych oncology. The outcomes of this intervention improved engagement in a stratified self-management follow up intervention.

### Conclusion

This retrospective evaluation demonstrates that embedding the principles of survivorship with a co-designed evidence-based approach has real impact. The high levels of engagement by men illustrate that tailoring and sequencing care interventions that exist offers real potential for other services involved in promoting cancer survivorship to reimagine novel ways of promoting patient engagement. This also offers additional potential to make the nursing contribution visible.

---

---

---

---

---

---

---

---

---

---

P.10 WITHDRAWN

P.11 WITHDRAWN

P.12 WITHDRAWN

## P.13 Verti-Gone? Auditing the Spin on Hallpike Manoeuvre Documentation in Older Adults

**Byrne, L.**<sup>1,2</sup>, Hade, D.<sup>3</sup>, Joseph, L.<sup>3</sup>, Kelly, D.<sup>3</sup>, Poulouse, B.<sup>3</sup>, Rice, C.<sup>2,3</sup>

<sup>1</sup>Royal Hospital Donnybrook, <sup>2</sup>Trinity College Dublin, <sup>3</sup>St James Hospital,

### Introduction

Benign paroxysmal positional vertigo (BPPV) is the most common peripheral vestibular disorder in older adults, affecting up to 50% of octogenarians (von Brevern et al., 2007). It is most often diagnosed using the Hallpike-Dix manoeuvre and treated with repositioning techniques like the Epley manoeuvre (Fife et al., 2008). BPPV significantly raises fall risk (Tinetti & Kumar, 2010). Falls impact the quality of life and independence of older adults; thus, vestibular assessment should be included as part of a comprehensive falls assessment (Montero-Odasso et al., 2022). A 5-year audit was conducted to assess vestibular assessment within a neuro-cardiovascular falls service at a tertiary hospital, focusing on the advantages of multi-canal assessment for improving diagnostic rates.

### Methodology / methods

A retrospective audit was conducted of electronic patient records of patients who underwent a nurse-led vestibular assessment over a 5-year period between 2019 and 2024 in a specialist falls service. A total of 632 assessments were identified.

### Results

Two hundred and seventy patients were diagnosed on Dix-Hallpike to have posterior canal BPPV, and 53 patients who proceeded to lateral canal testing following a negative Dix-Hallpike were diagnosed with horizontal canal BPPV, leading to a combined diagnostic yield of 51%. Successful resolution of nystagmus required 2-4 repositioning manoeuvres and a multi-canal diagnostic assessment. The addition of lateral canal testing improved the diagnostic yield by 8.3%, thus supporting its use in patients with negative Dix-Hallpike.

### Conclusion

Given its high prevalence, recurrence, and impact on older adults, BPPV represents a significant public health concern requiring increased awareness and accurate diagnosis. Timely intervention can reduce its effects on mobility, fall risk, and overall well-being in this vulnerable population. Vestibular assessments should incorporate lateral canal testing alongside the Dix-Hallpike manoeuvre to improve diagnostic accuracy; our audit revealed nearly 1 in 10 cases were identified through lateral canal testing alone.

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

## P.14 Language Barriers in Hospital Care: A Multicenter Cross-Sectional Study

**Gardalini, M.**<sup>1</sup>, Bolgeo, T.<sup>1</sup>, Cannici, C.<sup>1</sup>, Roveta, A.<sup>1</sup>, Di Matteo, R.<sup>1</sup>, Maconi, A.<sup>1</sup>

<sup>1</sup>Research Training Innovation Infrastructure - Department of Research and Innovation, Azienda Ospedaliero-Universitaria SS. Antonio e Biagio e Cesare Arrigo

### Background

Linguistic discordance in healthcare impairs communication, informed consent, adherence, and safety, increasing errors and staff stress. In Italy, evidence on language barriers across different professional roles is limited. This study examines the prevalence, nature, and perceived impact of linguistic and cultural barriers in hospital care, aiming to identify effective strategies to enhance equity and access.

### Methodology / methods

A multicenter cross-sectional study was conducted in four Italian hospitals, involving clinical staff with direct patient contact, using an anonymous online survey based on existing literature. The survey assessed sociodemographic characteristics, exposure to non-Italian-speaking patients, perceived communication barriers, availability and use of resources (interpreting services, bilingual staff, digital translators, visual aids), and perceived effects on care quality, adherence, safety, and workload. Descriptive and inferential analyses were performed using SPSS v25 (two-sided  $\alpha=0.05$ ).

### Results

Preliminary results indicate high exposure to non-Italian-speaking patients, limited use of formal interpreting services, and reliance on informal strategies. Emerging differences among professional groups concern perceived barriers, resources, and effects on care quality and safety. A strong interest in structured training and standardized multilingual materials is anticipated to support communication and equity in care.

### Conclusion

Findings will provide an overview of communication inequities in hospital care, informing policies for interpreter activation, development of multilingual resources, and targeted education. Enhancing linguistic inclusivity will support the core principles of equitable access, patient safety, and continuity of care in transforming healthcare systems toward greater fairness, adaptability, and sustainability.

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

## P.15 Developing a Respiratory Advanced Nurse Practitioner-led Service for Patients with Chronic Respiratory Disease in an Integrated Care Setting

**Uno, M.**<sup>1,2</sup>, Joseph, J.<sup>3,4</sup>

<sup>1</sup>Beaumont Hospital, <sup>2</sup>HSE OMNI Integrated Care Hub (Dublin North), <sup>3</sup>HSE St. Clare's Integrated Care Hub (Dublin North Central), <sup>4</sup>Mater Misericordiae University Hospital

### Background

The increasing burden of chronic respiratory diseases, such as Asthma and COPD, necessitates a more proactive approach to managing patients to live well with their chronic respiratory conditions and to attend health services closer to their homes. By creating alternative pathways using the current models of care for Asthma and COPD, the respiratory advanced nurse practitioner (ANP)-led service aims to enhance patients' healthcare journey. In Ireland, particularly in Dublin North County and Central, it is estimated that a substantial portion of the population has been diagnosed with chronic respiratory disease, with increasing demands for acute services. The majority of patients experience recurrent exacerbations that require frequent GP visits or repeated unplanned hospital admissions with limited access to self-management support. To reduce the increasing pressure on acute services, an identified service gap aims to provide timely access to respiratory specialist care.

### Methodology / methods

A stakeholder group consisting of an integrated care consultant, senior nursing managers and an operational lead was formed to provide support and direction in establishing an ANP-led service that will enable the provision of an entire episode of advanced nursing care, where the ANP is involved from the initial diagnosis to ongoing management, ensuring continuity and quality of care.

### Outcomes

Following a series of engagements and meetings, stakeholders agreed on the inclusion and exclusion criteria for the proposed patient group, including caseload, referral pathways, reporting relationships and activity metrics.

### Conclusion

Developing a respiratory ANP-led service within an integrated care setting is a strategic approach to improving chronic respiratory care. By empowering ANPs, fostering collaboration, and embracing innovative service models, this initiative will deliver high-quality, holistic, evidence-based, patient-centred care closer to home, aligning with the principles of providing appropriate care at the right place and at the right time.

---

---

---

---

---

---

---

---

---

---

## P.16 Caring for Women with a Language Barrier: A Qualitative Evidence Synthesis of Midwives' Experiences

O'Shea, L.<sup>1</sup>, Gallagher, L.<sup>1</sup>, Panda, S.<sup>1</sup>, Cook, J.E.<sup>1</sup>, Clive, A.<sup>1</sup>

<sup>1</sup>School of Nursing and Midwifery, Trinity College Dublin

### Background

Rates of immigration are increasing worldwide. Increased migration can significantly impact pregnant women, particularly when compounded by language barriers. Women's experiences and access to maternity services are affected by language barriers, leading to poorer experiences of maternity care and increased risks for both mothers and infants. Midwives also report difficulties in providing quality care to women with language and communication barriers.

### Objectives

To synthesise the experiences of midwives who provide care for women with a language barrier during the peripartum period.

### Methodology / methods

Findings from primary qualitative and mixed-method studies reporting the experiences of registered midwives caring for women with a language barrier were included. A systematic search of six online databases, MEDLINE, CINAHL, EMBASE, PsycINFO, Maternity and Infant Care, and Web of Science Core Collection was conducted in January 2025. The methodological quality of the selected studies was assessed using the JBI quality appraisal criteria checklist. Data were then thematically synthesised, and confidence in the review findings was evaluated using GRADE-CERQual. Ethical approval was not necessary, and the authors declare no conflicts of interest.

### Results

Twenty-seven studies conducted across 14 countries, involving over 297 midwives, met the inclusion criteria. Data synthesis revealed three dominant themes: 1) the right to equal care, which included inequalities in care provision, the attitudes and beliefs of midwives, and challenges in maintaining privacy and dignity; 2) care within barriers which identified time constraints, lack of resources, and influence of culture and background; and 3) alternative strategies to overcome barriers which identified communication tools and additional aids utilised by midwives. The methodology and preliminary findings were previously presented at a conference.

### Conclusion

Midwives acknowledge deficiencies in the provision of care to women with language barriers but highlight resourceful practices to support women with language barriers in the peripartum period.

---

---

---

---

---

---

---

---

---

---

## P.17 Innovative Community Outreach Pathway Enhances Care for Huntington’s Disease in Ireland

Russell, O.<sup>1</sup>, McIntyre, D.<sup>1</sup>, Hardiman, O.<sup>1</sup>

<sup>1</sup>National Neuroscience Centre, Beaumont Hospital, Beaumont Road, Dublin 9, Ireland

Ireland’s first dedicated national community outreach care pathway for Huntington’s Disease (HD) has completed its inaugural year, demonstrating the feasibility and impact of a nurse-led, neurologist-supported model of care. This Advanced Nurse Practitioner (ANP)-led initiative provides a flexible, inclusive, and patient-centred approach to managing HD - a complex, inherited neurodegenerative disorder characterised by motor, cognitive, and psychiatric manifestations (Novak and Tabrizi, 2010; Rosser and Kwan, 2015).

Aligned with Sláintecare’s vision of delivering the right care at the right time in the right place (Government of Ireland, 2017), the pathway addresses previous service inequities by extending specialist care beyond hospital walls to outpatient clinics, long-term care facilities, homeless hostels, prison services and patients’ homes. Since its launch in late 2024, the program has engaged over 100 patients via outreach visits, 46 through community nurse-led clinics, and 106 in outpatient settings, supported by 412 telephone consultations. This approach has improved accessibility for patients with mobility, cognitive, or psychiatric challenges while reducing stigma and isolation (Aubeeluck and Buchanan, 2007; Carlozzi et al., 2019).

The model’s strength lies in its holistic, multidisciplinary design, incorporating physiotherapy, occupational therapy, speech and language therapy, dietetics, psychology, and neuropsychiatry (Rawlins et al., 2016; NICE, 2017). Its proactive outreach to marginalised groups, including those experiencing homelessness and in prison services exemplifies inclusive healthcare delivery, with emerging evidence linking homelessness to neurodegenerative disorders (Fu et al., 2024).

Looking forward, key priorities include establishing a national HD registry, expanding outreach into prisons, enhancing nursing capacity, and developing a clinical trial-ready cohort.

This first-year report underscores that a national nurse-led outreach model for HD is both feasible and transformative. By prioritising flexibility, inclusion, and equity, it offers a scalable template for neurodegenerative disease care that aligns with contemporary healthcare reform and redesigning Systems to improve equity and access.

---

---

---

---

---

---

---

---

---

---

---

---

## P.18 Enhancing Care: The Role of Continuous Glucose Monitoring in Supporting Individuals with Type I Diabetes and Down Syndrome

McCabe, O.<sup>1</sup>

<sup>1</sup>RCSI, Our Lady's Hospital Navan, Ireland

### Background

Individuals with Down Syndrome are at an increased risk of developing Type I diabetes and often face complex challenges in managing the condition due to communication difficulties, cognitive limitations, and co-existing autoimmune conditions. Traditional capillary blood glucose monitoring can be distressing and less effective in this population, necessitating more user-friendly, responsive technologies.

### Objective

To explore the benefits of continuous glucose monitoring (CGM) systems in enhancing diabetes care for individuals with Down syndrome and Type I diabetes, from the perspective of an advanced nurse practitioner in diabetes.

### Methodology / methods

This practice-based reflection outlines key CGM features – real-time monitoring, reduced need for finger-prick tests, trend alerts, and remote monitoring – and their impact on both patients and caregivers. Particular attention is given to how CGMs promote independence, improve safety, and enable more personalised, data-informed care.

### Results

CGM use has been associated with improved glucose control, reduced risk of hypoglycaemia, and greater comfort for individuals with sensory sensitivities. The family-sharing function provides caregivers with real-time oversight, easing caregiver burden and enabling more collaborative diabetes management. These benefits are particularly valuable for individuals with Down Syndrome, who may struggle to recognise or communicate fluctuations in blood glucose levels.

### Conclusion

Integrating CGM into the management of individuals with Down syndrome and Type I diabetes can enhance quality of life, support safer and more consistent glucose management, and empower both patients and caregivers. Wider access and awareness of CGM technology in this population should be promoted as part of inclusive, person-centred diabetes care.

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

## P.19 Steps to a Human Rights-Based Approach in Nursing Home Care

Morrow, E.<sup>1</sup>, Haf Spencer, L.<sup>1</sup>, Carney, M.<sup>1</sup>, Yang, S.<sup>1</sup>, Lynch, M.<sup>1</sup>

<sup>1</sup>Faulty of Nursing and Midwifery, RCSI

### Background

Despite comprehensive regulatory frameworks, many nursing home residents in Ireland continue to experience care that limits autonomy and dignity. This 2025 study, commissioned by Nursing Homes Ireland and led by the Faculty of Nursing and Midwifery, RCSI, addressed the need for practical, implementable models that embed a Human Rights-Based Approach (HRBA) within nursing home care. Grounded in FREDA principles of Fairness, Respect, Equality, Dignity and Autonomy, the project aimed to develop implementable guidance for nursing homes.

### Aim

To develop evidence-based, co-designed guidance to support the implementation of a human rights-based approach that promotes equity, inclusion and person-centred practice in nursing home care.

### Methodology / methods

A three-phase mixed-methods study was undertaken:

1. A rapid review of international evidence (n=86 studies) on human rights in long-term care
2. Focus group consultations with 29 stakeholders including providers, advocates and policy representatives; and
3. Co-design and development of practical guidance using implementation science frameworks.

The process of producing the guidance information ensured alignment with FREDA principles, legal frameworks and healthcare standards.

### Results

Stakeholders identified significant barriers to rights-based care including institutional routines, workforce shortages, and limited resident voice. Findings highlighted the need to shift from risk aversion and compliance to a "homeliness culture" grounded in partnership, inclusion and respect. The resulting guidance provides tiered recommendations (Starting Out, Progressing, Advancing) and practical tools such as positive risk-taking discussions, and scenario-based learning, to support awareness and organisational change.

### Conclusion

The resulting guidance information on human rights-based approach, offers a structured framework to guide nursing homes in promoting equity, inclusion and respect for residents' rights. Strengthening access to evidence, tools and education can help address systemic barriers and embed fairness and person-centred care cultures.

