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Thinking Lean in ICU: A Time Motion Study Quantifying ICU Nurses' Multitasking Time Allocation

Dr. Fatma Ahmed[1], Dr Sally Farghaly.

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This study aimed to quantify ICU nurses' time spent across multitasking activities in addition to identifying the association between nurses' personal and clinical characteristics based on the time factor.

Methods: A self-observation form through the "Diary" recording method was used to quantify the number of tasks done by ICU nurses and the time allocated for each category per shift, in addition to self-reporting about distractors of nursing activities. To ensure adequate observations, 60 prospective observations for 60 ICU nurses recruited conveniently were done, each observation continued for one shift (6 hrs.), totalling 360 hours. Nurses with more than 1-years' experience were asked to record a self-observation diary form on their tasks and the time spent for each individual task per shift, in addition to filling a self-report form about distractors of nursing activities. The inter-rater reliability exceeds 90%.

Results: 2,730 direct patient-related tasks, and 1037 indirect tasks were completed by nurses. ICU nurses spent M[SD], 33.65 [7.05] minutes in ventilator care related tasks, 14.88 [3.08] in tube care related tasks, and 10.77 [5.02] in patient care related tasks. While they spent 17.70 [2.30] minutes in indirect care tasks per hour. These findings displayed correlations between nursing time and nurses' personal and clinical characteristics. Age and nurses' experience showed a significant negative correlation with time consumed in indirect nursing care ($P<0.001$), with correlation coefficients of -0.366 and -0.356 respectively. Patient severity showed a significant positive correlation with time consumed in direct nursing care ($P<0.05$), with a correlation coefficient of 0.39. Workload was negatively correlated with time consumed in all nursing activities ($P<0.05$). Participants elaborated that there were some distractors could increase the nursing time.

Conclusion: ICU nurses spent a significant amount of time in providing direct care to mechanically ventilated patients, but they reported some distractions that requiring attention from ICU mangers.

Power matters: nurses' power in health systems

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BACKGROUND / AIM

This presentation reports initial findings from a literature review conducted as part of a study examining how power is conceptualised by Irish nurses. Given the emphasis on collaboration in clinical practice and its benefits to service users (Rogers et al., 2020; 2023; Anjara et al., 2021), an analysis of power relationships and dynamics in health systems and how nurses experience them is timely. This review seeks to identify key themes, patterns and any gaps in the health systems and nursing-specific literature concerning power dynamics in nursing and their effects.

METHOD

The literature search involved a combination of approaches: comprehensive computer-assisted search of CINAHL and PubMed using key search terms, citation-searching and journal hand-searching methods.

FINDINGS

There is a paucity of health systems and nursing-specific literature on power in health systems and it remains poorly conceptualised. The review identified a lack of contemporary empirical and theoretical nursing literature on nurses' construction of, access to and utilisation of power, and how power dynamics impact the expression of nurses' power in practice. Nevertheless, the review suggested that nurses' construction of power is influenced by factors, both systemic (e.g., policy and organisational contexts) and individual (e.g., experience and expertise). Nurses construe power as personal and professional self-confidence deriving from a clear sense of purpose, the application of distinctive knowledge and skills, and recognised authority. The review suggests fruitful lines of inquiry including how knowledge acquisition, expertise and effective interprofessional collaboration affect and effect the realisation of nurses' power.

CONCLUSIONS

Empirical inquiries are hindered by the lack of uniformity in how power is defined, theorised, understood and accessed. An inquiry into how nurses conceptualise and experience power can make power dynamics explicit, enable exploration of their impact on nursing practice, and help to identify strategies that enable nurses to optimise their contributions.

Pathway to keep families living in homelessness connected – innovative development by public health nurses

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Background/Aim

Homelessness remains a 'problem' with various solutions offered across micro, meso and macro levels internationally. The extent of homelessness remains an estimation despite the ETHOS typology and definitions proposed by European Federation FEANTSA. Within Ireland, the number of people experiencing homelessness is in excess of 11,000, and one-third represent families. The aim of this clinical project was to develop a pathway to support children born into and living in homelessness and their families to remain connected to health services and develop a communication pathway to facilitate families and ensure babies and children navigate the inconsistent services to remain connected with public health nursing services.

Methods

An innovative communication pathway was developed following a review of Public Health Nursing (PHN) services in Dublin between 2017 and 2019. Three senior public health nurses designed a communication framework and clinical practice pathway to enable a responsive and real-time process and auditing of data. Permission to audit the services was provided by the Director of Public Health Nursing (Dublin South West CHO7).

Results

The pathway was developed by public health nursing in CHO 7 and Homeless Health Link Team CHO 9 with the support of the South Dublin County Council. CHO 9 and Dublin North Central [which accounted for the largest number of families experiencing homelessness in Ireland at any time]. The results of the audit identified more than 1800 families per year to remain connected with PHN services, including engaging with developmental screening assessment and vaccination programmes. Reporting audit data enables continued management, and the plan is to review this pathway for national development.

Conclusion

The impact of this innovative pathway in Ireland supported a key marginalised population. A formal evaluation of the pathway and development is proposed in 2023/2024 to align with digital and child health services.

The impact of the practice environment on the Italian healthcare professionals' wellbeing

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Background/Aim

Continued healthcare spending cuts affected nursing practice environments. Staffing levels and practice conditions affect patient outcomes, satisfaction, and nurse well-being. Nursing shortages and negative work environments cause burnout, dissatisfaction, and intention to leave, impacting negatively healthcare systems. This study aims to assess healthcare professionals' well-being and their working environments.

Method

This multicentre cross-sectional observational study included 34 Italian hospitals. Study variables were assessed by a self-report multidimensional questionnaire.

Results

The study is ongoing; thus, we present here preliminary individual-level results. The sample includes 1887 nurses, 286 physicians and 559 patients. According to nurses, the working environment was generally favourable, with all 5 subscales reporting values ≥2.5. However, physicians considered the working environment to be globally neutral, with only 3 of the 5 subscales reporting values ≥2.5. The "appropriateness of staffing and resources" subscale showed a critical value of 1.93±0.858. The staffing data showed a nurse-to-patient ratio of 1:6 on average, worsening to 1:7 in mixed medical-surgical areas. Physicians saw an average of 13 patients per day. Using the GAD-2 scale, 28.1% of nurses and 26.1% of physicians were at risk for generalized anxiety disorder. The PHQ-2 scale showed 24.7% of nurses and 24% of physicians were at risk for depression. Poor sleep quality was reported by 48.2% of nurses and 39.2% of physicians, while 20.9% of nurses and 30.1% of physicians showed symptoms of burnout. Many nurses (37%) and physicians (47,3%) are dissatisfied with their job and 43% of nurses and 58.9% of physicians would leave the profession within a year.

Conclusions

Addressing healthcare issues requires a more focused political and managerial commitment. Urgent interventions are needed for nursing practice environments to retain staff and improve professional satisfaction. This is crucial for safe, effective, and quality of care and the overall success of the healthcare systems.

Observational two-country study of undergraduate nursing students' self-perceptions of leadership behaviours in clinical practice

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Background/Aim

Strengthening the future of the nursing workforce through nurturing leadership development in novice and newly qualified nurses through educational programmes is viewed as crucial internationally. Enabling and developing leadership skills is challenging, and nursing students require clinical and academic support throughout their degree programmes. This study aimed to measure undergraduate nursing students' self-perceptions of clinical leadership behaviours between two countries.

Method

A cross-sectional observational study was completed with two cohorts of undergraduate nursing students in England and Israel following ethical approval. The Spanish version of Self-Assessment Leadership 40 item Instrument (SALI) ES-SALI measuring four leadership dimensions was used following translation into English and Hebrew. A web-based anonymous survey using Qualtrics online software was distributed from October 2021 to April 2022.