**Funder:** Nursing Homes Ireland

---

---

---

---

---

---

---

---

## P.20 Establishing a National Nursing Home Residents Forum

**Shanagher, D.**<sup>1</sup>, Daly, T.<sup>1</sup>, Quigg, O.<sup>2</sup>

<sup>1</sup>Nursing Homes Ireland, <sup>2</sup>CareChoice

### Background

No national forum exists to capture the voice and experience of nursing home residents in Ireland. It is recognised that amplifying the voice of nursing home residents has never been as important as it is now.

### Aim

Scope out with Nursing Home Residents if appetite exists for the establishment of and participation at a national forum for residents. Outline steps taken to date and next steps being planned in relation to the establishment of such a forum.

### Methodology / methods

The following method was employed:

- A scoping exercise was undertaken to ascertain some of the learnings that other organisations that have established similar groups were willing to share. A briefing document re same was prepared
- Nursing Home Residents were invited to an information webinar on February 11th 2025
- An exploratory meeting with nursing home residents took place in-person on March 5th. The idea of highlighting priorities for residents was discussed
- A number of online meetings have taken place since ascertaining priorities for residents and discussing actions taken to date.

### Results

Some of the initial priorities identified by residents are as follows:

- Transport: There is a need for greater access to transport to support residents attend hospital appointments. Being supported to be independent is important. There is a lack of clarity about how to access free travel on trains and buses.
- Post: The availability of free post to and from nursing homes needs to be extended beyond 31st December 2025.
- Public Spaces: Increased access to toilets in public spaces is required, particularly in parks.

### Conclusion

The Residents Forum will now be taking steps to address the above identified priorities to include compiling and sharing information of relevance and seeking engagement with stakeholders, to include policy makers, politicians and public service providers.

---

---

---

---

---

---

---

---

---

---

## P.21 Developing a Community Nursing Kit for Home Dialysis Referral & Training

Greene, M.<sup>1</sup>, Armstrong, A.<sup>1</sup>, Gorczak, K.<sup>1</sup>, Twomey, D.<sup>1</sup>, Canlas, T.<sup>1</sup>, Ormond, J.<sup>1</sup>

<sup>1</sup>Beaumont Hospital, Dublin, Ireland

### Introduction

Community PD/HHD referral & home training offers a patient-centred approach redesigning systems & care for equity and access. Training at home offers complex patients' comfort, confidence & knowledge. They are learning to manage their illness right where they will be doing their treatment.

### Aims

This initiative aims to improve:

- Communication and teaching style of our home therapies team
- PD/HHD CNS provides training that is specific to the patient's home environment
- Training at home allows patients to learn PD/HHD steps, tasks, self-care in environment where they will actually perform them
- Staff are connected to base by Laptop remote access, mobile phone enhancing quality of patient care,
- Nursing documentation is streamlined & improves workflows
- Releases healthcare capacity in DTC facilities

CNS's assess suitability for home training/services

- CNS visits patient at home for care
- Laptop enables accurate, up-to-date electronic health records on Emed while on visit (Patient home).
- Patient information is accurately captured on Emed /Share Source Platform
- BP, O2 Sats monitor and clinical supplies provides onsite home care
- Patient assessments, care plans, & interventions documented on-site (Patient home) reducing risk of errors.
- Easy to share visual educational materials viewed with patients/family
- Reduces stress and anxiety compared to training in a clinical setting.
- CNS can advise on the best place to store supplies, maintain hygiene, & identify potential safety concerns.
- Family members & caregivers can participate learning how to assist or provide support if needed.

Home PD Ref/training reduces the burden

- Traveling to Beaumont for training and the financial implications that may incur on a person for up to full 5 days.
- Communication is less stressful and teaching is relaxed environment
- Reduces arrangements for childcare/Work leave
- Can be arranged around family commitments
- Reduces Mobility challenges

A wide range of care can now be provided at home to patients.

---

---

---

---

## P.22 A Message in A Bottle - Fast Effective Communication When Every Second Counts

Greene, M.<sup>1</sup>

<sup>1</sup>Beaumont Hospital, Dublin, Ireland

I feel "Message in a Bottle"(MIAB) encapsulates this year's theme of breaking barriers & redesigning systems by empowering excellence through effective communication. A small simple kit will bring information and peace of mind to patient families and healthcare and emergency workers. MIAB is very simple safety initiative for anyone living at home, who might be reassured to know that essential information would be readily available to the Emergency Services to advise on relevant illnesses, allergies, medication and contact addresses, should they suffer an accident or sudden illness.

120/156 (77%) of dialysis patients completed a questionnaire. All felt their complex health details may be difficult for them or loved ones to communicate in an emergency. 63% of those who completed questionnaire do not keep any health information about themselves accessible in their home in case of emergency. 35% keep varying types of information and in various places around the home often not easily accessible. 94% of those who participated would like to use the MIAB kit to organise their emergency information at home. The 3% who answered "maybe" in the survey subsequently requested a MIAB kit when shown what it was. Only 2.5% had a similar kit or an organised way of keeping emergency information at home.

MIAB is now being scaled upwards and offered to all home therapies, transplant, new dialysis patients as part of discharge planning. It will be offered as part of CKD education and would be an ideal investment by any organisation to promote to other groups of patients. MIAB works by

- Completing a form & place inside capsule
- Place one of the stickers inside the front door and, one sticker on the fridge door,
- Seal the capsule and leave it on the inside of the fridge door.
- It is recognised by all HSE emergency workers

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

## P.23 The Role of the Nurse in Modern Cardiology: Atrial Fibrillation Ablation

Stoica, E.<sup>1</sup>

<sup>1</sup>Clinical Emergency Hospital; Electrophysiology and Cardiac Pacing Laboratory

### Background

Atrial fibrillation (AF) is the most common cardiac arrhythmia worldwide and a major cause of heart failure and stroke. Although rarely life-threatening, it is associated with significant morbidity and reduced quality of life. Pulsed Field Ablation (PFA) – also known as electroporation – is a modern, minimally invasive procedure that uses short electrical pulses to selectively destroy arrhythmogenic cardiac tissue in the left atrium while preserving surrounding structures.

### Objective

To describe the professional role and responsibilities of the nurse in the preparation, intra-procedural assistance, and post-procedural care of patients undergoing PFA ablation for atrial fibrillation.

### Methodology / methods

The procedure requires specialized equipment, including a PFA generator, 3D mapping and X-ray systems, and dedicated electrophysiology consumables. The nurse plays a central role throughout all procedural stages. Pre-procedurally, the nurse ensures patient safety, verifies consent and identity, establishes intravenous access (16–18G), monitors vital signs, administers oxygen therapy, and prepares the sterile field and required materials. During the procedure, the nurse monitors the patient's hemodynamic status, evaluates ACT levels (target 300–350 seconds), assists in medication administration (heparin, anesthetics, and sedatives), and promptly identifies any adverse events. Post-procedurally, nursing care focuses on monitoring the puncture site, maintaining hemodynamic stability, preventing complications, and providing patient education for discharge and recovery.

### Results

Active nursing involvement ensures procedural safety, reduces complications, supports early mobilization, and shortens hospitalization to less than 48 hours. Effective teamwork and adherence to protocols significantly improve patient outcomes and satisfaction.

### Conclusion

PFA ablation is an innovative and efficient treatment for atrial fibrillation that reflects the evolution of modern cardiology. The nurse's role is essential in ensuring procedural success, patient safety, and continuity of care, reinforcing the professional impact of nursing in advanced cardiac interventions.

---

---

---

---

---

---

---

---

---

---

## P.24 Cardiovascular Disease and Mental Health: The Power of Nursing

**Carroll, D.**<sup>1</sup>

<sup>1</sup>Massachusetts General Hospital, USA

Mental health is a vital component of a person's overall well-being. Mental health interacts with cardiovascular (CV) health in a bidirectional way. CV events or chronic CV disease impacts mental health, either worsening pre-existing conditions or triggering a change in mental health. CV care is optimal when it is person-centered and seeks to improve a person's overall health, including mental health.

The European Society of Cardiology published a consensus document to address the mental and CV health for those at risk and those known to have CV disease and recommended a team approach that includes the nurse. Nurses have a prominent role in prioritizing holistic, person-centered care. Nurses evaluate both CV and mental health in every patient encounter recognizing the bidirectional relationship between these two domains. The purpose of the paper is to highlight the power of the nurse within the Psycho-Cardio team in the care of people with CV disease and their mental health.

Nurses are present at the time of CV health events and have a caring presence to understand the full spectrum of mental and emotional consequences of CV disease. It is the nature of the nurse-patient relationship, that the nurse brings to the relationship knowledge, knowing, compassion, competence, presence, and partnering with patients that directs the actions of the encounter.

In their unique position, nurses empower patients as experts in their care by facilitating shared decision making, respecting the patient's story and their preferences. By being present with the patient during a CV event, nurses offer compassion, knowledge and emotional support. Nurses support each other on developing compassion, knowledge and skills through ongoing learning and peer support to be present with their patients. Using these powerful actions, the nurse contributes to the care of patients with CV disease and promotes positive mental health.

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

## P.25 Breaking Barriers to Cardiac Rehabilitation Engagement: A Scoping Review of Personal Factors and Targeted Interventions

Zhang, H.<sup>1</sup>, Lydon, C., Sezgin, D.

<sup>1</sup>University of Galway

### Background

Cardiac rehabilitation (CR) reduces mortality and improves quality of life, yet patient engagement in CR remains low. System-level barriers interact with personal factors, but existing literature mainly focuses on CR pathways and access, and lacks a systematic integration of modifiable personal factors and interventions that could meaningfully support sustained and equitable participation in CR.

### Objective

To identify and map personal factors influencing CR engagement and the interventions to increase CR engagement.

### Methodology / methods

Following the Joanna Briggs Institute manual and PRISMA-ScR guidelines, we searched peer-reviewed English studies (2013–2024; adults  $\geq 18$  years; grey literature excluded) in MEDLINE (Ovid), PsycINFO, CINAHL, Cochrane Library and Scopus. The data items included study characteristics, personal factors, and intervention components. The personal factors and interventions were defined and categorised based on the Patient Health Engagement model, including cognitive, emotional, behavioural and other. The data were synthesised narratively.

### Results

Eighty-nine studies were included (78 reporting personal factors; 11 reporting interventions). Cognitive factors included limited knowledge, low perceived need, reduced self-efficacy and mistrust, while interventions addressing these barriers involved staged mailed information, brief in-hospital education and interactive digital information platforms. Emotional factors such as anxiety, fear, depressive symptoms and worry were addressed through emotional screening, digital mood assessments, structured follow-up contacts and music-based supports. Behavioural factors included entrenched habits, limited action planning, low help-seeking and inconsistent self-monitoring, were targeted through interventions including scheduled telephone follow-ups, reminder-based checklists, remote monitoring tools and structured peer or nurse-led support. Other factors reported, including expectations, perceived independence, and cultural beliefs, were linked to goal setting, flexible rehabilitation setting options, technology-supported sessions and financial support.

### Conclusion

Applying the PHE model to classify personal factors and link them with targeted interventions offers a clear, practical structure for developing person-centred CR programmes. Systematically addressing these modifiable personal factors is key to improving engagement of CR.

---

---

---

---

---

---

---

---

## P.26 The Big Move! The Centre for Integrated Thromboembolism Care (CITC)

**Wardick, O.**<sup>1</sup>, Curran, C., Thomas, V., Shameer Khan, S., Scott, D., Solomon, L., Ni Ainle, F., Kevane, B.  
<sup>1</sup>Mater Hospital, Dublin

Venous Thromboembolism (VTE) is a term referring to blood clots in the veins. VTE includes Deep Vein Thrombosis (DVT) and Pulmonary Embolism (PE) 1&2. VTE can affect anyone regardless of age, race or ethnicity:

- 1 in 4 people die of conditions caused by thrombosis
- 1 in 12 develop a VTE within their life -time
- 55-60% of VTE incidents occur within 90 days of hospital discharges
- Up to 20% of cancer patients develop blood clots with VTE the leading cause of maternal deaths 1&2.

Before the “Big Move” the anti-Coagulation service operated across two sites with the VTE services based in the main hospital and the anti-Coagulation service based in a prefab on the grounds of the old MMUH. Services provided included three nurse-led clinics i.e. Anti-Coagulation Clinic (ACC), Self-Testing Clinic (STW), Direct Oral Anti-Coagulant clinic (DOAC) and two Consultant run general Hematology clinics. The re-design of the service led to the development of a holistic multidisciplinary model of care delivery, to improve clinical outcomes for VTE patients and for those on oral anti-coagulants. Today this service is known as The Centre for Integrated Thromboembolism Care (CITC).

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

P.27 WITHDRAWN

## P.28 “What are the Factors Contributing to Burnout in Home Support Workers and the Interventions Used Globally to Prevent Burnout?”

Somers, A.<sup>1</sup>, Lynch, M.<sup>2</sup>, Savolainen, K.<sup>3</sup>, Sweeney, M.R.<sup>4</sup>

<sup>1</sup>PhD Scholar, RCSI Faculty of Nursing and Midwifery, <sup>2</sup>Faculty of Nursing and Midwifery, <sup>3</sup> School of Nursing, Maynooth University, <sup>4</sup>Faculty of Nursing and Midwifery

### Background

Ireland’s ageing population, with a projected 164% increase in people aged 85+ by 2043, provides major challenges for home support services and keeping up with the demands. Additionally, workforce shortages and high turnover among home support workers (HSWs) further threatens the service capacity.

### Aim

This scoping review aims to explore international literature on the retention of HSWs to investigate the influential factors in HSWs leaving the sector.

### Objectives

1. To identify international evidence on the retention and attrition of home support workers.
2. To explore challenges and barriers affecting HSWs related to retention strategies globally.
3. To provide policy and research recommendations to strengthen workforce sustainability.

### Methodology / methods

The review will follow a scoping review framework and search peer-reviewed literature published within the last 10 years using databases such as CINAHL, PubMed, and PsychInfo. Studies focusing on formal HSWs will be included; those on informal carers, nurses, or residential care settings will be excluded. Screening and data extraction will be completed independently by at least two reviewers using Covidence.

### Results

The review will map current evidence on stress, burnout, and support mechanisms affecting retention, highlighting gaps in existing research. Findings will inform the development of focus groups and contribute to actionable recommendations for policymakers and stakeholders. Supporting the existing HSW workforce aligns with Goal 4 of the SláinteCare Report, which calls for strategic workforce planning to ensure sustainable care delivery. The findings from the review will be available to present at RCSI’s Faculty of Nursing and Midwifery Conference in February.

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

## P.29 Progress in the Reformulation of Food Staples in the Republic of Ireland, 2021–2025: Tracking Nutrient Changes to Support Healthier Food Environments

Yang, S.<sup>1</sup>, Hamad, O.<sup>2</sup>, Mahoon, D.A.<sup>2</sup>, Sweeney, M.R.<sup>1</sup>

<sup>1</sup>Faculty of Nursing and Midwifery, RCSI University of Medicine and Health Sciences, <sup>2</sup>School of Medicine, RCSI Medical University of Bahrain

### Background

According to the World Health Organization (2022), reformulation is a key strategy to promote healthier diets and reduce the burden of non-communicable diseases globally. In Ireland, the Food Reformulation Roadmap outlines voluntary targets for the food industry to achieve gradual improvements in the nutritional composition of commonly consumed processed foods. Continuing on previous research conducted in 2014, 2017, and 2021, this study aims to assess the progress in the reformulation of food staples in Ireland during the period of 2021 and 2025.

### Methodology / methods

Nutrition label data were collected from major food retailers in Ireland through in-store photography and online sources. Selected food categories included breads, ready-to-eat breakfast cereals, milks, spreads, cereal snacks, yoghurt/yoghurt drinks, and fruit juices. Nutrient data across two time points were compared at group level; those directly comparable products were also compared, focusing on energy, protein, carbohydrate, fat, saturated fat, sugar, salt, fibre, and selected micronutrients.

### Results

Preliminary results showed that between 2021 and 2025, some product lines were discontinued while others were newly added. Among 29 comparable bread products, decreases were found in energy (kcal) by 1.16%, fat by 2.01%, and sugar by 1.25% (2025 vs 2021). However, increases were found in saturated fat (1.00%) and salt (7.57%) compared to 2021. An increase in fibre (5.35%) was also observed. Data across all the food staples analysed showed increases across some and decreases across other nutrients of interest.

### Conclusions

Preliminary findings highlight progress in the reformulation of bread products in Ireland, with some positive shifts such as reduced energy and sugar content. However, increased saturated fat and salt in certain products were also observed. These insights may support future food policy efforts and provide evidence for implementing food reformulation strategies in Ireland.

---

---

---

---

---

---

---

---

---

---

---

## P.30 Advancing Nursing and Midwifery through Targeted Soft Skills Development: A Nationwide Initiative

Carnu, A.<sup>1</sup>

<sup>1</sup>OAMGMAMR, Romania

The Romanian Order of Nurses and Midwives (OAMGMAMR) has launched a landmark national project entitled “Developing the Personal and Professional Skills of Nurses and Midwives through Soft Skills Training Programs.” This initiative represents a strategic effort to strengthen the human dimension of healthcare by enhancing the communication, emotional intelligence, teamwork, and resilience of 960 nurses and midwives across Romania’s eight development regions.

Responding to the increasing complexity of healthcare environments, the project seeks to bridge essential soft skills gaps that directly impact quality of care, patient safety, and professional satisfaction. Its overarching goal is to empower nurses and midwives to assume stronger leadership roles and to cultivate collaborative, patient-centered work environments.

Building on the success of a 2023 pilot leadership program for nursing directors – which reported that over 80% of participants improved their communication, adaptability, and team management capacities – this initiative scales up the model through a scientifically validated, structured training approach. The program’s design integrates adult learning principles, experiential learning techniques, and continuous professional development frameworks to ensure lasting behavioral change and measurable impact.

Participants engage in evidence-based modules focusing on self-awareness, stress management, emotional regulation, and interpersonal communication, all of which are provided free of charge and accredited by OAMGMAMR. Evaluation methods include pre- and post-intervention assessments to monitor progress in professional competencies, job satisfaction, and patient interaction outcomes.

By systematically addressing the psychosocial dimensions of nursing and midwifery practice, this project aims to enhance workforce well-being, reduce burnout, and improve retention rates. Ultimately, it aspires to establish a scalable, research-informed model for professional development that aligns with international recommendations for promoting mental health and well-being among healthcare professionals.

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

P.31 WITHDRAWN

## P.32 The Transformative Role of the Acute Intellectual Disability Liaison Nurse CNM2

Boyle, S.J.<sup>1,2</sup>, Kennedy, S.<sup>1</sup>

<sup>1</sup>Cheeverstown, <sup>2</sup>Tallaght University Hospital

### Background

People with intellectual disabilities tend to experience poorer health and encounter barriers when accessing acute services. The Acute Intellectual Disability Liaison Nurse (IDLN) role was established with the aim of overcoming barriers and enhancing the quality, safety and accessibility of care for people with intellectual disability. This partnership is in place between Cheeverstown and Tallaght University Hospital (TUH), with one Acute IDLN in post. The purpose of this abstract is to highlight the impact of the Acute IDLN through presentation of independently collected data, case studies and first-hand experience of the role.

### Approach

An evaluation of the role was conducted through collection and analysis of activity over a 12-month period from August 2024 to August 2025 in TUH. Data includes type of residence, age range, length of stay, presenting problem, reasonable accommodations provided, professionals collaborated with, feedback and case studies. Data was independently recorded and analysed by the IDLN to provide an authentic account of the role's impact.

### Findings

The data revealed high volume of referrals received to the Acute IDLN demonstrating increased need for the role to support coordination of care, facilitating reasonable accommodations and enhancing communication and integration between community and acute settings. Case studies and qualitative feedback demonstrated improved patient experience, enhanced person-centered care, benefit of reasonable accommodations and increased satisfaction with care. These findings display the transformative impact of the role in breaking barriers to healthcare inequalities and improving care experiences for patients with intellectual disability.

### Implications

The Acute IDLN creates more inclusive hospital experiences for patients with intellectual disabilities by reducing inequalities. The findings support the need for expansion of the role across acute hospital settings nationally as a standard component of healthcare provision for individuals with intellectual disabilities.

---

---

---

---

---

---

---

---

---

---

## P.33 A Model for Improving Quality and Patient Safety in Acute Mental Health Wards

Gagiu, C.<sup>1,2,3</sup>, Mititelu, F.<sup>1</sup>, Mazilu, D.C.<sup>2,3</sup>, Ţîbîrnîţ, A.<sup>1,3</sup>, Manea, M.<sup>1,3</sup>, Zazu, M.<sup>3,4</sup>

<sup>1</sup>Prof. Dr. Al.Obregia Psychiatry Hospital, <sup>2</sup>The Order of Nurses, Midwives and Medical Assistants in Romania Bucharest Branch; Romanian Centre for Nursing Research: A JBI Centre of Excellence, <sup>3</sup>"Carol Davila" University of Medicine and Pharmacy, <sup>4</sup>The Order of Nurses, Midwives and Medical Assistants in Romania

### Introduction

In addition to specific challenges such as violence, aggression, and self-harm, many of the risks faced by patients in acute mental health settings are similar to those in other healthcare areas, including communication breakdowns, incomplete assessments, and inconsistent documentation. Implementing structured, evidence-based, and patient-centered care planning is an effective solution for providing safe, high-quality, and individualized care. This project aimed to improve the quality of nursing care planning and promote patient involvement in mental health settings through evidence-based implementation.

### Methodology / methods

A project was implemented in an acute psychiatric setting at an university hospital in Bucharest, Romania, using the JBI Evidence Implementation Approach, which followed seven phases:

1. Identifying the practice area for change,
2. Engaging change agents,
3. Assessing context and readiness for change,
4. Reviewing practice against seven evidence-based audit criteria,
5. Implementing changes,
6. Reassessing practice through follow-up audit with Audit and Feedback, and
7. Considering the sustainability of changes.

The sample included 17 nurses and 30 patients.

### Results

The project team included experts in clinical practice, leadership, project management, quality measurement, and methodology. The Quality Department identified the practice area based on variations in care planning documentation and execution. The baseline audit revealed low compliance with three key criteria: comprehensive care plan application (33%), patient involvement in care planning (37%), and care plan development for all patients (55%). Barriers were analysed, and tailored strategies were implemented to address them. Following implementation, compliance with all deficient audit criteria improved to 100%, indicating significant practice transformation and increased staff engagement.

### Conclusion

The JBI Evidence Implementation Model proved to be an effective framework for improving the quality, consistency, and safety of mental health nursing care. Nevertheless, ongoing monitoring, leadership commitment, and continuous education are essential to sustain these improvements and foster a lasting culture of evidence-based practice.

---

---

---

---

P.34 WITHDRAWN

## P.35 Influences of the Built, Physical, or Spatial Environment on Breastfeeding: A Scoping Review Protocol

Akpanukoh, A.<sup>1</sup>, Staines, A.<sup>2</sup>, Flynn, A.<sup>3</sup>, Timon, C.M.<sup>3</sup>, Walsh, A.<sup>3</sup>, Sweeney, M.R.<sup>1</sup>

<sup>1</sup>Faculty of Nursing and Midwifery, RCSI, <sup>2</sup>Dublin City University, <sup>3</sup>School of Population Health, RCSI

### Background

Breastfeeding remains a critical public health strategy with the potential to lower childhood morbidity and mortality; however, global breastfeeding rates remain below optimal levels. Extensive research suggests that the impact of individual and social determinants on breastfeeding is significant. Nevertheless, the influence of built, physical, or spatial environments remains largely underexplored or is included within other constructs. Understanding how the built environment influences infant feeding is important for informing policies, urban and rural planning, service provision, and future research.

### Objective

This scoping review aims to systematically evaluate the global evidence on how built and physical environments influence breastfeeding practices, such as breastfeeding initiation and continuation.

### Methodology / methods

This review will follow the JBI methodology for scoping reviews and is guided by the Arksey & O'Malley framework, with enhancements by Levac et al. The inclusion criteria will follow the Population, Concepts, and Contexts framework, with five databases (PubMed, Scopus, CINAHL, PsycINFO, and Embase) searched, as well as grey literature and hand searching. A data charting tool will be developed and used for all articles meeting the inclusion criteria, and findings will be synthesised using the PAGER framework (Patterns, Advances, Gaps, Evidence for practice, and Research) recommendations.

### Expected Outcomes

This review will provide a comprehensive overview of how the built environment influences breastfeeding across various settings. It will also identify gaps in theory, policy relevance, and opportunities to inform future interventions. Findings will inform the broader citizen science PhD project titled "Is Ireland Breastfeeding-Friendly?: A Citizen Science Exploration of the Influence of the Built Environment on Breastfeeding"

### Conclusion

This review will summarise the evidence and identify gaps to inform interventions and guide future research.

Keywords: Breastfeeding, Built Environment, Spatial Design, Public Spaces

---

---

---

---

---

---

---

---

---

---

## P.36 Enhancing the Nursing Role in Clinical Risk Management within the Italian Prison Healthcare System

**Gioiello, G.**<sup>1</sup>, Caiazzo, A.<sup>2</sup>, Quagli, F.<sup>2</sup>, Arnone, A.<sup>3</sup>, Gonzales, C.I.A.<sup>1</sup>, Notarnicola, I.<sup>1</sup>

<sup>1</sup>University of Enna "Kore", <sup>2</sup>AUSL Toscana Nord Ovest, <sup>3</sup>AOU Federico II

### Introduction

Admission to a correctional facility represents a critical stage that requires a comprehensive health assessment, with particular attention to mental health. The prison population shows a significantly higher prevalence of psychiatric disorders compared to the general population, and the prison environment can worsen pre-existing conditions or contribute to the development of new psychological disorders. Although Italian regulations require a health evaluation upon entry, early diagnosis of mental disorders and timely access to care remain major challenges.

### Aim

To identify clinical risk areas within the inmate healthcare admission process and to enhance the role of nurses as key figures in promoting safety, mental health, and organizational change.

### Methodology / methods

The Failure Mode, Effects and Criticality Analysis (FMECA) methodology was applied to analyze the healthcare intake process in an Italian correctional facility. A multidisciplinary working group (composed of physicians, psychologists, nurses, and correctional staff) divided the process into seven operational phases, identifying potential failure modes and assigning a Risk Priority Index (RPI) to each. Nurses played a central role in data collection, process mapping, and the identification of practical strategies to improve safety and continuity of care.

### Results

Thirty-four failure modes were identified. The most critical phases were "Collection of medical and personal history" and "Request for specialist consultations." Main contributing factors included organizational inefficiencies, language barriers, and delays in psychiatric assessments. The nursing role proved essential in detecting early signs of psychological distress, coordinating communication between healthcare and correctional staff, and promoting preventive interventions.

### Conclusions

The implementation of standardized checklists, multilingual documentation, and targeted training programs, led by nurses, can strengthen clinical governance and patient safety in prison settings. By adopting a proactive role in risk management and mental health monitoring, nurses act as agents of change and guarantors of a more integrated, humane, and effective prison healthcare system.

---

---

---

---

---

---

---

---

---

---

P.37 WITHDRAWN

## P.38 Men's Accounts of Erectile Function Over Time Following Radical Prostatectomy

**Corbally, M.<sup>1</sup>**, Mc Garvey, C.  
<sup>1</sup>Trinity College Dublin

### Introduction

Radical prostatectomy surgery invariably affects many aspects of men's lives. Whilst altered sexual function is well documented as a potential outcome of surgery, the impact on men's lives over time is little understood.

### Methodology / methods

A narrative study of 34 interviews were undertaken with 18 men interviewed at three different time points: pre-operatively at three months and six to nine months post operatively. Individual, structural and thematic analysis was undertaken.

### Results

Men's accounts of erectile dysfunction were linked with masculine identity and accounts varied over time. Pre-operatively – men actively minimised erectile function over survivorship. This changed in the two post-operative periods where men began voicing retrospective misunderstanding of the extent of their erectile dysfunction as well as regret and struggle with interventions aimed at optimisation of erectile function. Cost issues appeared to be challenging for men accessing care for penile rehabilitation. Throughout all narrative time points, age, fatherhood, relationship status and gender were identified as narrative rationalising strategies in their life stories including interaction/communications with healthcare professionals. Humour and metaphor assisted men's expressions of this intimate, life altering experience.

### Conclusion

This highly masculinised experience of erectile dysfunction requires nurses to provide gender sensitive care pathways and survivorship care in a format which aligns both to men's gender identity (and cost limitations) and is sequenced appropriately. Use of humour may be useful in assisting men's engagement with information and care interventions. Clearer explanation of the impact of surgery pre-operatively including (clear distinction between erectile dysfunction and fatherhood at the point of diagnosis) as well as careful attention to men's evolving understanding regarding erectile dysfunction would prove useful for effective survivorship. Evidence of an evidence-based care pathway generated from the research to resolve men's voiced challenges and directly improve access to care is presented.

---

---

---

---

---

---

---

---

---

---

---

---

**P.39 What is the Current Level of Nurses’ Knowledge Regarding Paediatric Fever, and how do Nurses in a General Hospital Paediatric Setting Approach its Management in Clinical Practice?**

**Finegan, G.<sup>1</sup>**  
<sup>1</sup>RCSI

**Background**

Fever is a common reason for paediatric healthcare visits worldwide. Despite evidence supporting the benefits of mild to moderate fever and updated clinical guidelines, misconceptions persist, causing anxiety among parents and healthcare professionals. Nurses play a vital role in assessing febrile children, implementing interventions, and educating caregivers. Ensuring nurses have current, evidence-based knowledge is crucial for building a resilient paediatric nursing workforce capable of delivering safe, informed care.

**Aim**

To assess the knowledge and attitudes of nurses in an acute paediatric hospital setting regarding fever management and identify educational needs to support clinical excellence and workforce sustainability.

**Methodology / methods**

A cross-sectional, anonymous, quantitative study was conducted in a mixed tertiary hospital. Nurses working in paediatric settings were invited to participate via a pre-validated questionnaire distributed by QR code. Of 81 invited, 63 nurses responded (78%). Data were analysed using SPSS version 28 to explore knowledge and attitudes.

**Results**

Significant knowledge gaps were identified in febrile seizures, antipyretic use, and adherence to best practice guidelines. Discrepancies were noted between reported beliefs and clinical practice. Strengths included understanding of fever pathophysiology and antipyretic pharmacology.