Results

The overall response rate was 22.5% (n=138) [27% (Israel); 18% (England)]—Cronbach's Alpha= 0.94 overall and >0.7 in each dimension. Demographic differences noted older aged students: (>32 years) in England 50.1% V Israel 6.6% p <0.001; and previous work experience: England 84.8% V Israel 44.3% p<0.001. Significant differences were identified in two leadership dimensions, with English students reporting higher scores: "Emotional Intelligence" England M= 3.22 (SD 0.54) V Israel M= 3.02 (SD 0.54) and "Impact and Influence" England M= 3.13 (SD 0.58) V Israeli M= 2.97 (SD 0.53). Year of study was consistent with higher leadership scores for both cohorts in the middle year of study.

Conclusions

Previous evidence establishes the importance of emotional intelligence in leadership development and providing quality care. This study demonstrates differences in perceptions of leadership among nursing students in two countries with implications for the profession and workforce development. Nurse educators should consider enhanced leadership skill development in preparing nurses to provide quality, safe and person-centred care.

Does virtual simulation enhance nursing students' preparation for responding to the rapidly deteriorating patient?

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Background/Aim

Nurses' ability to recognise and respond appropriately and in a timely manner to early signs of deterioration in patients is known to be pivotal to patient outcomes. However, despite the importance and significance of this, nursing students typically learn the skills for early identification through clinical placement, even though placements are not guaranteed to provide them with exposure to deteriorating patients. This suggests that nursing students should be given opportunities to practice with emergency scenarios to develop their competency and confidence to act in this area. The aim of this study was to explore the impact of a virtual simulation, case-study-based intervention on the recognition and response to the rapidly deteriorating patient among undergraduate nursing students.

Method: The study was a quasi-experimental pre/post design. Participants were final year BScN students from five university sites across four countries (Canada, England, Scotland and Australia, n=88). The treatment group received a virtual simulation intervention over three weeks and completed six virtual simulations asynchronously with synchronous debriefing at the end of each week. Both groups completed a pre and post clinical self-efficacy and knowledge survey. The treatment group also participated in a 30-minute focus group.

Results: The treatment group had statistically significant higher levels of clinical self-efficacy from pre to post survey scores (65.34 and 80.12) compared to the control group (62.59 and 70.73) and significantly increased levels of knowledge in recognising and responding to the deteriorating patient scores from pre to post survey (11.30 to 13.1) in comparison to the control group (10.33 and 9.92).

Conclusions: Virtual simulation is an effective strategy for improving knowledge and confidence in recognising and responding to the rapidly deteriorating patient among undergraduate nursing students. Thus also enhancing their preparation for safe practice.

The lived experience of young adults after stroke: a qualitative analysis from the FRAILTY study

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Background/Aim. The disruptive nature of having an ischemic stroke at a younger age as well as positive attitudinal shifts have been described in several qualitative studies focusing on young adults' experience of ischemic stroke. The study aimed to explore and interpret the lived experience of young adults one year after their first ischemic stroke during the COVID-19 pandemic.

Methods. An interpretative phenomenological analysis design was used to explore the meaning of the experience of living with a young stroke during the COVID-19 pandemic. Nine stroke survivors aged 18-50 participated in semi-structured qualitative interviews.

Results. As a result of the comparison of personal experiential themes and experiential statements of individual cases, ten subthemes, and three related group experiential themes were generated: (i) Stroke as a sudden and unexpected event; (ii) Continuity and discontinuity of self; and (iii) Social participation.

Conclusions. This research highlights several issues within current clinical services for young adults one year after their first ischemic stroke. The absence of patient-oriented, age- and mild impairment-appropriate healthcare affects the overall perception of recovery. It is essential to monitor and improve the awareness of specific consequences of stroke and its impact on the quality of life of young adults or their return to pre-stroke activities; this also applies to patients with minimal or no functional impairment.

Increasing Cancer Surgery activity in a Gynaecology Oncology service

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Background:

Referral processed for cases of new or suspected gynaecological malignancies was varied across NMH and SVUH. Previous dataset was not accessible. New processes were required to establish dataset for Gynaecology Oncology service across three hospital sites; to expand the role of the nurse specialist in the pathway; to optimise the MDT; and, to apply for European Society of Gynaecology Oncology (ESGO) accreditation.

Methods:

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

Results

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

Conclusion

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

Establishing a Nurse Led Gynaecology Oncology Family History Clinic

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Introduction

The National Cancer Control Programme (NCCP) Health Needs Assessment for Persons Diagnosed with BRCA 1 and BRCA 2 in Ireland (2022) identified that BRCA patients should have designated pathway with adequate support from specialists due to their high cancer risk. In 2022, a new virtual ANP led Gynaecology Oncology was established using framework for service improvement.

Methods

Patients with a genetic predisposition were seen in a variety of Gynaecology clinics without formal nursing support. ANP role developed to better support patients and establish pathway for Gynaecology care and cancer prevention. Using the HSE Model for Improvement and process flow, a new virtual ANP led, Gynaecology Oncology clinic was established.

Results

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

Conclusion

Although formal evaluation is yet to be undertaken as per Phase 3 and 4, anecdotal feedback from patients has been positive. Continuation of the project in 2023 will better inform practice and areas for further study.

Evaluation of hospital healthcare workers' wellbeing, the impact of psychosocial, demographic factors: multicentre descriptive study

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Aim: To assess the prevalence of musculoskeletal disorders among healthcare operators, correlating demographic and psychosocial factors. Furthermore, to evaluate the impact of observed symptoms on the quality of life as well as physical and mental health.

Methods: A multicenter descriptive observational study, conducted in Italy from January to June 2022. All healthcare operators, working in inpatient wards for at least 12 months upon study initiation, excluding those with an inability to handle loads. Several tools were administered: the Nordic Musculoskeletal Questionnaire, the Visual Analogue Scale, the Short Form 12 Health Survey, and the Copenhagen Psychosocial Questionnaire. Hospital ethics committees approved the study protocol.

Results: 291 operators were enrolled, mostly nurses (83.1% of the sample); 64.9% were female, 35.1% were male; the median age was 39 years (SD 11.59); with a median professional experience of 11 years (18.92 – 2.75). In the previous 12 months, at least one musculoskeletal disorder was observed in 80.1% of the operators.The regions most frequently affected were the shoulder region (39.5%), the lumbar region (39.2%), the neck (33.7%), and the knees (33%). Lumbar disorders reduced habitual activities in 52.6% of operators, while disorders in the neck and shoulders reduced them by 40.0%. The PCS12 Physical Health Index had a median value of 49.5 (54.72 - 41.60), 47% of operators had a score > 50; better for men than for women, 51.43 (55.93-46.05) vs 48.21 (53.71-38.14), for operators under 40, 52.23 (55.45 - 46.94) vs 45.39 (51.41-35.68) and with less professional experience 52.77 (55.43-48.66) vs 45.49 (51.41-36.01).   The MCS12 Mental Health Index had a median value of 47.03 (51.71-39.33), 32.3% of operators exceeded the score of 50.

Conclusions: This study identified risk factors in hospital settings, highlighting the importance of implementing measures to improve work organization efficiency with interventions focusing on staff well-being to improve care quality.

Understanding Children's Experiences of Living with Rare Diseases through

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Background: The term 'rare disease' (hereafter referred to as RD) refers to a collection of known

10,000 RD, around 80% of RDs are of genetic origin, and 70% of RDs affect children. The SAMPI (Sand Play, Arts, Music, Photovoice, and Interviews) project was funded by Temple Street Foundation as a first of its kind to provide a better understanding of children's experiences using various creative-based approaches. This project provides a set of indicators regarding day-to-day experiences of living with rare diseases and their impact on their daily lives, which can be utilised to inform clinical practice and co-design creative arts-based interventions in paediatric healthcare settings.