**Recommendations**

Ongoing, targeted education is essential to equip nurses to work at the top of their license, improve clinical decision-making, and enhance caregiver education. Investing in professional development fosters a resilient, adaptable paediatric nursing workforce capable of meeting evolving healthcare demands. Addressing knowledge gaps not only supports high-quality patient care but also contributes to workforce sustainability amid global health challenges.

---

---

---

---

---

---

---

---

---

---

---

## P.40 SipTilSend for Pre-Operative Hip Fractures

**Damalerio, R.D.**<sup>1</sup>

<sup>1</sup>Beaumont Hospital, Dublin

Beaumont Hospital Hip Fracture Governance Committee proposed changes to the Oral Fluid Fasting Policy that allows all pre-operative hip fracture patients to SipTilSend before they go for their surgery. Initial audit of our average fasting time for pre-op hip fractures awaiting hip surgery was 12 hours. Evidence that oral fluid fasting reduces the risk of aspiration is lacking and evidence, however, current international guidelines only allow consumption of clear fluids for a minimum of 2 hours prior to procedure. Prolonged fasting causes patient distress, discomfort, thirst, and potentiates post-operative nausea and vomiting (PONV).

### What is SipTilSend?

- Hip fracture patients are allowed and encouraged to continue sipping still water right up to the point when they are taken to theatre from the ward
- They can sip up to 150ml of still water every hour, and it should be refilled using a calibrated 150 ml container

### Why are we changing?

- Most hip fracture patients are fluid deprived for many hours
- SipTilSend will reduce unpleasant effects
- Prolonged fluid deprivation is distressing to patients

### Background

- It was assumed that fluid fasting reduces risk of aspiration under anaesthesia
- Little or no evidence supports this assumption
- Aspiration is a rare event (about 1 in 3000) and unpredictable

### Benefits of SipTilSend

- Improved wellbeing and reduced pre-operative anxiety
- Reduce incidence of headache, nausea and vomiting
- Reduction in patient complaints due to prolonged fluid deprivation

### Conclusion

Multiple clinical parameters were monitored, and no clear signal for harm was observed despite the adoption of a more liberal fasting approach. The incidence of oliguria and postoperative nausea and vomiting (PONV) remained low compared to recorded rates in the literature. Post SiptilSend rollout, we have reduced the mean fluid deprivation time to 3 hours. (Mode & Median of 2 hours).

---

---

---

---

---

---

---

---

---

---

---

## P.41 Enhancing Surgical Safety Through Standardised Pre-Operative Fasting “Sip to Send” and Medication Management at OLHN

Smyth, T.<sup>1</sup>, Banville, P., Hashmi, J.

<sup>1</sup>Our Lady’s Hospital Navan

Pre-operative fasting and medication management are critical to reducing perioperative risks such as pulmonary aspiration, hypoglycaemia, and altered drug effects. Yet, inconsistent practices across departments can compromise patient safety and surgical outcomes.

At OLHN, we are transforming traditions in perioperative care by implementing a multidisciplinary approach that addresses the increasing complexity of orthopaedic surgery. As surgical volumes rise and patient needs become more nuanced, evolving systems of care are essential to ensure safety, equity, and person-centred outcomes. This initiative reflects OLHN’s commitment to redefining healthcare through standardised, evidence-based protocols and collaborative practice.

To address variability and enhance safety, OLHN introduced a hospital-wide, evidence-based policy for patients undergoing surgery under general or regional anaesthesia. Developed through cross-departmental collaboration, the policy ensures consistent, high-quality care across clinical teams.

Key components include:

- Defined fasting timelines, including the “Sip to Send” protocol, which promotes patient comfort and hydration while maintaining safety.
- Medication management guidance, with specific instructions for high-risk groups such as diabetic and anticoagulated patients, ensuring optimal therapeutic outcomes.
- Clear exceptions for patients with delayed gastric emptying or other clinical concerns, allowing flexibility within a standardised framework.

By showcasing this initiative, OLHN aims to contribute to the national dialogue on perioperative best practices and foster collaboration across institutions. Our approach demonstrates how evolving systems, grounded in multidisciplinary expertise, can improve patient outcomes and redefine perioperative care in modern healthcare settings.

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

## P.42 Health of Medical Workers – A Priority

Habuc, M.<sup>1</sup>

<sup>1</sup>Arad County Emergency Clinical Hospital, <sup>2</sup>OAMGMAMR, <sup>3</sup>„Vasile Goldis“ Western University

### Introduction

The health of nurses is a crucial determinant of patient safety and overall care quality. Occupational risks – physical, chemical, biological, and psychosocial – can erode well-being and performance. Addressing these risks is essential to sustain safe, efficient services.

### Objective

To highlight the main health problems faced by healthcare workers and to identify feasible solutions.

### Methodology / methods

We analyzed statistical data on causes of temporary incapacity for work among healthcare personnel over 2022–2023. A structured questionnaire captured symptoms affecting well-being. All cases of temporary incapacity were included. Diagnoses were grouped into five categories: oncological, osteo-musculoskeletal, cardiovascular, respiratory/infectious, and neuro-psychological. The questionnaire underwent pilot testing for clarity, and data were anonymized and aggregated for analysis.

### Results and Discussion

Healthcare workers are substantially affected by working conditions. Oncological and osteo-musculoskeletal disorders predominated and showed upward trends, plausibly linked to exposures to chemical and biological agents and to physical overload. Cardiovascular diseases remained stable across both years, suggesting persistent risk factors such as chronic stress and inadequate recovery time. The quality of care correlates with staff health; meeting patients’ needs and preferences requires providers to maintain robust physical, psychological, and social well-being, supported by preventive programs and adequate recovery opportunities.

### Conclusions

1. Implement proactive risk identification and control measures.
  2. Prioritize physical, mental, and social well-being to enhance care quality and patient safety.
  3. Ensure staffing levels compliant with legislation to prevent overload.
  4. Foster a supportive, protective team climate focused on employee health.
  5. Allocate nurses according to patients’ dependency levels and acuity.
- 
- 
- 
- 
- 
- 
- 
- 
- 
- 
- 
-

## P.43 Assessing Continuing Education Needs and Organizational Performance among Mental Health Nurses: Adapting the Hennessy–Hicks Questionnaire to the Romanian Context

Zazu, M.<sup>1,2</sup>, Gagi, C.<sup>3,4</sup>

<sup>1</sup>The Order of Nurses, Midwives and Medical Assistants in Romania, <sup>2</sup>Carol Davila University of Medicine and Pharmacy, <sup>3</sup>Prof. Dr Alexandru Obregia Psychiatry Hospital, <sup>4</sup>OAMGMAMR Bucharest Branch; Romanian Centre for Nursing Research: A JBI Centre of Excellence

### Background

Ensuring the continuous professional competence of nurses is a strategic priority for improving healthcare quality and patient safety. In Romania, mental health care requires a tailored approach to continuing professional development (CPD), adapted to the complexity of patient needs and the psychosocial risks specific to psychiatric nursing. This study aimed to develop a methodological framework for assessing training needs and evaluating organizational performance by adapting the international Hennessy–Hicks Training Needs Analysis Questionnaire (University of Birmingham, UK) to the Romanian healthcare context.

### Objective

To identify CPD needs and priority competency areas among nurses working in “Prof. Dr Al. Obregia” Clinical Psychiatric Hospital, Bucharest.

### Methodology / methods

The adapted questionnaire included 32 items covering general competencies (clinical, administrative, managerial, research, and audit activities) and 30 CPD topics specific to mental health nursing. The study sample comprised 301 nurses from all wards and departments. Data were analysed using IBM SPSS v.20, with ANOVA tests comparing perceived importance and self-assessed performance for each domain.

### Results

The main training needs identified were in management (mean difference = 2.00), administrative and research/audit activities (1.91), clinical practice (1.87), and teamwork (1.72). These mean values indicate the average gap between perceived importance and performance, with higher scores reflecting greater needs. Statistically significant priorities included therapeutic communication, participation in research and audit, use of technical/IT tools, clinical assessment, and interprofessional collaboration. The top CPD topics were emergency management, psychiatric risk management, workplace violence, and staff satisfaction. Improvements in these domains are directly linked to enhanced organizational performance and quality of care outcomes.

### Conclusions

Findings highlight the need for a standardized national method to assess nurses’ educational and competency gaps. The adapted Hennessy–Hicks instrument provides an effective framework for strategic CPD planning and for aligning workforce development with organizational performance objectives in mental health care.

---

---

---

---

---

---

---

---



## P.45 Leadership and Safety Culture: Insights from Romanian Nursing Practice

**Mazilu, D.C.**<sup>1,2</sup>, Nedelcu, V.<sup>1,2</sup>, Stan, D.<sup>1,3</sup>, Dobre, C.E.<sup>1,2</sup>, Voicu, I.<sup>1</sup>

<sup>1</sup>OAMGMAMR Bucharest Branch; JBI Romanian Centre for Nursing Research, <sup>2</sup>"Carol Davila" University of Medicine and Pharmacy, Bucharest, Romania, <sup>3</sup>Clinical Hospital of Obstetrics and Gynecology "Prof. Dr Panait Sârbu", Bucharest, Romania

### Introduction

Patient safety culture plays a critical role in preventing medical errors, reducing adverse events, and improving the overall quality of care (Nieva & Sorra, 2003; Flin et al., 2006; Sammer et al., 2010). In the Romanian healthcare system, limited initiatives have been undertaken to develop a strong patient safety culture, despite its recognized importance as a cornerstone of modern healthcare systems.

### Aim

This study aimed to investigate potential differences between nurses in managerial and non-managerial positions regarding their perceptions of the existing safety culture within their work environment.

### Methodology / methods

A cross-sectional study was conducted in May 2025 on a sample of 109 nurses from hospitals in Bucharest (73 non-managerial and 36 managerial). The research instrument was the Romanian version of the Veterans Health Administration Patient Safety Culture Survey (Mohr et al., 2022), previously validated. The Romanian version includes three dimensions: Risk Identification and Error Management (7 items), Teamwork Cohesion and Engagement (6 items), and Manager Trust and Communication (6 items). Statistical analysis was performed using the independent-samples t-test in SPSS version 31.

### Results

The findings revealed statistically significant differences between the two groups across all three dimensions of the scale. Nurses in managerial positions reported higher mean scores compared to non-managerial nurses for Risk Identification and Error Management ( $t = 2.591$ ,  $p = .011$ ; mean difference = 2.61), Teamwork Cohesion and Engagement ( $t = 2.312$ ,  $p = .023$ ; mean difference = 2.09), and Manager Trust and Communication ( $t = 2.044$ ,  $p = .043$ ; mean difference = 2.48).

### Conclusion

The results suggest that interventions designed to strengthen the culture of patient safety should be tailored to reflect the distinct roles and responsibilities of nurses in managerial versus non-managerial positions. A nuanced, role-specific approach may enhance the effectiveness of safety culture improvement strategies in Romanian healthcare settings.

---

---

---

---

---

---

---

---

---

---





## P.48 Designated Intravenous (IV) Team in the Emergency Department (ED) - A Multi-Functional & Multi-Beneficial Team

Muniyappa, G.K.<sup>1</sup>, Finn, C.<sup>1</sup>, Burns, K.<sup>1,2</sup>, Kurane, G.<sup>1</sup>, Curran, S.<sup>1</sup>, Palomar, M.M.<sup>1</sup>, Iligan, A.R.<sup>1</sup>

<sup>1</sup>Infection Prevention & Control Department, Beaumont Hospital, <sup>2</sup>Department of Clinical Microbiology

### Introduction

A timely and reliable vascular access is required for most of the patients admitted to emergency department (ED). However, vascular access related practices remain a challenge due to complex ED environments leading to complications associated with patient morbidity, mortality and healthcare costs.

As part of Antimicrobial Resistance and Infection Control Team (AMRIC) funded national initiative, in April 2023, Beaumont Hospital's intravenous (IV) Team service was established. In view of increased incidence of intravascular catheter (IVC) related *S. aureus* blood stream infection (SABSI) noted in Beaumont hospital with >50% of them inserted in ED, a designated IV team nurse in ED service commenced in June 2023.

### Aims

1. To promote good IVC related practice standards, patient safety and quality care
2. Improve patient and staff satisfaction

### Methodology / methods

IV team service in ED is from Monday to Friday, 8am to 16.15pm. The IV team performs cannulation and simultaneous phlebotomy and blood cultures (BC) where required for patients.

### Results and discussion

Since commencement, the IV team has received more than 10k referrals in ED. Of which >95% (n-9,500) are successfully inserted and consists of blood samples collection on around 6k patients and two hundred and fifty BCs. The success of first attempt cannulation is 84%. IV team is involved in continuous PVC related education (staff/patients), PVC audits, case reviews and continuous surveillance.

The benefits noted are: improved standards of care & reduced PVC related complications; lesser wait time for cannulation, phlebotomy and BCs with quicker turnaround time for laboratory results- helps in decision-making & reduced patient waiting times; reduced BC contamination rate; saves clinical time of ED staff.

### Conclusion

The IV team service in ED is unique and the first in Ireland. It is multi-functional and has multiple benefits for patients, staff and health service provider and would recommend in other hospitals.

---

---

---

---

---

---

---

---

---

---



## P.50 Global Health Nursing: Better Outcomes Through Innovation and Sustainable Practices

**Callans, K.<sup>1</sup>, Chaves, D.,** Farrington, E., Silva, M.  
<sup>1</sup>Mass General Brigham / Mass Eye and Ear, USA

CareWays Collaborative is a Boston-based global health surgery and research foundation that strives to improve outcomes for pediatric patients throughout 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. We partner with public pediatric hospitals are that under-resourced. Implementing sustainable improvements in care requires innovation in technology and business models.

The poster will describe the practices that we have developed and implemented, working closely with our in-country partners. The contribution of nurses to positive health care outcomes can be undervalued in global health missions. In certain cases, we have transferred technology and programs that we developed at MGB, tailoring them to reflect local circumstances. We will present the lessons that we have learned from working with the same teams over a sustained period. Nursing leadership we have worked with, without exception, are eager to learn and quick to adapt to the use of new technology, including the use of simulator manikins and QR code-enabled teaching videos that they can watch at their convenience on their devices. Nursing leaders participate in these sessions and witness first-hand the positive impact of technology innovation for their nursing teams.

Second, our poster will describe areas of current focus. Over the past few years, we have been engaging with nursing leadership at each partner hospital to establish and validate goals and develop an understanding of "what matters to them." Having worked in several countries, we are interested in improving communication, knowledge sharing, and community among nursing leaders at public pediatric hospitals in the region.

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

## P.51 Cross-Cultural Validation of the Italian Multidimensional Quiet Quitting Scale

Di Marco, S.<sup>2</sup>, Sallai, T.<sup>1</sup>, Zanini, M.<sup>1</sup>, Sasso, L.<sup>1</sup>, Bagnasco, A.<sup>1</sup>, Catania, G.<sup>1</sup>

<sup>1</sup>Department of Health Sciences, University of Genoa, <sup>2</sup>Azienda Sociosanitaria Figure 5

### Background

Quiet quitting, defined as silent disengagement from work while meeting only formal requirements, has emerged as a critical workforce issue in healthcare. Understanding this phenomenon requires culturally valid measurement tools to capture its multidimensional nature among Italian healthcare professionals.

### Aim

To translate, adapt, and preliminarily validate the Multidimensional Quiet Quitting Scale (MQQS) for Italian healthcare settings.

### Methodology / methods

Following COSMIN guidelines (Mokkink et al., 2018), the original MQQS was translated using a forward-backward process and harmonised through expert consensus. Twelve experts from nursing, psychology, medicine, and midwifery (mean professional experience = 21 years) evaluated item relevance, clarity, and comprehensiveness on a four-point scale. Item- and Scale-level Content Validity Indexes (I-CVI, S-CVI/Ave) were computed (Polit & Beck, 2006). Face validity was tested with 23 healthcare professionals (mean age = 45 years, mean experience = 17 years) representing clinical, organisational, and educational roles. They rated clarity and cultural appropriateness and provided qualitative feedback.

### Results

All items demonstrated high relevance (I-CVI range = 0.83–1.00; S-CVI/Ave = 0.92). Experts and participants suggested wording adjustments to improve conceptual equivalence and readability, mainly related to idiomatic expressions and workplace culture. Psychometric testing is currently in progress and will be presented.

### Implications for practice

Establishing the psychometric properties of the MQQS-IT will support workforce research and guide organisational strategies to strengthen engagement, retention, and well-being among healthcare professionals.

### Ethical considerations

Participation was voluntary, with informed consent and full anonymity. Ethical committee approval was not required for this non-clinical methodological study. No external funding received.

---

---

---

---

---

---

---

---

---

---



P.53 WITHDRAWN



## P.55 Future-Ready Nursing Leadership: Implementing a Deputy Nurse Manager Role to Sustain Care Quality and Staff Stability in a Small Religious Nursing Home

Díaz, A.<sup>1</sup>, Odiada, R.<sup>1</sup>

<sup>1</sup>Marian House Nursing Home

### Background

Leadership continuity is critical in long-term care, especially in small nursing homes serving vulnerable populations such as elderly religious sisters. Unique challenges include small size, cultural care needs, and limited workforce, raising risks of leadership gaps and care disruptions. Global nursing shortages and an aging workforce threaten care quality. Succession planning enhances resilience and quality care but is rarely formalized in small facilities. To address this, a Deputy Nurse Manager (DNM) role was introduced in a 26-bed religious nursing home, supporting leadership continuity, workforce resilience, and patient-centered care aligned with global nursing priorities.

### Aim

This initiative aimed to address leadership gaps and workforce challenges by establishing a DNM succession pathway to sustain leadership continuity, workforce stability, and patient-focused outcomes.

### Methodology / methods

Two senior staff nurses were selected as Deputy Nurse Managers (DNMs), initially allocated 1-2 days per week to transition into leadership alongside their clinical duties. One nurse continues in the DNM role, balancing leadership responsibilities with clinical work and providing full coverage for the Nurse Manager when needed. The role encompassed shared clinical, supervisory, and quality improvement duties, fostering experiential leadership development. The succession pathway involved leadership and management skills identification, role customization, and ongoing mentoring. Evaluation used audit completion rates, staff retention, incident response times and qualitative feedback from staff and the management team.

### Results

Clinical management observed increased staff retention reflecting workforce stability, reduced incident follow-up times indicating faster response, consistent leadership presence enhancing team morale and stability, and stronger support for staff, residents, and families, boosting confidence in care continuity.

### Conclusion

This succession initiative demonstrates how future-ready leadership models, grounded in mentorship and collaboration, build resilience, improve retention, and enhance patient-centered outcomes in long-term care. It supports international calls to invest in nurse leadership succession, aligning with strategies to future-proof the workforce while sustaining compassionate care.

---

---

---

---

---

---

---

---

---

---

## P.56 A Realist Review of Educational Interventions to Reduce Restrictive Practices

Hughes, L.<sup>1</sup>, Gooney, M.<sup>1</sup>, McGrath, D.<sup>2</sup>, Finn, F.<sup>1</sup>, Jennings, H.<sup>1</sup>

<sup>1</sup>South East Technological University, <sup>2</sup>Queens University Belfast

### Background

Restrictive practices, such as physical restraint and seclusion, are associated with deleterious physical and psychological consequences and their use is at odds with human rights legislation. For more than three decades, reducing restrictive practices in health and social care settings has been a focus of international policies, many practice initiatives, and a growing body of research. However, discordance between policy and practice remains. Although many educational interventions have been developed to reduce restrictive practices, efficacy studies have produced mixed and inconsistent results and limited attention has been given to the contextual factors influencing successful implementation of these interventions.

### Methodology / methods

A realist review was undertaken to answer the research question, "How do contexts and mechanisms influence the process and outcomes of educational interventions that seek to achieve a reduction in the use of restrictive practices in residential care settings?". The review methods followed the Realist And Meta-narrative Evidence Syntheses: Evolving Standards (RAMESES) and included the following five stages:

1. Defining the research question and scope of the review
2. Searching for evidence
3. Development of candidate programme theories
4. Data extraction and quality assessment, and
5. Data synthesis.

### Results

Thirty-two articles were included following screening of 4,572 articles, from which a programme theory was developed and refined. Several context-dependent mechanisms were identified, including shared commitment, motivation, critical reflection, perception of time, increased confidence, and self-efficacy. Facilitative contexts include leadership commitment, ongoing support, and sufficient resources, while perceived lack of leadership support, organisational problems, uncritical attitudes towards restrictive practices, and the belief that restrictive practices are a necessary safety measure acted as barriers to implementation.

### Conclusion and impact

It is anticipated that the refined programme theory will inform practitioners, policy makers, and intervention developers by providing a theoretical explanation of how educational interventions to reduce restrictive practices can be optimised.

---

---

---

---

---

---

---

---

---

---

P.57 WITHDRAWN

P.58 WITHDRAWN



## P.60 Bridging Communication Gap: Evaluation of Dementia Care Initiatives in Acute Setting

**Demetria, M.J.<sup>1</sup>**, Munro, F.<sup>1</sup>, Latoza, W.<sup>1</sup>

<sup>1</sup>Our Lady of Lourdes Hospital

### Background

Hospital admission can be distressing and disorienting for people with dementia, and may lead to cognitive, functional, and physical decline (HSE 2024). The Irish National Audit of Dementia (INAD-2) has identified key strategies to better support individuals with dementia during admission, such as introducing a new dementia symbol and patient personal passport. These strategies result in increased staff awareness, promote person-centred care, and facilitate more timely and effective care delivery.

### Aim and objectives

The aim is to assess healthcare staff's awareness and utilisation of the new dementia symbol and redesigned patient personal passport in a hospital setting.

### Methodology / methods

A cross-sectional survey was administered to 100 healthcare staff members across ten wards in an acute hospital over three months. Participants anonymously completed ten multiple-choice questions designed to evaluate their awareness and understanding of essential dementia care tools.

### Results

Most participants had a staff tenure of 0 to 5 years. Nearly all reported experience caring for patients with dementia and agreed that communication tools enhance care coordination and delivery at the organisational level. Almost all participants (96%) recognised and correctly used the hospital's visual identifier for patients with dementia. While awareness of the updated communication passport was high (86%), only 64% reported its accessibility in their work area, with 21% unsure, highlighting inconsistencies. Most respondents indicated that the passport supports care for patients with communication barriers and can be completed collaboratively by staff or family members, reflecting a strong understanding of its person-centred purpose.

### Conclusion

Overall, the staff demonstrated strong awareness and positive attitudes toward dementia-friendly initiatives. Ongoing education and support can promote standardised, person-centred dementia care and ensure consistent access to dementia tools across hospital areas.

---

---

---

---

---

---

---

---

---

---

---

## P.61 Establishing an All-Ireland Palliative Care Education Network: Cross-Border Priorities for the Next Two Years

Nugent, M.<sup>1</sup>, Charnley, K.<sup>1</sup>, Connolly, M.<sup>2,3</sup>

<sup>1</sup>AllHPC, <sup>2</sup>UCD School of Nursing, Midwifery & Health Systems, <sup>3</sup>Our Lady's Hospice & Care Services

### Background

Across Ireland and Northern Ireland palliative care (PC) education is delivered through diverse programmes, often developed independently despite shared policy aims for equitable, high-quality care. To strengthen alignment and collaboration the All-Ireland Palliative Care Education Network (AI-PCEN) was reconvened in 2025 to connect educators, practitioners and researchers in a coordinated cross-border forum.

### Aim

To establish a sustainable, collaborative education network and to identify shared short-term priorities for Palliative Care education across health and social care sectors on the island of Ireland.

### Methodology / methods

An interactive workshop brought together over 50 stakeholders representing several clinical professions from universities, hospices, hospitals, nursing homes, community services, regulatory bodies and professional bodies. Using structured discussion, real-time polling and thematic synthesis participants identified urgent educational needs, system gaps and opportunities for collaboration over the next two years.

### Results

Participants identified four top educational priorities for improving patient outcomes:

1. Generalist palliative care education (78%)
2. Standardised curricula (41%)
3. Interprofessional education for primary care (38%)
4. Improved public understanding and practical learning opportunities (35%)

Key gaps likely to impact care quality if unaddressed included insufficient generalist palliative care training (39%), communication skills (15%), support for staff (10%) and lack of time or resources for education (5-8%). Participants emphasised that palliative care training should be mandatory and that Palliative Care Needs Assessment should be embedded as a core competency. Existing resources identified for rapid adaption included the LEAP Programme and Palliative Hub. Participants highlighted ECHO networks, Communities of Practice and the emerging All-Ireland Palliative Care Education Network as natural vehicle for cross-border collaboration and shared learning.

### Conclusion

The first AI-PCEN workshop demonstrates strong cross-border consensus on the urgency of strengthening generalist and interprofessional palliative care education. The findings provide a focussed roadmap for coordinated curriculum development, resources sharing and capacity building across Ireland and Northern Ireland.

---

---

---

---

---

---

## P.62 Navigating Leadership Challenges in Long-Term Care: A Qualitative Study

Aleo, G.<sup>1</sup>, Walsh, N.<sup>2</sup>, **Napolitano, F.**<sup>1</sup>, Pagnucci, N.<sup>3</sup>, Kearns, T.<sup>1</sup>, Kelly, C.<sup>4</sup>, Killeen, C.<sup>4</sup>, Fitzgerald, C.<sup>1</sup>

<sup>1</sup>Faculty of Nursing & Midwifery, <sup>2</sup>Brindley Manor Private Nursing Home, <sup>3</sup>University of Pisa - Department of Translational Research and New Surgical and Medical Technologies, <sup>4</sup>Leading Healthcare Providers Skillnet

### Background

The global rise in ageing populations is intensifying the need for long-term care (LTC). Directors of Nursing (DONs) play a pivotal role in ensuring quality and safety in LTC (1). Identifying core competencies that support their leadership is essential as nursing homes face increasing healthcare complexity (1–2). This study evaluated DONs' experiences in LTC and their recommendations for supports.

### Methodology / methods

This exploratory qualitative study involved online one-to-one interviews with DONs across the Republic of Ireland. Data were collected between March and August 2023. All interviews were recorded, transcribed verbatim, and analysed using reflexive thematic analysis in NVivo.

### Results

Sixteen interviews were conducted: four with DONs from the private sector, three from the public sector, one from the voluntary sector, four with Provider Nominees, and four with HIQA representatives. Three overarching themes emerged:

1. Challenges – staff shortages, limited resources, regulatory pressures
2. Supports – education and training, mentoring, organisational backing; and
3. Vision – workforce sustainability, professional recognition, and strategic engagement across stakeholders.

### Conclusion

DONs expressed the need for more administrative supports, human and financial resources, mentorship and access to professional development in the field of management. Collaboration between providers, regulators, and policymakers is crucial to strengthen DONs' leadership in LTC. Engaging all stakeholders in long-term strategic planning will be vital to sustaining a resilient and equitable LTC workforce.

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

## P.63 Innovation in Action: Implementation of a RANP Led Acute Medicine DVT Ambulatory Care Pathway

McAuley, P.<sup>1</sup>

<sup>1</sup>Tallaght University Hospital

### Introduction

Deep vein thrombosis (DVT) is a significant healthcare concern that requires prompt intervention to prevent complications such as pulmonary embolism. At Tallaght University Hospital (TUH), the traditional approach to managing DVT involved referrals to the medical team, often resulting in inpatient care, which can be resource-intensive. In contrast, outpatient care offers a more efficient alternative. This project introduces a standardised approach to managing acute DVT at TUH through an Advanced Nurse Practitioner (ANP)-led ambulatory care model.

The aim of this project was to assess the need for an ambulatory care pathway for managing DVT and, subsequently, implement an ANP-led ambulatory care model that ensures standardised management of acute DVT patients in alignment with international guidelines.

### Methodology / methods

A review of the traditional DVT management approach at TUH was conducted. Following this, the ANP team engaged with stakeholders to ensure a multi-disciplinary approach in developing the procedure. The result was the creation of a standardised ANP-led treatment pathway, encompassing initial assessments, therapeutic interventions, and ongoing monitoring of patient progress to assess the need for and facilitate referrals to specialist care

### Results

The ANP-led ambulatory care pathway has shown promising results, including a more efficient management process for DVT patients, reduced hospital admissions, improved patient outcomes, and high patient satisfaction. These findings suggest that expanding this model could enhance the efficiency of DVT care, particularly for high-risk patients.

### Conclusion

Implementing an ANP LED DVT pathway provides:

1. Early Diagnosis & Treatment
2. Improved Patient Outcomes
3. Streamlined Care
4. Cost-Effectiveness
5. Patient Safety
6. Healthcare Provider Confidence
7. Better Coordination
8. Research & Improvement

In short, this pathway enhances patient care, reduces risks, and improves efficiency across the healthcare system

---

---

---

---

## P.64 Co-Design and Evaluation of a Digital Interdisciplinary Educational Tool About Pancreatic Cancer: A Mixed Methods Study Protocol

Watson, O.<sup>1</sup>

<sup>1</sup>Queens' University Belfast

### Background

Pancreatic cancer remains the fifth leading cause of cancer-related mortality in the UK, with poor survival outcomes due to late presentation and complex psychosocial care needs. Despite this, healthcare education on pancreatic cancer, particularly its psycho-oncological dimensions, remains minimal.

### Objective

This study aims to co-design and evaluate an interdisciplinary, asynchronous digital education resource to improve pre-registration nursing, medical, and pharmacy students' knowledge of pancreatic cancer, including the psychosocial needs of patients and families.

### Methodology / methods

A sequential explanatory mixed methods design underpins this study. Phase 1 involves co-design workshops with healthcare professionals, students, and individuals with lived experience of pancreatic cancer. These workshops will ensure the resource reflects real-world challenges, including psycho-oncological and palliative care dimensions. Phase 2 will pilot the intervention using validated pre- and post-test questionnaires assessing knowledge and self-efficacy. Phase 3 includes focus groups with students to evaluate perceived behavioural changes and integration of psychosocial principles into clinical reasoning. Validated tools will assess knowledge acquisition and self-efficacy, with reflexive thematic analysis of qualitative data using Braun & Clarke's framework.

### Conclusion

This study will result in a rigorously developed educational resource to address a critical gap in healthcare education. By embedding psycho-oncological content and applying robust evaluation methods, the intervention aims to improve student preparedness in delivering holistic, compassionate care to individuals affected by pancreatic cancer.