Methods: Participatory health research (PHR) was utilised in this study for children aged between 7 and 16. A total of (n=30) children participated across all the modalities, and there was some participant overlap between modalities. Art sessions facilitated by an Art Therapist (N=7); music sessions facilitated by a music therapist (N=5), (n-7) Sand play facilitated by an experienced clinical psychologist (n=7) and (n=11) participated in the Interviews. Participants were asked to draw on their experience living with their rare disease and then explain via each modality they chose. A thematic analysis of the transcripts was conducted using an inductive approach. This ensured the findings were data-driven (Braun and Clarke, 2006) and not influenced by pre-existing results.

Results: Frameworks were developed to analyse each modality thematically. The common themes that emerged across all the modalities were 'Normal vs Different', 'Family: Present vs Hidden', and 'Friends'. These themes highlight the contradictory experience of living with a rare disease and the role of family and friends in influencing the participants' experiences.

Conclusions: Developing an art analysis framework benefitted the thematic analysis of each modality. This study concludes that sand play, music, art and interviews can aid health and Social care professionals understand children's experiences of rare diseases.

Perinatal risk factors and outcomes associated with reduced fetal movements in pregnancy

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Background / Aim

Maternal perception of reduced fetal movements (RFM) in pregnancy is a common reason for referral to maternity services. Systematic reviews were conducted to synthesise and update the evidence from studies on risk factors for, and pregnancy, birth, and neonatal outcomes associated with RFM in pregnancy.

Method

We searched PubMed, Embase, CINAHL, PsycINFO, Maternity and Infant, and Science Citation Index (8 September 2022) for non-randomised studies involving pregnant women ≥24 weeks' gestation, who presented with a primary complaint of RFM compared to women without RFM. Two review authors independently screened and selected studies for inclusion and assessed risk of bias and extracted data from included studies.

Results

Fifty-two studies met the inclusion criteria. Risk factors for RFM were nulliparity (OR 1.38, 95% CI 1.07-1.78, 26 studies, I^2=98%), anterior placenta (OR 1.31, 95% CI 1.17-1.47, 5 studies, I^2=34%), assisted conception (OR 1.52, 95% CI 1.13-2.05, 6 studies, I^2=87%) and medical history of psychiatric illness (OR 1.56, 95% CI 1.10-2.22, 3 studies, I^2=80%). Ethnic minority groups sought care less often for RFM. The risk of stillbirth associated with RFM is declining (from OR 5.23 in 2018 to OR 3.36 in 2022) but remains associated with babies born small for gestational age (OR 1.37, 95% CI 1.17-1.61, 20 studies, I^2=77%) and induction of labour (OR 1.79, 95% CI 1.50-2.13, 16 studies, I^2=96%).

Conclusions

Contemporary evidence signifies women that require additional support through information and education on fetal movements and RFM. Enhancing clinicians' knowledge of potential outcomes associated with RFM in pregnancy can contribute to improvements in the management and care of women with reduced or absent movements during pregnancy.

Conflicting perspectives on autonomy in bioethical discussions regarding life-sustaining treatments in children's health: qualitative analysis

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Aim: To explore clinician's perspectives on the role of autonomy in bioethical discussions on life-sustaining treatments in children's health.

Methods: Qualitative unstructured individual interviews were conducted in 2022 with members of formal and informal clinical bioethics committees based across Europe and the United States (US) (N=33). Interviews were conducted via ZOOM by members of the TechChild team and focused on exploring the experiences of working with clinicians on the bioethics of initiating long-term ventilation to sustain a child's life. Results were analysed using thematic analysis. Ethical approval was granted from the host institution of the project (reference number: 190102).

Results: Conflicting perspectives on the role of autonomy was identified as a major theme from the data analysed, with three sub-themes: 1. Parental autonomy. Many clinicians spoke about parental autonomy, and the prioritisation of parents' views within medical decision-making, others spoke of supporting a more paternalistic approach. 2. Rights of the child. These were mentioned as a key principle used to guide decisions, with many expressing the importance of treating children as autonomous individuals and ensuring decisions are made in their best interests. 3. Role of the institution. The role of the institution was highlighted in relation to institutional pressures clinicians sometimes face that influence medical decisions, including fear of legal repercussions.

Conclusions: The findings highlight the challenges clinicians face when navigating bioethical discussions, and reflects the institutional differences in approaches to medical decision-making for children. It is clear that autonomy is something that can be interpreted differently depending on the legal environment and institution.

Integrating the Fundamentals of Care Framework Into Italian Nursing Education: a multi-centre randomized controlled trial

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Background/Aim:

The Fundamentals of Care (FOC) are often related to the invisibility of care, also within nursing education1. Few studies describe how to teach the FOC-Framework and how to measure its impact2. This study (FoC-FORM) aimed at implementing an educational intervention based on the FOC-Framework and evaluating its effectiveness.

Method:

This was a multi-centre randomized controlled trial including first-year undergraduate nursing students randomized in two groups. The FoC-Framework was embedded in the standard curriculum (experimental group) and was compared with the standard curriculum (control group). The students were evaluated using the Triple Jump (TJ) approach and the Objective Structured Clinical Examination (OSCE) before and after their clinical placement. To compare the two groups analyses of Student's t-test for independent data were conducted.

Results:

We enrolled 190 nursing students. The TJ score in the experimental group was better compared to the control group (Mean difference [MD] = 0.160, p-value=.158). Two TJ sub-scores were significant different: additional information required (MD= -0.474, p-value=.042) and identification of interventions (MD= -0.320, p-value=.029). Most of simulations of the experimental group conducted before clinical placements obtained better OSCE scores. Especially, total OSCE score MD= -21.4, p-value<.001; relational skill assessment OSCE score MD=-3.02, p-value=.003; Checklist Bed Bath OSCE score MD= -4.30, p-value<.001. After clinical placement, the MD between the two groups decreased: total OSCE score MD=-11.4; p-value=.030; relation skill assessment OSCE score MD= -1.40; p-value=.008; Checklist bed bath OSCE score MD= -2.28; p-value=.041.

Conclusion:

Integrating the FOC-Framework in nursing education can help students think critically and reflect on fundamental nursing care to improve patient outcomes.

Family carers becoming experts at caring for a child with a tracheostomy: their educational experience

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Background: Paediatric tracheostomy can be both lifesaving and life threatening and causes of morbidity and mortality are largely preventable. Nurses and Clinical Nurse Specialists are central providers of education to prepare family carers to provide safe care. This is the first Irish study to explore their experience of education in hospital to prepare them to care for their child.

Aim: To determine whether family carers felt prepared to care for their child with a tracheostomy after receiving education during their child's hospitalisation and to identify what areas of education worked well and what could be improved.

Methods: Research design was qualitative, descriptive and ethical approval was granted. Semi-structured-in-depth interviews (21 interviews), (12) in hospital and (9) 2 – 4 months later at home, were conducted on purposely selected family carers who had received education to care for their child with a tracheostomy. Qualitative thematic analysis included coding, searching, defining and naming of themes.

Results: This presentation will focus on how family carers became expert carers.

11 of 12 family carers said the education they received helped confidence and sense of preparedness for discharge home

9 of 12 family carers stated that a phased discharge aided transition to home

7 of 12 family carers identified other parents of children with a tracheostomy as a source of support.

Conclusions: The majority of family carers felt prepared to care for their child at home following education on tracheostomy. Education along with a phased discharge helped to build confidence, helped to dispel some fear and nervousness and enabled them to overcome the challenge of integrating care to the home environment. They identified other parents of children with a tracheostomy as an important support system, one with whom they could share their experiences while gaining useful practical advice that is based on lived experience.