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

P.65 WITHDRAWN

P.66 WITHDRAWN

## P.67 Migrant Access to GP Care in Ireland: An ED problem?

Clarke, C.<sup>1</sup>, Patton, D.<sup>2</sup>, Varley, J.<sup>3</sup>, Renjith, V.<sup>4</sup>

<sup>1</sup>RCSI, <sup>2</sup>RCSI, <sup>3</sup>RCSI, <sup>4</sup>RCSI

The impetus for this investigation arose from first hand observations by the Registered Advanced Nurse Practitioner (RANP) during daily clinical work in an Emergency Department (ED), where recurring patterns of difficulty among migrant populations successfully registering with a GP practice were observed. A systematic review was undertaken as part of the Professional Doctorate and with a view to thesis publication.

### Introduction

Migrants in Ireland often encounter barriers when trying to register with a GP, a critical gateway for accessing regular healthcare. This contributes to increased ED attendance and may worsen health inequalities and patient outcomes.

### Aims / Objectives

The main objective is to explore the underlying factors inhibiting migrants' ability to secure GP registration, addressing both systemic and individual-level barriers. The research aims to develop contextually informed recommendations for healthcare practices and policy improvements.

### Highlights / Key Findings

Initial results indicate that bureaucratic requirements, language barriers, lack of awareness of the registration process, and reluctance from some GP practices to accept new migrant patients are significant limiting factors. Migrants frequently rely on ED services as a substitute for routine primary care, raising concerns about continuity of care and resource efficiency.

### Implications for Practice

Enhanced understanding of these barriers holds implications for applicability, transferability and sustainability of proposed interventions. Strategies addressing language support, streamlined documentation requirements, and targeted educational outreach have the potential for broad transferability across regions and healthcare systems.

### Evaluation / Outcome

Improved support for migrants would likely reduce inappropriate ED attendances, enhance patient outcomes, and foster more inclusive healthcare provision. Limitations include variable definitions of "migrant" and the heterogeneity of local practice policies, affecting universal applicability.

### Conclusion

Findings support the need for organisational changes and policy level interventions to decrease health disparities and an increased yet unnecessary burden on the EDs.

---

---

---

---

---

---

---

---



## P.69 Community Healthcare Staff Experiences Caring for Asylum Seekers and Refugees

Fenech, K.<sup>1</sup>, Pittalis, C.<sup>2</sup>, Ní Shé, E.<sup>3</sup>, Valentelyte, G.<sup>4</sup>, Gajewski, J.<sup>2</sup>, Sweeney, M.R.<sup>1</sup>

<sup>1</sup>Faculty of Nursing and Midwifery, RCSI University of Medicine and Health Sciences, <sup>2</sup>Institute of Global Surgery, School of Population Health, RCSI, <sup>3</sup>Graduate School of Healthcare Management, RCSI, <sup>4</sup>School of Population Health, RCSI

### Background

Migration affects health across all stages, with refugees facing risks from poor living conditions, limited healthcare access, and social isolation [1,2,3]. These factors increase physical and mental health problems. Healthcare systems struggle with language, cultural, and literacy barriers while trying to meet complex needs. Community-based healthcare staff act as the first point of contact, play a crucial role in addressing these challenges [4]. Understanding their experiences is key to determining how well health systems support their workforces to support migrant populations; however, their experiences and challenges in providing care remain under-explored across the European Union (EU).

### Methodology / methods

This scoping review aims to investigate the experiences of community-based healthcare staff providing care to asylum seekers and refugees within EU member states. Specifically, it seeks to identify the challenges they face, factors influencing their experiences, and differences observed across professional roles and national contexts. The review follows the Joanna Briggs Institute (JBI) methodology and is guided by Arksey and O'Malley's framework [5,6]. The primary research question asks: What challenges do healthcare professionals face when providing care to asylum seekers and refugees in primary and community settings? Secondary questions explore contextual and cross-country differences within the EU. Relevant literature published between 2015 and 2025 will be identified through systematic searches of PubMed, MEDLINE, CINAHL, Embase, Scopus, and PsycINFO. Data extraction will primarily focus on synthesising staff's overall experiences as aforementioned in the study's aim.

### Conclusion

This review will map current evidence on healthcare staff's experiences in community-based migrant care across the EU. Findings will inform policy and practice by identifying key factors shaping care delivery, ultimately guiding improvements in primary care, migrant health services, and staff experiences.

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

## P.70 Exploring Aggression and Hostility Against Healthcare Workers (Doctors, Nurses, Midwives and Pharmacists) in Ireland

**Rajendran, A.**<sup>1</sup>, Gajewski, J.<sup>2</sup>, Barlow, J.<sup>3</sup>, Staines, L.<sup>4</sup>, Kyawtun, T.<sup>5</sup>, Sweeney, M.R.<sup>1</sup>

<sup>1</sup>Faculty of Nursing and Midwifery, RCSI, <sup>2</sup>Institute of Global Surgery, School of Population Health, RCSI, <sup>3</sup>RCSI,

<sup>4</sup>Department of Psychology, Maynooth University, <sup>5</sup>RCSI

Aggression and hostility towards healthcare professionals is a growing concern, impacting staff well-being, patient care, and organizational efficiency. This study aims to comprehensively investigate the prevalence, nature, and organizational responses to aggression and violence experienced by doctors, nurses, and pharmacists in Ireland.

The study employs a sequential mixed-methods design.

Phase 1 involves a quantitative survey using the World Health Organization (WHO) questionnaire, 'WORKPLACE VIOLENCE IN THE HEALTH SECTOR COUNTRY CASE STUDIES RESEARCH INSTRUMENTS SURVEY QUESTIONNAIRE' (2003); targeting nurses, doctors, and pharmacists via professional bodies including the Nursing Union, the Irish Medical Organisation, and the Pharmaceutical Society of Ireland. This phase seeks to quantify the prevalence, types, and contexts of aggression experienced across professions.

Phase 2 comprises in-depth interviews with survey respondents who have experienced aggression or violence, allowing for detailed exploration of personal experiences, coping strategies, and perceived impact on professional practice.

Phase 3 involves focus group discussions with healthcare managers to capture organizational and managerial perspectives on aggression, current prevention measures, and potential strategies for policy and practice improvement.

Phase 4 extends the study towards knowledge translation, with the development of a continuing professional development (CPD) curriculum aimed at equipping healthcare professionals with evidence-based strategies to recognise, manage, and prevent workplace aggression to support national policies and frameworks. This initiative will form the foundation for a postdoctoral program focused on enhancing workplace safety and professional resilience.

By integrating quantitative and qualitative perspectives across multiple professional groups and organizational levels, this study will generate comprehensive insights into the scope and consequences of aggression in healthcare settings. Findings are anticipated to inform policy, managerial interventions, and professional education initiatives, ultimately contributing to safer healthcare environments and improved workforce well-being.

---

---

---

---

---

---

---

---

---

---

## P.71 Reflection and Creativity in Developing an Integrated Older Persons Service

Farrelly, A.<sup>1</sup>, O'Toole, D.<sup>1</sup>, Berry, M.<sup>1</sup>, Bracken, M.<sup>1</sup>, Lynch, O.<sup>1</sup>

<sup>1</sup>Midlands Regional Hospital, Tullamore

### Background

Older People are often negatively portrayed in the acute services i.e., bed usage, beds blocked or prolonged length of stay. The Older Person's Service reflected on and mapped their current performance over a five-year period against "A Decade of Healthy Ageing" (WHO 2021) and the National Clinical Care Programme for Older People (RCPI & HSE 2012).

### Aims / Objectives

To provide an overview of the development of Older People's services, from inception to present day, in our hospital using available strategies and quality initiatives

### Methodology / methods

Utilising audit and PDSA Cycles, the Older Person's Service developed initiatives to redefine healthcare delivery for older people in the acute hospital, over the course of five years. In addition, by employing strategies such as themed awareness days, the Older Persons Services promoted positive ageing, reframing how healthcare professionals perceive and view older people in hospital. These innovations were extended to older people and our community partners in the spirit of integration.

### Results

- Improvements in patient care (i.e. Falls Prevention & Delirium)
- Greater access for older persons through expansion of specialised services (i.e. FFD, RAFT, inpatient assessment, Outreach)
- Better staff awareness and engagement
- Community based initiatives were well received

### Conclusion

In conclusion, the evolution of Older Persons Services has resulted in significant improvements for patient care, breaking down barriers, challenging existing traditions and redefining healthcare for older persons in our area.

### References

1. RCPI & HSE (2025) Specialist Geriatric Services Model of Care Part 1: Acute Service Provision. DOI: <https://www.hse.ie/eng/about/who/cspd/ncps/older-people/resources/specialist-geriatric-services-model-of-care-part-1-acute-service-provision.pdf> [Accessed 05/11/2025]
2. WHO (2021) Decade of Healthy Aging 2021 – 2030. DOI: <https://www.who.int/initiatives/decade-of-healthy-ageing> [Accessed 05/11/2025]





## P.74 Meaningful Recognition – Examining the Impact, a Mixed Methods Study

McKernan, D.<sup>1</sup>, White, M.<sup>2</sup>, Timmins, F.<sup>3</sup>, Dunne, P.<sup>4</sup>

<sup>1</sup>Centre for Nursing and Midwifery Advancement, Faculty of Nursing and Midwifery RCSI, <sup>2</sup>Faculty of Nursing and Midwifery RCSI, <sup>3</sup>School of Nursing, Midwifery and Health Systems, University College Dublin, <sup>4</sup>Centre for Positive Health Sciences, RCSI University of Medicine and Health Sciences

### Introduction

Nurses and midwives are inherently motivated by their drive to provide quality care; however, this motivation is often hampered by burnout and compassion fatigue. Staff well-being in healthcare has received increased attention in the aftermath of Covid-19. Managers can play a significant role in countering these issues by creating a work environment that retains and sustains staff, and maintains motivation to deliver quality, person-centred care. Meaningful recognition (MR) programmes are one such strategy. While anecdotal evidence in Ireland suggests MR programmes have a positive impact on individuals and on organisational culture, to date there has been no primary research to support this.

### Aims / objectives

A mixed methods study examining the impact of MR programmes on work engagement and hope in one hospital region in Ireland commenced in 2025. The objective is to support the enculturation of MR programmes across the hospital region and to support the ongoing recognition of excellence in nursing and midwifery.

### Methodology / methods

Phase One of the study began in May 2025 in sites with newly introduced MR programmes. A pre and post intervention online questionnaire measuring WE and hope will be administered.

Phase two will commence after quantitative data analysis. A series of one-to-one interviews will be conducted with nurses and midwives working in sites with well-established MR programmes. This will afford the opportunity to explore issues explicated from the quantitative data and garner the perceptions of nurses and midwives of the impact of the MR programme in their organisation.

### Discussion

It is envisaged that this research will provide empirical evidence of the impact of MR on nurses and midwives, as well as their perceptions of MR programmes, thus promoting a positive working environment and ultimately improving patient care. In the context of a global nursing and midwifery shortage, these findings may support other European healthcare settings in facilitating MR and retaining engaged nurses and midwives. These measurements should provide insights beyond the quantity of nurses and midwives retained, into the mindset of those nurses and midwives and their feelings towards their work.

## P.75 New Graduate Nurse Self-Perceived Readiness for Practice in an Irish Acute General Hospital Context

**Mahon, P.**<sup>1</sup>, Crotty, Y.<sup>2</sup>, Irving, K.<sup>3</sup>

<sup>1</sup>Faculty of Nursing and Midwifery, RCSI, <sup>2</sup>School of STEM Education, Innovation and Global Studies, Institute of Education, DCU, <sup>3</sup>School of Nursing, Psychotherapy and Community Health, DCU

### Introduction

The world is facing a critical shortage of nurses. Not only are we not training enough nurses to account for attrition, over 25% of those we train either exit before beginning, or within, their first year of practice. For those who stay, transition is tough, with New Graduate Nurses (NGNs) experiencing the pressure of their new role from within and without. Feeling inadequate, overwhelmed, and stressed, NGNs enter a clinical world very different to the one they knew as students.

### Aims / objectives

There is little primary research into this topic in Ireland. We undertook a mixed methods study to examine NGN self-perceived readiness to practice in an Acute General Hospital context. This paper reports on the qualitative phase. Ethical approval was granted by DCU for this PhD study.

### Highlights / results / key findings

Four focus group discussions were conducted in one hospital region in 2024. Five themes were generated from the data:

1. The sum of the parts
2. Here I come, ready or not!
3. Thrown to the wolves
4. Should I stay or should I go now?
5. All we need is just a little patience

### Implications for applicability / transferability, sustainability & limitations

The themes tell a story of emergence- from the indeterminacy of undergraduate education, through the liminal transition to practice, on to the first fraught experiences as paid professionals, and finally to a position of relative conciliation, coalescence and comfort. This journey is not a singular one, but rather involves travelling through a variety of social, emotional, personal and professional challenges.

### Evaluation / outcome

Whatever the cause of negative transition experience, it remains clear that shock and emotional exhaustion adversely impacts NGNs both personally and professionally. Paradoxically, it is unclear how novice nurses survive and thrive during their transition to practice.

### Conclusion

We have an incomplete picture of what it means to be practice ready as an NGN. To ease the transition to practice and improve the wellness of our most junior colleagues we must know, and do more, about this stage in the neophytes' career.

---

---

---

---

---

---

---

---

## ePosters

### E.1 Enhancing Clinical Practice Through In-Service Education

Govindan, A.<sup>1</sup>, Selvi, A.R.<sup>1</sup>, Shebin, R.<sup>1</sup>, O'Brien, V.<sup>1</sup>

<sup>1</sup>St James's Hospital

#### Background

An in-service education programme was introduced for 10 months across all clinical areas, addressing key nursing practice topics identified through quarterly metrics and incident reports. It aimed to improve patient safety and nursing standards, while driving quality improvement projects informed by staff feedback and evolving clinical needs.

#### Methodology / methods

A review of the in-service education programme was undertaken. Data included the number of education sessions, the number and percentage of staff nurses covered, staff feedback, and outcomes. Nursing metrics, adverse incident reports, clinical audits, pre- and post-tests, and staff feedback were analysed to evaluate the programme's effectiveness.

#### Analysis / result

- Medication management: 107 sessions, 49% of staff nurses covered, 350 nurses trained and the number of nursing related medication errors reduced from 25 to 9 in areas where education sessions conducted.
- Pressure Ulcer Prevention and Management: 78 sessions, 34% of nurses covered, 260 nurses educated and the number of incorrectly staged SDTI showed a gradual reduction from 7 to 0.
- End of Life Care- Care After Death: 58 sessions, 29% of nurses covered, 212 nurses trained and on post feedback evaluation all respondents (100%) confirmed that the education increased their awareness and knowledge of caring for deceased patients and their bereaved families.
- Falls Prevention and Management: 97 sessions, 43% of nurses covered, 346 nurses attended, compliance improved and hip protector documentation improved from 90% to 98%.
- INEWS/IMEWS -Escalation Protocol and Documentation: 84 sessions, 41% covered, 279 nurses trained and clinical audit revealed four-hourly observations increased from 20% to 80%.
- Sepsis: 101 sessions, 46% covered, 321 nurses educated. Pre- and post-test scores revealed that knowledge improved significantly, increasing from 56% to 89%.

#### Impact / recommendations

Quality improvement projects were initiated based on the topics covered. The in-service education programme resulted in a significant improvement in staff knowledge and compliance with documentation.