Curriculum Framework to support students learning disciplinary ways of thinking and learning for professional practice

Dr Carmel Davies[1], Dr Regina Joye[1], Dr Freda Browne[1], Ms Siobhan Brereton[1], Ms Mary Curtin[1], Ms Orla Daly[1], Dr Zeljka Doljanin[1], Dr Patricia Fox[1], Dr Timmy Frawley[1], Ms Ciara Kirwan[1], Dr Claire Magner[1], Ms Lisa MacNicholas[1], Dr Deirdre O'Donnell[1], Dr Rita Smith[1], Mr Diarmuid Stokes[1], Ms Tia Bramble[1], Ms Rachael Ortiz[1]

[1]UCD School of Nursing Midwifery And Health Systems

Background / Aim

Nursing and Midwifery (like any discipline) have unique literacy conventions and approaches to thinking, learning, building knowledge, and acquiring communicative competence (Airy 2011). A recent systematic review highlights linkages between the importance of academic literacy for undergraduate nursing students and its relationship to future professional practice (Jeffries et al., 2018).

This paper describes an undergraduate curriculum framework of disciplinary literacy support for nursing and midwifery students. Undergraduate learning is a complex process, likened to 'cracking an intricate disciplinary language' (Middendorf & Pace, 2004). A clear relationship exists between disciplinary literacy support in undergraduate nursing programmes and student retention and academic performance (Glew et al., 2019).

Method

This project is underpinned by appreciative inquiry and the Appreciative Student Voice Model (Bergmark & Kostenius, 2018). A team of diverse stakeholder representatives led the co-design project, including undergraduate students, disciplinary content experts, and a Writing Centre, Library and Technology-Enhanced Learning representative.

Rich empirical data from undergraduate student workshops identified a shared understanding of disciplinary literacy learning needs. Students co-created a suite of learning support preferences. The student data, relevant educational theory, and input from the project team informed the co-design process of framework development and refinement.

Results

This integrated disciplinary literacy framework for undergraduate nursing & midwifery curricula offers a taxonomy of competencies and learning activities across four interconnecting learning domains, which include:

•   Disciplinary socialisation 'Thinking like a nurse or midwife.'

•   Learner agency 'Thinking and learning to learn.'

•   Wellness and well-being 'Social and emotional support.'

•   Disciplinary academic literacy 'Academic support.'

Conclusion

This framework presents a strength-based, transformative approach to support students in learning disciplinary ways of thinking and learning for professional practice. The framework is valuable to nurse and midwifery education to guide curriculum enhancement.

Introducing a Suicide Assessment in a General Hospital

Mrs. Sharon Derham[1], Mrs Georgiana Pascu[1], Ms Anne Dempsey[1]

[1]Beacon Hospital

Aim:

To ensure a collaborative process to develop and implement the following Suicide assessment to keep a patient safe while in the acute General Setting:

To introduce an evidence-based electronic suicide nursing assessment and intervention process to identify patients with suicide, suicidal ideation or self-harm in the general inpatient areas.

To introduce a safe room/environment for a positive suicide screen in a general hospital.

To train key staff with the skills to keep a patient with a positive Suicide screen safe.

Method:

Lean Methodology used to map out the Suicide process from start point on admission to end point on discharge.

Retrospective data was collected on the electronic suicide nursing assessment for depression, suicide attempt in the last 2 weeks, suicide ideation to review patient outcomes.

Data collection on the number of staff trained in Suicide Prevention with the National Office of Suicide Prevention.

Data collection on the number of staff trained to complete the electronic system.

Results:

Over 861 clinical staff have been trained on the online Suicide assessment. Over 156 clinical and non-clinical staff have been trained in Suicide Prevention with the National Office of Suicide Prevention. A high volume of inpatients in the general setting have identified themselves with depression. Between 10 to 15 patients, each quarter have disclosed feeling suicidal during their acute general inpatient admission. Interventions were deployed and improvements made in the general setting to ensure to keep these patients safe.

Conclusion:

To conclude it was identified that each quarter we are seeing a number of patients be identified as having suicidal ideation. Through correct identification of the Suicidal patient in the acute general setting we are providing holistic and safe patient care. This has highlighted the importance of a psychological assessment in the general setting to allow for holistic care of the patient.

Understanding Nursing students' commitment to the Nursing Profession: combining a Scoping Review and Concept Analysis.

Ms Anne Dempsey[1], Dr. Carmel Davies[1], Dr. Deirdre O'Donnell[1], Dr. Regina Joye[1], Dr. Freda Browne[1]

[1]University College Dublin

Aim

Registered Nurse (RN) retention is an international concern in healthcare. Newly qualified nurses leave the profession at a higher rate than any other year of experience. Although the factors leading to this are unknown, pre-registration nurse education influences retention and commitment to nursing. This study focuses on better understanding how practice placements as a core element of pre-registration curricula affects commitment to the nursing profession.

Method

The study adopts a scoping review combined with a concept analysis to develop an understanding of how practice placements influence nursing students' commitment to the profession. From January 2023 to March 2023, a comprehensive systematic search was conducted on six electronic databases, including PubMed, Academic Search Complete (Ebsco), CINAHL, ERIC ProQuest, Scopus, and Web of Science. A search of relevant grey literature was also included. A concept analysis methodology guided data extraction and analysis.

Results

Findings identified key attributes of the concept of commitment to the nursing profession that is influenced by clinical practice placements during pre-registration education. This concept is multidimensional and includes nursing students' interpretation of the clinical learning environment and perceptions of identity and sense of belonging.

Conclusion

This paper provides a conceptual model for future research to enhance pre-registration nursing curricula. Given the international shortage of nurses and the apparent loss of expensively skilled staff from the workforce, it is essential to urgently work together and further explore how to strengthen and support nursing students' commitment to their profession.

Reducing Midwife Burnout

Mrs Jean Doherty[1]

[1]National Maternity Hospital

Background: A need to address the high rates of burnout in midwifery has reached a crisis point due to the known association with the reduction of midwife burnout and quality of care for mothers and babies. Healthcare systems and maternity care organisations have responsibilities for the prevention/reduction of midwife burnout. This study aimed to explore the concept of burnout with midwives to ascertain their perspectives on how it can be reduced. Even though burnout rates are incredibly high in the midwifery profession, this in-depth exploration of the contributors of burnout and how it can be reduced is the first of its kind.

Methods: This was a Participatory Action Research study conducted as a Research Masters in School of NMHS, UCD. Five co-operative inquiry meetings were held with midwives (n=21) over six months in a large, urban teaching maternity hospital in Ireland. Data were analysed using Thematic Network Analysis.

Findings: The findings highlighted the importance of tackling burnout using a multi-faceted approach. The Irish healthcare system, organisations and their managers, and individual midwives all have a part to play in reducing burnout. The reduction of burnout was predominantly perceived as a systemic /organisational issue. Midwife managers are responsible for encouraging positive working cultures, reducing 'burnout contagion' within units or departments and promoting regular rotation within maternity units. Additionally, owing to the nature of midwifery practice, time and space need to be created for midwives to debrief and reflect.

Conclusion: Several recommendations were made for maternity organisations to reduce or prevent burnout, and the findings strongly highlighted the importance of working relationships. However, self-care strategies and commitments from midwife managers will only reduce burnout levels with a commitment from healthcare systems to reduce excessive workload, highlighted as the most significant contributor to burnout among midwives.

Evaluation of a new Hydration Clinic for women with Hyperemesis Gravidarum

Mrs Jean Doherty[1]

[1]National Maternity Hospital

Background:

Hyperemesis Gravidarum (HG) is a severe form of nausea and vomiting in pregnancy that affects 1-3% of women and has profound nutritional, physical and psychological consequences. Qualitative research has previously shown that women with Hyperemesis Gravidarum (HG) report inadequate infrastructure for day case management and inconsistent care planning for this debilitating condition. In response, the multidisciplinary IRIS Hydration Clinic was developed. The clinic provides routine day case care for women with HG in a dedicated unit with specific appointments. Women receive support from midwives, dietitians, obstetricians and mental health professionals, and get the benefit of peer interaction. As this clinic is the first in Ireland, we assessed its feasibility and effectiveness.

Methodology:

A sequential mixed-methods study commenced in August 2021 with ethical approval from The NMH Research Ethics Committee. Women were invited to complete a questionnaire to gather baseline symptoms, well-being, and dietary intake. Women are followed up 6-8 weeks later with the same questionnaire (n=50). Interviews were held to evaluate women's experiences of HG and attending the IRIS clinic. A chart review was conducted to gather data from women who attended NMH with a diagnosis of HG (n=200).

Results:

The research team will present data on this novel clinic setup and the findings from the interviews and questionnaire data. The clinic was found to improve physical symptoms and psychological well-being. Relationships built through continuity of care and camaraderie with fellow HG patients were significant factors in women's satisfaction with the clinic. Emergency department and overnight admissions for HG were reduced for women attending the clinic.

Conclusions:

Developing a dedicated day case clinic improves physical and psychological symptoms for women suffering from HG. The findings enable us to suggest recommendations for improving and expanding the IRIS clinic, and promoting HG clinics for all maternity units, nationwide.

The development of leadership capabilities in pre-registration nursing students

Miss Seana Duggan[1]

[1]Ulster University

Background: The Future Nurse Standards (NMC, 2018) advocate the development of new registrants who are resilient, critical thinking decision makers able to work in teams to lead and manage nursing care. Accordingly, pre-registration nursing education must focus on effectively preparing the future nursing workforce, with the relevant proficiencies including leadership capability to transition into role of new registrant.

Aim: To explore the development of leadership capabilities in pre-registration nursing students in Northern Ireland

Design: Collaborative emancipatory action research using a multiple methods design.

Participants: Pre-registration nursing students who enrolled at Ulster University and Queens University Belfast in September 2020 were eligible for inclusion in this study (n=800).

Methods: The study comprised three action cycles conducted at the end of each year of study. Cycle one and two have been completed. During each cycle, participants completed an online survey to self-assess their leadership capabilities (NHS leadership self-assessment tool, 2012) and participate in a focus group to further explore the survey results. Quantitative findings were exported from Qualtrics to SPSS and analysed using independent, matched paired T-TESTS and one-way analysis of variance (ANOVA). Qualitative data analysed thematically using a Critical Creative Hermeneutic framework (Simons and Mc Cormack, 2007)

Results: Participants (n=198) completed survey at end of cycle one and cycle two with a response rate of 54%. Students (n=15) participated in focus groups. Qualitative findings indicate support, communication and creating a healthful culture as key in developing leadership capabilities. Overall, findings demonstrated improved student leadership capabilities.

Conclusion: To date, this study has demonstrated that leadership capabilities can be developed among pre-registration nursing during their first two years of study. Factors that enabled and inhibited their learning and development were identified.

"Out and about and feeling good in yourself." Middle-aged men at parkrun describe mental wellbeing.

Ms Allison Dunne[1], Prof Steve Haake[2], Dr Helen Quirk[3], Dr Alice Bullas[4]

[1]Sheffield Hallam University, [2]Sheffield Hallam University, [3]University of Sheffield, [4]Sheffield Hallam University

Background/Aim. Middle-aged men in Ireland are a population group known to be at high risk of suicide. Social prescribing of community-based initiatives to support the mental wellbeing of middle-aged men is one strategy recommended by suicide prevention organisations. As part of a larger study into the mental wellbeing impacts of the community initiative parkrun, middle-aged men in Ireland who attend parkrun were questioned about their understanding of mental wellbeing. The aim of this study was to compare their descriptions with standard definitions used in the published literature and explore any differences.

Method. Online video interviews were conducted with 40 men aged 45-64 years who run, walk or volunteer at parkrun in Ireland. Each participant was asked "What do you understand by the term mental wellbeing?" The replies were compared with standard definitions.

Results. The participants demonstrated a range of understanding of the term mental wellbeing. "Trying to keep your emotions and thoughts and worries in balance" David, age 64, Meath. "Just getting out and about and feeling good in yourself" Mark, age 64, Dublin. Stress management was mentioned; "Life is, is all about dealing with pressures" Fergal, age 57, Galway. Some men had received training via their workplace but as one participant noted "it's probably more in the media now than it ever was" Sam, age 55, Galway.

Conclusions. This study showed that the majority of descriptions were aligned with the standard definition of mental wellbeing used by researchers and clinicians. The men had obtained the information from formal training and mass media. Understanding how middle-aged men describe mental wellbeing in their own words is of benefit when engaging in social prescribing for this group and other populations at high risk for poor mental wellbeing and suicide.

Knowledge Translation strategies to facilitate the sustainability of an evidence-based intervention in child health.

Dr Rachel Flynn[1,2,] Dr Christine Cassidy[3], Ms Lauren Dobson[2], Ms Ella Milne[2], Dr Alyson Campbell[4], Dr Deb McNeil[5], Ms Pilar Zanoni[6], Dr Karen Benzies[6,7]

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Aim

Sustainability of evidence-based interventions (EBIs) is suboptimal in healthcare. Evidence on how knowledge translation (KT) strategies (e.g., audit and feedback) are used for the sustainability (ongoing use and benefits) of EBIs in practice is lacking. Our research examined what and how KT strategies were used to facilitate the sustainability of Alberta Family Integrated Care (FICare), a psychoeducational model of care scaled and spread across 14 neonatal intensive care units, in Alberta, Canada.

Methods

We conducted an environmental scan of relevant documents and semi-structured interviews with decision makers, and operational leaders on the KT strategies used for the sustainability of Alberta FICare and facilitators and barriers to sustainability.

Results

We identified 9 KT strategies to facilitate the sustainability of Alberta FICare: 1. Adaptation of the EBI, 2. Audit & feedback, 3. Integration into workflow, 4. Clinical champions, 5. Leadership support, 6. Access to new funding, 7. Parent feedback, 8. Poster reminders, and 9. Staff education. A significant barrier to the sustainability of Alberta FICare was a lack of clarity on who was responsible for the ongoing maintenance of the intervention (e.g., no dedicated role to champion sustainability). A key facilitator to the sustainability of Alberta FICare was that family integrated care was already common practice in many of the NICUs. Co-production between researchers and health system partners in the design, implementation, and scale and spread of Alberta FICare was critical to sustainability.

Conclusion

This research highlights the importance of clearly articulating who is responsible for continued championing for the sustainability of EBIs. Clear guidance is needed to support researchers and health system leaders in co-producing KT strategies that facilitate the long-term sustainability of effective EBIs in practice. Additionally, the adaptation of interventions must be considered from the onset of implementation to tailor interventions to align with contextual barriers for sustainability.

Smoking Cessation is a Marathon not a Sprint: The Perspectives of Cancer Patients Who Smoke

Dr Patricia Fox[1], Dr Nancy Bhardwaj[2], Dr Vikram Niranjan[2], Associate Professor Kate Frazer[1], Dr Ailsa Lyons[3], Dr Shiraz Syed[3], Professor Suzanne Guerin[4], Dr Sinead Brennan[5], Professor Amanda McCann,[6], Professor Patricia Fitzpatrick[2,3]

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Aim

Notwithstanding the well-established adverse outcomes, a significant proportion of patients with cancer continue to or resume smoking following their diagnosis. Concerningly, limited use of smoking cessation (SC) interventions has been reported. This qualitative study explored the perceptions of patients with cancer who continue to smoke/recently quit regarding SC.

Method

Semi-structured interviews were undertaken via telephone or on Zoom/Webex with 25 patients with cancer (lung, breast, cervical, head & neck, general oncology) from four Irish adult cancer hospitals. Thematic analysis was used to analyse the data.