---

---

---

---

---

---

---

---

---

---

## E.2 Forget Me Not, Dementia in Focus: Innovative Teaching in Collaboration with the Creative Arts

Steyn, C.<sup>1</sup>

<sup>1</sup>Beaumont Hospital

### Introduction

This project focus is a short film, depicting an acute hospital setting, simulating the experience of a person living with dementia from their point of view. To support people living with Dementia and preserve their personhood, Beaumont Hospital is creating an education programme that's aimed at all levels of staff and capture a range of learning styles, hypothesising a positive impact on our care approaches, making a difference in the lives of people living with Dementia. The work of Tom Kitwood, (1997), *Dementia Reconsidered, the person comes first* is at the core in the design, rendering the content as timeless.

### Rationale

Ireland has the largest ageing life expectancy in Europe, the average life expectancy has increased by 10 years in the last decade. One in four people will be 65 and over in IN 2030, (CSO, 2024). Dementia prevalence increases with advanced age. Currently there are 64,000 people with a working diagnosis of Dementia with a projection of approximately a 150200 by 2045. This project forms part of a suite of educational initiatives incorporating national and international best practice standards and evidenced based research findings

### Aims / objectives

- Promotion of person-centred care and the sanctity of human life and human rights
- Based on the principles of universal design for learning, supporting diverse learning styles
- Destigmatize and mitigate labelling older persons living with a dementia
- Role modelling person centred care
- Challenging attitudes

### Methodology / methods

- Concept development with MDT, focus groups and general services
- Script writing
- Story board development
- Business case development
- Cast and crew assembly
- Sourcing funding streams

### Results

- The work of Tom Kitwood, (1997), is at the core in the design.
- The content is evidenced based and timeless
- Feedback on completion of the mandatory online training by all staff shows the impact for all staff and patients

---

---

---

---

---

---

## E.3 WITHDRAWN





## E.6 Teaching for Transformation: Building a Resilient Nursing Workforce through the Kirkpatrick Lens

Venkatesan, H.<sup>1</sup>

<sup>1</sup>Our Lady of Lourdes Hospital, Louth Hospitals

### Introduction

Nursing in-service education fosters clinical competence and evidence-based care. Transformative, well-evaluated programs guided by the Kirkpatrick Model cultivate a resilient and adaptive workforce while enhancing patient safety and quality of care.

### Aims / objectives

To evaluate the effectiveness of Crisis Prevention Institute–Safety Intervention Foundation (SIF) training using the Kirkpatrick Model to foster transformative practice by assessing knowledge retention, behaviour change, workforce resilience, and organisational outcomes that strengthen patient safety in acute care.

### Highlights / results / key findings

Level 1 – Reaction: Evaluation forms indicated 100% participant satisfaction.

Level 2 – Learning: Pre- and post-tests demonstrated a 60% increase in knowledge.

Level 3 – Behaviour: Using the Confidence in Coping with Aggression (CCPI) instrument, 71% of participants reported confidence post-training, with 57.5% retaining confidence at six weeks.

Level 4 – Results: As reported by nurse managers:

- 92% observed improved patient safety practices.
- 67% noted consistent application of learned techniques.
- 75% reported enhanced teamwork and communication.

### Implications for Transformative Practice, Workforce Resilience, and Sustainability

Applying the Kirkpatrick Model fosters accountability and measurable transformation in nursing education. Its adaptable framework strengthens workforce resilience and supports sustainable professional development across healthcare settings. However, findings are limited by self-reported data and the need for long-term evaluation.

### Evaluation / outcome

Structured evaluation demonstrated measurable improvements across all four levels of the Kirkpatrick Model, reflecting transformative learning, enhanced workforce resilience, and sustained improvements in knowledge, behaviour, teamwork, communication, and patient safety practices.

### Conclusion

The Kirkpatrick Model shifts nursing education from traditional to outcome-focused learning, driving innovation, resilience, and adaptability in the workforce while improving quality and patient safety.

---

---

---

---

---

---

---



## E.8 Stop the Drop, Lessons from Skip the Dip

Kavanagh, N.<sup>1</sup>, Smith, N.<sup>1</sup>

<sup>1</sup>Manor Road Surgery

### Background

Urinary tract infections (UTIs) are the second most common indication for antibiotic prescribing in the community (SIGN 2020). Lack of access to appointments has fostered a process of 'urine drop ins' in general practice, wherein urine is tested via dipstick analysis followed by telephone consultation. This practice results in increased risk of confirmation bias, potentiating the risk of misdiagnosis, treating asymptomatic bacteriuria and exacerbating antimicrobial resistance.

### Aims / objectives

The aim of this project was to promote best practice UTI management in the community. Objectives included:

1. Improved access to acute appointments
2. Streamlining assessment and management of UTI
3. Prevention of treating asymptomatic bacteriuria in patients >65yrs

### Methodology / methods

A 2-cycle audit with intervention in one local General Practice. Patient sample was gathered by convenience sampling and data was collected retrospectively via a GP management system. The intervention included expansion of service to include acute appointment slots. A local guideline was developed regarding age and sex-based assessment and diagnosis of UTI, while promoting the HSE 'SKIP THE DIP' campaign in patients >65yrs.

### Results / outcomes

Mixed results were demonstrated. A total of 70 patients were seen over the course of 2 audit cycles. Over half of the patients were >65yrs. Promising results were seen with physical assessment improving from 82% to 93%. Urine dipstick in >65yrs reduced from 81% to 65% and laboratory cultures improved from 29% to 94% in this age group. However, accurate symptom assessment occurred in 59% in cycle 1 and reduced to 53% in cycle 2. 80% of laboratory samples confirmed infection in cycle 1 which reduced to 50% in cycle 2.

### Discussion

Improvements were seen in access to acute care and assessment of patients >65yrs, although there remain discrepancies in UTI symptom recognition. A third cycle audit will be planned following another education drive.

---

---

---

---

---

---

---

---

---

---

## E.9 Building Leadership Capacity to Strengthen Resilience and Quality of Care: Insights from a National Needs Analysis in Albania

Duka, B.<sup>1</sup>, Jançe, A.<sup>1</sup>, Çini, J.<sup>1</sup>, Zylfo, A.<sup>1</sup>, Mane, F.<sup>1</sup>, Vakefliu, K.<sup>1</sup>, Ivziku, D.<sup>2</sup>, Arapi, A.<sup>3</sup>

<sup>1</sup>Barleti University, <sup>2</sup>Department of Health Professions, Fondazione Policlinico Universitario Campus Bio-medico,

<sup>3</sup>Albanian Order of Nurses

### Background

Resilience and quality of care are sustained through visionary and empowered nursing and midwifery leadership. In Albania, a low-middle-income country challenged by workforce migration, limited career advancement, and scarce postgraduate education, developing strong leadership capacity is critical. Investing in future leaders who can drive innovation, manage change, and uphold quality standards is essential to retain nurses within the national health system. This study aimed to explore healthcare professionals' leadership competencies, self-perceived readiness, and interest in postgraduate education in management and leadership.

### Methodology / methods

A descriptive, cross-sectional survey was conducted in September-October 2025 among healthcare professionals nationwide. An anonymous online questionnaire investigated leadership self-assessment, confidence, identity, training adequacy, and interest in formal education. Descriptive statistics were applied to analyze quantitative responses.

### Results

A total of 394 professionals participated (81.5% female; 66.2% nurses; 13.2% midwives). Only 22% currently hold coordinating roles, and 44% considered their training insufficient to meet leadership responsibilities. The mean self-confidence in leading others was 65%, with a moderate leadership identity score (M = 4.4/7). Competencies most developed included effective communication (62%), decision-making (50%), and time management (58%). Priority areas for further development were ethical decision-making (53%), team management (50%), and policy and system leadership (47%). Importantly, 83% expressed interest in pursuing a Master of Science in Leadership and Management, motivated by career advancement (55%), academic growth (21%), and improving care quality (21%).

### Conclusion

The findings underscore an urgent need to invest in leadership education and capacity building among Albanian nurses and midwives. Strengthening postgraduate leadership pathways can foster resilience, enhance care quality, and mitigate workforce migration. Preparing future nurse leaders with strategic, ethical, and digital competencies is fundamental for a sustainable, patient-focused, and future-ready health system.

---

---

---

---

---

---

---

---

---

---

## E.10 Enhancing Learning: The Planned Implementation of a Near Miss Review Checklist (NMRC) To Proactively Mitigate Harm

Rushe, A.<sup>1</sup>

<sup>1</sup> St John of God Community Services North East Services

### Background

The Health Service Executive (HSE)(2019)patient safety strategy identified a staggering30-70% of adverse events that were potentially avoidable. Effective risk management for both staff and service users is essential in the day to day operations of this intellectual disability (ID) community service based in Ireland. To maintain compliance, it is imperative to have a strategy that proactively manages risks and actions preventative mitigation measures sourced from incident reviews.

### Problem situation

A review of the service providers incident and risk management standard operating procedures and policies identified a gap in the near miss incident review process. Following the initial review, a PESTLE analysis along with a systematised literature review was completed. Further information obtained from the PESTLE and literature further highlighted the requirement for a Standardised near miss review documentation system to support preventative risk mitigation. In terms of current incident reviews that occur, the service utilises standardised review forms established by the HSE these are to be used for incidents rated moderate to severe. These review forms have produced benefits in learning outcomes to enhance risk mitigation for service users and staff safety. In comparison the literature has identified that standardised near miss reviews can provide pathways for strategic corrective actions, planning, mental factors, environmental factors, action learning and provide contributory factors for mitigation.

### Overall aim

By proactively mitigating and reviewing near miss incidents, it will decrease the number of adverse events from occurring and impact of harm experienced.

### Methodology / methods

It is planned using effective engagement to collaboratively launch a near miss review checklist (NMRC). The NMRC method will be reinforced by evidence-based review tools sourced from an extensive systematised literature review. The collaborative approach will be supported by the HSE Change Guide (2018) and the HSE Self Evaluation Guide (2019).

### Expected outcomes

Enhanced learning and a 30% reduction in preventable incidents.

---

---

---

---

---

---

---

---

---

---

## E.11 Cardiac Telemetry Awareness Campaign

O'Reilly, S.

### Introduction

Telemetry devices continuously monitor cardiac activity to assist in diagnosis and treatment of arrhythmias and abnormalities (Stoltzfus et al., 2019). An average of 2,400 telemetries are utilised throughout Beaumont Hospital annually. A gap in telemetry patient education was identified regarding its rationale and limitations. This lack of education led to poor compliance resulting in large volumes of phone-calls from Coronary Care unit (CCU) to wards to alert nursing staff of errors occurring. This quality improvement project consisted of the provision of telemetry education to both staff/patients would lead to more efficient service (British Heart Rhythm Society, 2020).

### Aims

To investigate the effects of a patient educational telemetry leaflet and improve staff awareness of cardiac telemetry service.

### Methodology / methods

A patient educational leaflet and lightening presentation educational sessions were provided, supplemented with a poster for nurses to all wards receiving telemetry. A random audit was conducted on 12 patients over a 1-week period 6 months post implementation.

### Results

The audit identified 66.6% (8) patients received the telemetry leaflet, 62.5% (7) patients read the leaflet. However, 33.3% (4) patients did not receive the leaflet, of which 3 patients had questions regarding telemetry. Post audit, alterations were made to the leaflet distribution process. Additionally, CCU staff reported a reduction in the number of unnecessary phone calls to wards.

### Recommendations

Campaigns such as screen savers and continued ward-based education may be beneficial in optimising patient knowledge and maintain quality initiative outcomes.

### Conclusion

The development of patient information leaflets and staff educational lightening presentations accompanied with posters for the telemetry monitoring service proved beneficial for staff and empowered patients.

---

---

---

---

---

---

---

---

---

---

E.12 WITHDRAWN

## E.13 Promoting Health Through Social Prescribing: A Community-Based 'Grow Your Own' Initiative in Urban and Rural Northern Ireland

Crawford, C.<sup>1</sup>, Fitzpatrick, B.<sup>1,2</sup>, Beattie, A.<sup>1</sup>

<sup>1</sup>Ulster University, <sup>2</sup>Western Health and Social Care Trust

### Background

Social prescribing aims to improve health and wellbeing by connecting individuals with non-medical supports in their communities, helping people build confidence, reduce isolation, and effectively manage their health. This study explores whether a social prescribing service, combined with a community-based 'Grow Your Own' gardening initiative, can improve physical and mental wellbeing among individuals in both urban and rural areas.

### Methodology / methods

A mixed methods design is being implemented across two distinct settings: Castlederg (rural) and Strabane (urban). The programme includes horticulture and food sustainability, with participants receiving a take-home Grow Your Own kit upon completion. Participants are referred via health professionals or through self-referral.

Quantitative data is collected at three time points (baseline, post-programme, and six-month follow-up) using validated tools: the Warwick-Edinburgh Mental Wellbeing Scale, the Self-Determination Scale, and the Outcomes Wellbeing Star. Economic impact is assessed by comparing GP and Emergency Department usage in the six months before and after the programme. Qualitative data is gathered through focus groups.

### Results

The project is currently at the half-way point of delivery and data collection. Initial engagement suggests strong community interest and early indicators of positive impact on physical and mental wellbeing and lifestyle behaviours. Initial qualitative themes include enhanced social connection, increased motivation, skill development, and personal growth, particularly among individuals in socially isolated or deprived areas. Leadership from the community organisation has been central to building trust and engagement, while the community hub has provided a potential access point for AHP and broader health referrals. Embedding a Social Prescriber within a trusted local charity improves accessibility, engagement, and continuity of community-based services.

### Conclusion

Preliminary findings support the role of community-based, nature-connected interventions in improving wellbeing and reducing reliance on statutory health services. Participants report improved mood, reduced loneliness, and a greater sense of independence in managing their health.

---

---

---

---

---

---

---

---

---

---

E.14 WITHDRAWN

## E.15 The Fluid Conundrum: Striking the Right Balance in Acute Care

**Kennedy, S.**<sup>1</sup>

<sup>1</sup>HSE North East, Cavan General Hospital

### Background

Fluid balance is essential in acute hospitals to prevent complications such as dehydration, fluid overload, and organ dysfunction, particularly in critically ill patients. National and international audits reveal widespread issues with inaccurate charting, calculation errors, and inconsistent practices due to staff shortages, time constraints, and training (Leinum et al, 2023). Targeted education has been shown to improve compliance in fluid balance monitoring (Madu, 2021).

### Aim / objective

- To improve awareness and understanding of the importance of accurate fluid balance monitoring among acute hospital staff through a flexible, accessible educational video resource
- Provide a short, engaging video that is easily accessible via QR code, allowing staff to learn at their convenience.
- Educate staff on the clinical significance of fluid balance and its impact on patient outcomes
- Highlight common challenges and errors in fluid balance documentation and encourage best practices

### Methodology / methods

Between April–October 2025, Critical Care Outreach ANPs developed a short PowerPoint-based video to highlight the importance of fluid balance in acute care. The video was promoted across wards with support from the Director of Nursing, Practice Development, and Clinical Nurse Managers. Access to the video via QR code allowed for convenient access to training whilst ensuring minimal disruption to workflow.

### Results / outcomes

A total of 243 staff members accessed the video, across 8 key acute clinical areas with engagement tracked via a sign-in sheet. While formal audit data is pending, it is anticipated that increased awareness will contribute to improved fluid balance documentation and patient safety in future audits.