Results

A total of five key themes emerged: (1) Striving but struggling to quit: multiple unsuccessful quit attempts were typical pre-diagnosis as patients endeavored to end a second-nature lifelong habit; (2) Diagnosis was a shock and a cue to action; (3) Healthcare professionals (HCPs) non-judgmental, brief advice: variable supports provided with inconsistent outcomes: most patients did not feel stigmatised, reported receiving verbal or written information from oncology HCPs on SC supports (primarily hospital-based SC services (SCS) and/or the Health Service Executive (national health service) SCS. However, only 4 patients used a SCS, which most reported as ineffective. Some patients reported that SC discussions occurred earlier on in their treatment and there was limited/no discussion at subsequent follow-up visits. (4) Facilitators and barriers to SC: what helps and what hinders? The presence or absence of willpower and motivation are important. Family and HCPs support helped while stress hindered SC for some patients. (5) A marathon, not a sprint: the need for an ongoing, intensive, multi-dimensional SC approach: there is a need for regular non-judgmental SC discussions and pharmacological and non-pharmacological support including for those who have quit smoking.

Conclusions

Patients with cancer who continue to smoke/recently quit want a sustained, intensive, non-judgmental approach to SC incorporating pharmacological and behavioural interventions spanning hospital and community-based settings.

Making UCD a neurodiversity friendly campus

Dr Timmy Frawley[1], Ms Corina Murphy[2], Ms Joanna O'Neill[3], Dr Sinem Uzar Oscetin[4], Ms Tracey McDonagh[5], Ms Eimear O'Reilly[6], Dr Deirdre O'Connor[7], Dr Cliona Kelly[8], Ms Beth Kilkenny[9], Dr Blánaid Gavin[10]

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Background / Aim:

Neurodiversity represents a paradigm shift in the understanding of human neurodevelopmental differences such as Autism Spectrum Disorder (ASD), Attention Deficit Hyperactivity Disorder (ADHD)

and Developmental Language Disorder (DLD). Available data starkly demonstrates that neurodivergent university students have suboptimal educational experiences and outcomes. Similarly,

neurodivergent staff in universities experience particular difficulties that are unaddressed. The growing understanding of neurodiversity together with the acknowledged lack of equality in existing

educational structures has inspired leading global universities to develop a neurodiversity friendly university model wherein neurodiversity is embraced. As a first step towards creating a Neurodiversity Friendly UCD, the University Neurodiversity Working group embarked on a research programme to capture experiences of neurodiversity across the UCD community.

Methods: A scoping review informed the development of a university wide survey (n=747 responses) of staff and students, administered through Qualtrics. Semi-structured interviews (38 [17 students and 21 staff]) were undertaken. A co-produced sensory audit of the campus built and virtual environment was conducted.

Results: Results outlined strengths and areas for development in respect of aspects of the student journey (accommodations); awareness and training; personal disclosure of neurodiversity; career advancement and the built environment.

Conclusions: Recommendations which acknowledge and build on existing university strengths are outlined for both staff and student populations, in line with best international practice.

Building a relationship, removing barriers: Understanding Healthcare Professionals' smoking cessation practices in national oncology centres

Assoc. Prof. Kate Frazer[1], Dr Nancy Bhardwaj[2], Dr Patricia Fox[1], Dr Vikram Niranjan[2], Dr Ailsa Lyons[3], Dr Shiraz Syed[3], Professor Suzanne Guerin[4], Professor Catherine Kelly[5], Professor Amanda McCann[6], Professor Patricia Fitzpatrick[2,3]

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Background/ Aim

Despite the evidence base associated with quitting, information on the challenges experienced by people with a diagnosis of cancer or the quit support provided to them is limited. The knowledge and practices of healthcare professionals (HCPs) remain under-examined. This study aimed to explore the experiences, opinions and practices of HCPs in engaging with smoking cessation (SC) in specialist oncology centres.

Method

An exploratory qualitative study was undertaken, following ethical approval, from four of nine national oncology centres in Ireland. Semi-structured interviews were conducted with 18 HCPs (doctors, nurses, social workers, psychologists) working in lung, breast, cervical, head and neck and general oncology areas. Interviews were conducted via telephone and using virtual platforms Zoom and Webex over a 10-month period (July 2021 to May 2022) and were analysed using thematic analysis.

Results

Four key themes emerged: 1)'Time and knowledge'; HCPs identified both challenges at a systems level and within their personal capacity, including insufficient time during consultations with patients to discuss smoking. Furthermore, individual knowledge deficits of SC resources resulted in variable information sharing and inconsistencies in approach. 2) 'Building a relationship' was considered critical; ensuring a non-judgemental approach and 'seeking not to burden patients' was prioritised over all else. 3) 'Frequent asking with infrequent action', HCPs acknowledged the importance of discussing SC, their accounts foreground asking about smoking history and inconsistent discussions or action involving referrals and engaged follow-up.4) 'Removing barriers and tailoring a system', HCPs shared recommendations for changing and refocusing the system using a patient-centred integrated and sustained SC approach.

Conclusions

Evidence from this study highlights tangible opportunities for a systems lens approach to developing resources to support HCPs, and the provision of an equitable and tailored person-centred service quit pathway in oncology centres.

Implicit rationing of nursing care from the nurses and nursing students' perspective

Assoc. Prof. Elena Gurkova[1,2], Dr. Dominika Kohanova[3], Prof. Katarina Ziakova[3]

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Background/Aim. Implicit rationing of nursing care represents required interventions that are delayed or omitted. This phenomenon is encountered not only by nurses in acute care hospitals but also by nursing students during their clinical placement. This study investigated differences in assessing implicitly rationed nursing care by nurses and nursing students.

Methods. This observational cross-sectional study uses data from a survey of 371 nurses providing direct care to medical and surgical patients in four acute care hospitals and 424 nursing students attending their clinical rotations in hospital settings. The MISSCARE Survey was used to measure the occurrence and reasons for implicitly rationed care perceived by nurses. Unfinished Nursing Care Survey tool (UNCS) was used to measure this phenomenon from students' perspective. Data collection was carried out in two phases between 2020-2022 on two separate samples (nurses and nursing students). Data were analysed statistically.

Results. As the most frequently rationed activities, nurses and nursing students reported those related to fundamental nursing care (ambulation, oral care, turning patient), adequate supervision of delegated tasks, assessing the effectiveness of the care provided, and teaching and emotional support to the patient and/or family. Medically-oriented tasks or treatments and patient monitoring were less frequently missed. Low levels of staffing combined with an unexpected rise in patient acuity on wards were the most perceived causes of care rationing by students and nurses. Nurses reporting unfavourable environments described a higher frequency of estimates of implicitly rationed care. Statistically significant differences in the occurrence of implicitly rationed care were found in terms of the year of study and previous work experience in health care.

Conclusions. The patterns and reasons for implicit rationing of nursing care perceived by nursing students were consistent with the patterns and reasons reported by nurses.

Interventions for behaviour change and self-management of risk in stroke secondary prevention: overview of reviews

Ms Patricia Hall[1,2,] Professor Maggie Lawrence[3], Professor Thilo Kroll[1], Professor Catherine Blake[1], Associate Professor James Matthews[1], Associate Professor Olive Lennon[1]

[1]University College Dublin, [2]iPASTAR Collaborative Doctoral Award Programme, RCSI, [3]Glasgow Caledonian University

Background/Aim. Optimised secondary prevention includes lifestyle-related risk reduction post-stroke. Multiple systematic reviews address behaviour-change interventions post-stroke; however intervention definitions and outcomes often differ. This overview of reviews comprehensively summarises and rates the high-level evidence for lifestyle-based, behavioural and/or self-management interventions (phase 1) and synthesises primary studies (across these reviews) by theoretical domains related to behaviour change and stroke secondary prevention outcomes, to provide graded evidence supporting the interventions and their working components (phase 2).

Methods. Electronic databases MEDLINE, Embase, Epistemonikos and Cochrane Library of Systematic Reviews were systematically searched to March 2023. Grading of Recommendations Assessment, Development and Evaluation (GRADE) criteria were applied to meta-analyses to establish the certainty of existing evidence. Primary outcomes included mortality, recurrent stroke and other cardiovascular events.

Results. In phase 1, fifteen systematic reviews were included with moderate overlap in their primary studies. Best-evidence synthesis identifies moderate GRADE evidence supporting multimodal interventions to reduce cardiac events and increase physical activity participation, and psychological interventions for remission/reduction of post-stroke depression. In phase 2, twenty-one primary studies were identified across reviews that employed theoretically-based interventions and measured a mediator of behaviour change that mapped to the Theoretical Domains Framework(TDF). Results grouped by outcome and TDF domain were included in meta-analyses. Data pooled from six studies across five TDF domains, demonstrated no significant effect in reducing mortality post-stroke. Pooled data demonstrated positive effect (Low/very low GRADE) for interventions anchored in the TDF domain of knowledge for the health behaviours of smoking cessation and increased exercise participation; and for TDF domains of knowledge and beliefs about consequences to improve medication adherence post-stroke.

Conclusion. Multimodal behaviour-change interventions and psychological interventions are warranted following stroke for risk reduction given their moderate GRADE of evidence. Primary study level data examining theoretically-based interventions and TDF-based mediators of behaviour change are insufficient at present.

Assessing Collective leadership, Teamwork, and Patient Safety in a Public University Hospital in Ireland

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Background/Aim

According to recent systematic reviews and meta-analyses, collective and shared approaches to leadership in several settings can predict team effectiveness and performance (De Brún, et al., 2019; Wu et al., 2020). Yet, there is a scarcity of evidence from research in healthcare settings (De Brún & McAuliffe, 2022). Additionally, there has been a growing emphasis on the key role of leadership to improve patient safety. Thus, we aim in this study to assess collective leadership practices, teamwork, and patient safety across multidisciplinary healthcare teams in Ireland.

Method

This study is a part of a larger research project on evaluating the impact of collective leadership on patient safety cultures. The current study follows a descriptive, cross-sectional design. Data was collected from a convenient sample of multidisciplinary healthcare teams in a public, academic hospital in Dublin. Team members were invited to complete an online questionnaire. Informed consent was obtained from all study participants. The questionnaire included several validated and reliable scales such as the Safety Attitudes Questionnaire, Collective Leadership Questionnaire, Utrecht Work Engagement Scale, and Maslach Burnout Inventory which assess patient safety climate, job satisfaction, work conditions, team performance, work engagement, burnout, and collective leadership within the team. Data collection was started in October 2022 and is still in progress. SPSS will be used for statistical analysis. For all analysis, a 2-sided P value of less than 0.05 will be considered statistically significant.

Results

We expect a high score of collective leadership across multidisciplinary teams in the hospital as the staff have gradually begun to adopt a collective leadership approach in many of its' strategic and service transformation projects.

Conclusion

This study will highlight the extent to which collective leadership approach is being implemented across multidisciplinary healthcare teams in the hospital emphasising opportunities for improvement toward a higher team performance.

Designing an online engagement tool for regulated professional practitioners in professional associations. A scoping review

Ms Maria Hayes[1], Dr Mary Ryder[1], Dr Claire Magner[1]

[1]SNMHS UCD

Background

Cardiovascular disease is the leading cause of death in Ireland. Previous Irish research has identified that the European Society of Cardiology's (ESC) guideline implementation and knowledge were less than optimal. Membership in a professional association has been shown to increase nurses' knowledge and understanding of guidelines. The aim of this scoping review was to explore the literature related to the design of online engagement tools for supporting regulated professional practice.

Objectives

1.   How have online engagement tools been developed?

2.   What are the principles used in development of online professional engagement tools?

3.   What evaluation techniques have been used to evaluate online engagement tools?

Method

The PRISMA-ScR framework was used to guide this scoping review. Using the PCC framework, the participants were professional association practitioners, the concept was an online engagement tool, while the context was the design principles. All methodological approaches, peer reviewed publications and guidelines were included. Grey literature and papers in the English language, dating from 2012 were included as no seminal work present. The search strategy was developed with the assistance of the research librarian. The databases selected were CINAHL, Pubmed, Scopus, ERIC and IEEE Xplore.

The 4,994 title and abstracts and 46 full text articles were independently screened by two authors. Covidence was used to manage the literature selection. The data extracted included the study aims, sample and study content, analytic framework, and key findings. The software NVivo was used for reporting qualitative data obtained, together with an Excel spreadsheet recorded and graphed important themes. To identify these themes from the data, a framework method of data synthesis was used.

Results

Data will be presented at the conference.

Conclusion

This review identifies what evidence is available related to the design of online engagement tools in supporting regulated professional practice.

The value of van Manen's lifeworld existentials in an international research project: the TechChild experience.

Dr Katie Hill[1], Dr Mary Quirke[1], Dr Denise Alexander[1], Dr Lorna Cassidy[1], Ms Kate Masterson[1], Prof Maria Brenner[1]

[1]University College Dublin

Background: TechChild is a five-year programme of research funded by the European Research Council, which aims to explore influences on the initiation of life-sustaining technological support for a child and to develop a theory to explain the initiation of technology dependence in the context of contrasting health, legal, and socio-political systems. Within phase 1 of data collection in the TechChild project, the focus was on interpreting and understanding the meaning given by healthcare professionals including nurses, physicians, and other multidisciplinary team members in initiating, or being part of a team that initiates, technology dependence to sustain a child's life. This presentation will discuss the use of van Manen's lifeworld existentials in this international project.

Method: In-depth interviews were conducted with nurses, physicians, and other members of the multidisciplinary team across four international sites during April 2020-November 2020. The five lifeworld existential themes proposed by van Manen: lived other, lived body, lived space, lived time, and lived things, underpinned the analysis and expression of the data.

Ethical approval: Ethical approval for the project was provided by the host institution. All participants were given a detailed participant information leaflet prior to participation and provided written online consent via Qualtrics before the interview took place.

Results: The data from the interviews with 78 healthcare professionals were analysed using van Manen's framework. Rich, meaningful data was uncovered describing and interpreting the meaning associated with the initiation of technology dependence to sustain a child's life.

Conclusions: Van Manen's lived existential themes acted as a guide for reflection and were used as a systematic attempt to uncover the meaning given to initiating, or being part of a team that initiates, technology dependence to sustain a child's life. Van Manen's framework provided a dynamic structure for this research process across a diverse multidisciplinary research team.

Prevalence of Social Frailty/Pre-Frailty of Older Adults in Asia: A Systematic Review and Meta-Analysis

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Aim: To systematically search and synthesize the overall prevalence of social frailty and social pre-frailty.

Methods: This study was a systematic review, incorporating data from inception to December 2021 using six databases (PubMed, CINAHL Plus, PsycINFO, Cochrane Library, CNKI, and Wanfangdata). Medical subject headings and text terms were used; languages included English and Chinese; and other studies were obtained from reference lists by manual searches. Based on a random-effects model to calculate the pooled prevalence of social frailty and social pre-frailty. Subgroup analysis was used to explore the heterogeneity.

Results: 17 studies consisting of 29,663 patients were included. The prevalence of social frailty and social pre-frailty were 3.6~66.5% and 20.4%~60.9%, respectively. After subgroup analyses, the pooled prevalence of social frailty was 21.6% (95%CI: 12.9%-30.3%), 16.1% (95%CI:9.3%-23.0%), 16.0% (95%CI:7%-25%), and 18.4% (95%CI: 16.9%-19.9%) in Japan, China, Korea, and Singapore, respectively; 15.9% (95%CI: 8.8%-22.9%) in men and 19.4% (95%CI:13.2%-25.5%) in women; and 14.7% (95%CI: 10.8%-18.5%), 21.4% (95%CI: 4.2%-38.6%), and 66.5% (95%CI: 63.9%-69.1%) in community-dwelling older adults, inpatient elderly, and older adults with heart failure, separately.