### Conclusion

A short, accessible video is an effective means of effectively engaging staff in training and raising awareness of fluid balance monitoring. Continued promotion, refresher training, and follow-up audits are recommended to sustain improvements and embed best practices across clinical areas.

---

---

---

---

---

---

---

---

---

---

## E.16 Widening Access to a Specialist Palliative Care Community of Practice for Nurses across the Island of Ireland: A Cross-Border Collaboration to Build Capacity and Connection

**Nugent, M.<sup>1</sup>**, Charnley, K.<sup>1</sup>, Caldwell-Kenny, S.<sup>1</sup>

<sup>1</sup>All Ireland Institute of Hospice and Palliative Care

### Background

A well-established Specialist Palliative Care (SPC) Community of Practice (CoP) has operated successfully since 2023, providing a structured platform for peer learning, reflective dialogue and shared professional development among nurses. Recognising the parallel challenges and opportunities in the Republic of Ireland (ROI) including growing demand for palliative expertise across generalist and specialist services. Colleagues across both jurisdictions agreed to extend access to the COP on an all-Ireland basis which commenced in September 2025. This initiative aligns with shared priorities for workforce capacity-building and equitable access to professional learning and peer support.

### Aim

To collaboratively widen access to the existing SPC CoP for Nurses to an all-island approach fostering shared learning, reflective practice and a cross-border professional network that strengthens the delivery of palliative and end of life care.

### Methodology / methods

The extension phase included consultation with Northern Ireland (NI) CoP members via survey and discussion and consultation with Director of Nursing across Specialist Palliative Care provision in the ROI. Using participatory and inclusive design principles the CoP model supports structured online learning sessions, reflective discussions and facilitated discussions. Evaluation employs a mixed method approach including participation analytics, pre/post surveys and annual review of the COP.

### Results

Initial engagement demonstrates strong interest from colleagues in ROI with membership of the CoP increasing by 25% within 3 months. Early findings highlight the perceived value of shared professional space for reflective learning, mentorship and cross-border knowledge exchange. The initiative is fostering a sense of collective identity and mutual learning across health systems.

### Conclusion

Widening access to the SPC CoP marks a significant step toward an all-Ireland network of nurses engaged in specialist palliative care. This collaboration models how cross-0border partnership can enhance professional capacity, knowledge exchange and person-centred care across diverse settings.

---

---

---

---

---

---

---

---

---

---

## E.17 Poster Presentation on the Specialist Continence Service Integrated Health Area's Dublin North City & West & Dublin North

**McMahon, N.<sup>1</sup>**

<sup>1</sup>Health Service Executive

### Introduction

Incontinence is under reported and overshadowed by other medical conditions that is seen as more urgent. As part of Sláintecare, providing the right care at right time, in the right place and due to the additional demands on the Public Health Nursing Service with parental enquiries during the child health screening on enuresis and continence issues from the elderly and disability population within the PHN/RGN caseload, a need was identified for the role of a Clinical Nurse Specialist in Continence. The literature identifies that enuresis has serious social and psychological ramifications for affected children. The Public Health Nursing service recognised a gap in the provision of enuresis support for the need to develop a children's service.

### Aim

The role of the continence Nurse specialist is to develop a community-based continence service for adults and children within the geographical area. It is a pivotal role in the co-ordination, assessment and the management of the Client's needs with continence's related problems. The responsibility to co-ordinate, manage and provide education and training for the Nursing teams and the Clients and their family is paramount to promote continence and provide a safe quality of service.

### Outcomes

There has been an increased number of continence advisors in the delivery of safe quality service. The role of the continence CNS role has enhanced the PHN service an effective patient centred care. There has been a reduction in product usage utilising strategies in continence promotion. 73 adults with either stress, urge over active bladder, functional overflow or mixed incontinence have been assessed to date within the service and assessments and management of 148 children with primary / secondary enuresis and day time toileting related problems.

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---



## E.19 Specialist Palliative Care Nurses Knowledge and Confidence in Assessing and Managing Malignant Fungating Wounds

Noone, E.<sup>1,2</sup>, Connolly, M.<sup>1,2</sup>

<sup>1</sup>Our Lady's Hospice & Care Services, Harold's Cross, <sup>2</sup>School of Nursing, Midwifery & Health Systems, University College Dublin

### Aim

The study intended to investigate the knowledge and confidence levels of palliative care nurses in assessing and managing malignant fungating wounds (MFW's) in an Irish setting. MFW's are distressing complex wounds frequently encountered in palliative care, and understanding the nurses' proficiency in addressing them is crucial for enhancing patient care.

### Background

MFW's represent a challenging aspect of palliative care, characterised by tumour infiltration, infection risk, and significant symptom burden. Optimal assessment and management are vital for improving quality of life for patients with MFW's. This study builds on the limited existing research to provide insights into nurses' knowledge and confidence levels in this context.

### Methodology / methods

A cross-sectional survey was administered to palliative care nurses across inpatient and community-based settings. The survey included questions assessing their knowledge about MFW assessment, management and associated symptom control. Additionally, respondents were asked to rate their confidence in addressing these wounds on a Likert scale. Data was collected, collated, and analysed using descriptive statistics and inferential methods.

### Results

The results of the study indicate deficiencies in palliative care nurses' knowledge and confidence in assessing and managing various aspects of MFW's. Specifically, the findings revealed nurses lack comprehensive knowledge in areas such as wound assessment techniques, odour, and exudate management. Confidence levels were also shown to be lower than desirable in some cases, indicating a need for improvements regarding education and training in this specialised area.

### Conclusion

This study highlights a critical gap in palliative care nurses' knowledge and confidence relating to MFW's. The results emphasise the importance of tailored educational programs and professional development initiatives to enhance competence in MFW management. Addressing these deficits can ultimately lead to improved patient outcomes, reduced symptom burden, and enhanced overall quality of life for those facing this challenging aspect of palliative care.

---

---

---

---

---

---

---

---

---

---





E.22 WITHDRAWN

## E.23 ANP Led Oncology Day Ward Model - Transforming Practice and Optimizing Workforce Efficiency

Summersby, E.<sup>1</sup>, Manoj, S.<sup>1</sup>

<sup>1</sup>HSE DNE Oncology Unit, OLOLH, Drogheda

### Background

The increasing complexity of oncology care demands innovative models that strengthen workforce resilience, enhance patient outcomes, and optimize clinical resources. Traditionally, oncology day units have depended heavily on Non-Consultant Hospital Doctors (NCHDs) for patient reviews and chemotherapy authorization. Rising service demand and workforce constraints underscored the need for a sustainable, patient-centered solution that ensures continuity, safety, and efficiency in cancer care delivery.

### Innovation

An Advanced Nurse Practitioner (ANP)-led Oncology Day Unit was developed to deliver holistic, autonomous, and evidence-based care. The ANP undertakes comprehensive and focused patient assessments, interprets laboratory and radiological investigations, evaluates chemotherapy tolerance, and authorizes treatment in accordance with national oncology protocols. Integration of advanced clinical decision-making, digital documentation, and multidisciplinary collaboration ensures timely, safe, and patient-focused service delivery. This model embeds quality improvement, clinical governance, and leadership within everyday Oncology nursing practice.

### Impact

The introduction of the ANP-led clinic has significantly improved patient flow, reduced waiting times, and enhanced overall service efficiency. By assuming responsibility for chemotherapy reviews and authorizations, the ANP model has reduced reliance on NCHDs for routine assessments – allowing medical staff to focus on complex and acute cases. This innovation has led to more efficient use of workforce resources, improved continuity of care, and greater patient satisfaction. Holistic assessments and early identification of treatment-related toxicities have further strengthened patient safety and care quality.

### Conclusion

The ANP-led oncology service demonstrates how advanced nursing practice can drive transformative changes in healthcare delivery. Through leadership, innovation, and collaboration, this model exemplifies a resilient and adaptive workforce that is both future-ready and patient-focused. It redefines oncology service delivery while embodying the core principles of modern nursing – autonomy, excellence, and compassionate, evidence-based care.

---

---

---

---

---

---

---

---

---

---









## E.28 Exploring the Advanced Nurse Practitioner (ANP) Older Persons' perspectives of their role within the Interdisciplinary Team (Phase II)

Mullally, A.<sup>1</sup>, Doolan, M.<sup>2</sup>, Brennan, C.<sup>2</sup>, Campbell, M.<sup>2</sup>, Farrelly, A.<sup>2</sup>, Flynn, G.<sup>2</sup>, Heduvan, K.<sup>2</sup>, Keena, G.<sup>2</sup>, Lynch, O.<sup>2</sup>, Mannion, J.<sup>2</sup>, Moore, F.<sup>2</sup>, McDonnell-Naughton, M.<sup>1</sup>

<sup>1</sup>Technological University of the Shannon, <sup>2</sup>Health Services Executive

### Background

Ireland's ageing population presents increasing complexity in healthcare delivery, with national policies such as Sláintecare, emphasising the need for advanced nursing roles. The Registered Advanced Nurse Practitioner Older Persons (RANP OP) has emerged as a pivotal figure in providing holistic, person-centred care. Building on Phase I, which explored interdisciplinary team perspectives, this Phase II study examined the views of the ANP Older Persons themselves to understand how they perceive and navigate their evolving role within the Irish health system (Midlands).

### Aim

To explore Advanced Nurse Practitioners Older Persons' self-perceptions of their role, professional identity, and integration within interdisciplinary teams in the Dublin and Midlands Health Region.

### Methodology / methods

A qualitative descriptive design was employed using semi-structured interviews with six ANP OPs. Participants were purposively sampled to reflect a range of service contexts. Interviews were transcribed verbatim and analysed using Braun and Clarke's (2023) reflexive thematic analysis, supported by NVivo 14 software.

### Results

Three overarching themes emerged:

1. The Evolving Role of the ANP Older Persons, highlighting professional growth, confidence, and identity formation
2. The Clinical Role of the ANP Older Persons, encompassing holistic practice, advocacy, and systemic inconsistency; and
3. The Future Role of the ANP Older Persons, emphasising innovation, education, and strategic inclusion

Participants described their work as deeply relational and transformative but constrained by governance gaps, underutilisation, and generic education frameworks. Despite these barriers, ANP OPs demonstrated resilience, leadership, and a strong commitment to service development and person-centred care.

### Conclusion

The findings highlight the significant contribution of ANP OPs to the care of older adults. Maximising their impact requires clear role structures, specialised education, and strategic integration of ANPs within the interdisciplinary team to fully realise their potential in an ageing healthcare system.

---

---

---

---

---

## E.29 Scan, Learn, Care: Utilising Technology for Accessible Education for Neuroscience Nurses

O'Brien King, S.<sup>1</sup>

<sup>1</sup>Beaumont Hospital

### Introduction

Flexibility and accessibility are essential in nurse education (1). The a-z neuroscience nursing resource consists of one page nursing guides on common neuroscience conditions. These guides are compiled in an a – z format and hosted on the app padlet. The a-z resource is accessible by scanning the quick response (qr) code. Qr codes can improve engagement, knowledge and patient care in line with best practice guidelines (2).

### From Challenge to Solution

Quality of content: A-Z guides created by nurse educator, independently reviewed by a clinical nurse specialist. Up to date references and local PPGs ensure the quality of the information.

### Nurses time constraint

The "Scan, Learn, Care" approach contextualises learning and delivers information at the moment that it is needed. This can minimise time wastage, improve quality, increase efficiency, enable self-directed learning and optimise resources (3).

### Pertinent information

Online searches yield vast amounts of information. The compilation of the one-page guides provides succinct, accurate guidance.

### Access

Anecdotally, hardcopy educational resources go missing and nurses forget passwords for online learning platforms. The A-Z resource is accessible by scanning a QR code or using a secure link.

### Sustainability

Can be edited remotely without disturbance to the resource. Environmentally sustainable.

### Conclusion

Qualitative staff feedback report they feel enabled to provide better care for patients and improved their confidence and knowledge.

Link; <https://padlet.com/sarahobrienking/a-z-neurosurgical-nursing-7nfl7yz2tu0lyz44>



## E.31 Comparative Thematic Analysis of Nursing Codes of Ethics in European Union Countries: Convergences, Divergences, and Emerging Ethical Challenges in the Digital Transformation Era

**Gioiello, G.<sup>1</sup>**, Caiazzo, A.<sup>2</sup>, Arnone, A.<sup>3</sup>, Notarnicola, I.<sup>1</sup>, Pizzorusso, B.<sup>4</sup>, Gonzalez, C.I.A.<sup>1</sup>

<sup>1</sup>University of Enna "kore", <sup>2</sup>AUSL Toscana Nord Ovest, <sup>3</sup>AOU Federico II, <sup>4</sup>Independent Legal Consultant

### Background

The ongoing digital transformation and the evolution of healthcare systems require a continuous renewal of the ethical principles guiding nursing practice. The nursing codes of ethics adopted across European Union countries, shaped by diverse cultural and regulatory contexts, offer valuable insight into how the profession is addressing emerging challenges related to technology, sustainability, and workforce well-being.

### Purpose

To comparatively examine the nursing codes of ethics of European Union countries in light of the international ethical framework, identifying convergences, divergences, and emerging ethical dimensions relevant to the future of nursing research and practice.

### Methods

A qualitative comparative study was conducted using reflexive thematic analysis. Twenty national nursing codes of ethics from European Union countries, together with the relevant international code, were examined. The analytic process included in-depth reading, iterative coding, and the development and refinement of themes through a reflective and collaborative approach. The study was guided by the principles of COREQ to ensure transparency, methodological rigor, systematic documentation, and consistent verification of analytic decisions.

### Results

Twelve overarching themes were identified: respect for human dignity, autonomy and informed consent, confidentiality and data protection, safety and quality of care, interprofessional collaboration, protection of vulnerable populations, ethics of end-of-life care, conscientious objection, responsible use of digital technologies and artificial intelligence, environmental sustainability, management of interests, and professional integrity. Emerging dimensions included cultural safety, workforce well-being and resilience, ethical use of artificial intelligence, and ecological responsibility, with varying degrees of integration across countries.

### Conclusion

Nursing codes of ethics within the European Union show substantial alignment on core ethical principles but differ significantly in the incorporation of emerging challenges linked to digitalization, sustainability, and professional well-being. Progressive harmonization of these themes offers a strategic opportunity to support the advancement of nursing science and promote consistent ethical practices in a rapidly changing healthcare landscape.

---

---

---

---

---



RCSI Faculty of Nursing and Midwifery  
Royal College of Surgeons in Ireland  
121 St Stephen's Green, Dublin 2, D02 YN77

Tel: +353 1 404 2202

Email: [facnurse@rcsi.ie](mailto:facnurse@rcsi.ie)

[www.rcsi.com](http://www.rcsi.com)

For further information follow us on

✕ [#RCSI\\_FacNurMid](https://twitter.com/RCSI_FacNurMid) [#FNMConf2026](https://twitter.com/RCSI_FacNurMid)

in [faculty-of-nursing-midwifery-rcsi](https://www.facebook.com/faculty-of-nursing-midwifery-rcsi)

📷 [@rcsi\\_facnurse](https://www.instagram.com/rcsi_facnurse)

f [@RCSIFacultyofNursingandMidwifery](https://www.facebook.com/RCSIFacultyofNursingandMidwifery)

🦋 [@rcsi-facnurmid.bsky.social](https://www.bsky.social/rcsi-facnurmid.bsky.social)