Conclusions: Elderly adults are susceptible to social frailty and social pre-frailty. Stratified analysis indicated that older adults in Japan, women and patients with heart failure over 60 years old were more prone to social frailty. The focus of future research should be on standardizing and measuring social frailty, as well as evaluating the effectiveness of interventions for older adults.

Using Photovoice and Co-Design methods to develop mental health supports for young people experiencing homelessness

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Background/Aim

Young People Experiencing Homelessness (YPEH) face many economic, social and psychological challenges that can impact their mental well-being. COVID-19 and enacted public health measures likely exacerbated the problem. This collaborative study aimed to understand the experiences and psychosocial challenges of YPEH (during COVID-19) and to co-develop a mental health support programme (MHSP).

Methods

Following ethical approval (UREC LS-22-20 March 2022), four YPEH (18-24 years) participated in developing a MHSP using Photovoice and co-design methods in five workshops (WS) between May to June 2022. The five-stage Stanford D approach (empathy, define, ideate, prototype, test) combined PhotoVoice (WS 1 + 2) and design thinking (WS 1, 2, 3, 4 and 5). A young adult counsellor was available to support participants.

Results

Photos and group discussions highlighted the importance of nature as a source for relaxation, a sense of personal agency and a sense of belonging and connection. The Co-Design Process generated a low-threshold, informal, development-focused, trauma-informed, and youth-centred MHSP prototype underpinned by trust and commitment.

Conclusion

The co-design of a MHSP by YPEH demonstrates how YPEH can be meaningfully involved in developing person-centred MHSPs. In light of national and international policies supporting positive mental health and wellness, especially for high-risk, marginalised youth is critical.

Impact of COVID-19 on homecare for children with rare diseases and/or complex care needs

Dr. Karen LeGrow[1], Dr. Eyal Cohen[2], Dr. Sherry Espin[1], Dr. Suja Somanadhan[3], Dr. Helen McAneney[3], Dr. Sandra McKay[4], Dr. Krista Keilty[2], Professor Amy Jayne McKnight[5], Professor Thilo Kroll[3], Dr. Stacey Power-Walsh[3]

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Background/Aim: COVID-19 presented as a global public health emergency that disrupted the life of children with rare diseases and/or complex care needs. Family caregivers' dependence on the homecare sector for their child's safety and respite, placed these children and their families, who rely on 24/7 for extraordinary care needs, highly stressed and vulnerable. Public health recommendations, to stay at home and maintain physical distancing was challenging as these children require multiple clinical, specialists, and homecare visits. Therefore, we aimed to explore the impact of COVID-19 on the delivery of homecare services for children with rare diseases and/or complex care needs to inform future policy and practice recommendations.

Method: A multi phase mixed-method study, across 3 countries, was undertaken. A convenient cross-sectional sampling framework was used to recruit family caregivers of children with a rare disease and/or complex care needs who receive homecare services, homecare practitioners, and pediatric homecare agencies. Data collection took place sequentially, Phase I, web-based survey and Phase II, semi-structured interviews. One hundred and thirteen participants completed phase I, 25 participants completed phase II. Quantitative data underwent descriptive statistics analysis. Qualitative data underwent thematic analysis.

Results: Survey data indicated that children received less homecare services during the pandemic. Receiving adequate infection control information and safety protocols for the home was a concern for family caregivers. Altered work patterns and challenges to interprofessional teamwork was of concern for homecare practitioners. Analysis of qualitative data revealed similar findings and uncovered additional care and practice concerns.

Conclusions: Policy and practice recommendations to support pediatric homecare services for families of children with rare and complex care needs during a global pandemic is paramount to maximizing the provision of homecare services.

Enhancing excellence in simulation education and research through an international collaboration of nurse educators

Dr Marian Luctkar-flude[1], Dr. Jane Tyerman[2]

[1]Queen's University, [2]University of Ottawa

Background/Aim: Clinical simulation is an effective pedagogy for preparing nurses for safe real-world practice. Developing quality simulations and evaluating them in isolation is almost impossible. We believe that through collaboration our international network of nurse educators and clinicians is making an impact on the future of simulation-based education and research. By developing and disseminating simulations our research suggests we are improving student and clinician practice competence thereby improving patient safety. We aim to share how our innovative collaboration, the Canadian Alliance of Nurse Educators using Simulation (CAN-Sim), evolved, our mentorship model, evidence of our success, and invite others to join us in making a difference through simulation development and research.

Methods: Our organization has evolved and grown by embracing the core values of collaboration, mentorship, innovation, and scholarship.

Results: Over four years, our non-profit organization has grown to over 2100 global members. Our members have collaboratively developed over 100 simulations, over 170 virtual simulations and we have given out $43,000 in grant money to priority research. We are widely recognized for our shared simulation resources that are available at no cost to students in multiple languages. These resources are both cost-effective and user-friendly. Our scenario and virtual simulation game design processes have been used by hundreds of educators. Our commitment to growing together has produced innovative research projects that contribute to scholarship in simulation teaching and learning. We also offer support through professional development opportunities (such as webinars and workshops) as well as research collaborations.

Conclusion. We have demonstrated that it is both feasible and effective for nurse educators to collaborate on a global scale to enhance clinical simulation design, implementation, and research. Sharing our success will hopefully inspire others to develop their own collaborations or join us in making an impact on the future of nursing education.

Promoting Global Health Equity Through Virtual Simulations for Health Professionals, Students and Patients

Dr Marian Luctkar-flude[1], Dr. Jane Tyerman[2]

[1]Queen's University, [2]University of Ottawa

Background: A major barrier to global health equity is resource limitations including lack of access to educational resources for health professionals, students, and patients. There is a need for accessible resources for health professionals and students to learn and stay up to date with evidence-based clinical practices and guidelines. Additionally, persons who identify as racial minorities experience health inequities as a result of discrimination. Thus, there is a need for education for health professionals and students about practicing with cultural humility to promote inclusivity and cultural safety, and a need to provide resources to underrepresented persons to help them to address microaggressions in clinical settings. There is also a global need for accessible and effective educational interventions for patients with chronic diseases to promote self-management. Virtual simulations are screen-based simulations that can be used for both health professions education and patient education.

Aim: We aim to describe development and use of a series of virtual simulations for clinical education, equity, diversity and inclusion (EDI) education, and patient self-management education.

Methods: We will share a cost-effective and user-friendly process for nurse educators to create virtual simulations that address educational needs of learners and patients. We will highlight virtual simulations we have created about (1) addressing racism and microaggressions in clinical and classroom settings, (2) wound care for persons with different skin tones, and (3) patient self-management of diabetes foot care.

Results: Our projects have demonstrated that virtual simulations are an effective educational strategy for health professionals, students, and patients. Virtual simulations are a cost-effective method to create clinical education, EDI education and patient self-management education content that can be shared globally.

Conclusions: Virtual simulations can be used to promote global health equity by increasing accessibility to evidence-based healthcare and patient education in low resource regions and institutions.

Pilot testing virtual simulation games and a novel virtual OSCE about wound assessment and management

Dr Marian Luctkar-flude[1], Dr. Jane Tyerman[2]

[1]Queen's University, [2]University of Ottawa

Background/Aim: Wounds negatively impact psychosocial health and quality of life and are a significant burden on healthcare systems. To maximize capacity to adequately evaluate wounds, it is recommended nurses have education in wound care best practices including wound etiology, types, risk factors and treatment options. Current evidence indicates nurses' knowledge in wound care remains inadequate. We developed a comprehensive online wound assessment and management online module featuring a series of virtual simulation games (VSGs) and a set of virtual OSCEs (V-OSCE) for formative and/or summative assessment purposes. The four VSGs are related to assessment and management of a variety of wound types: pressure injuries, diabetic foot ulcers, venous ulcers, and surgical wounds. Additionally, we have created two innovative V-OSCEs for pre and post assessment of learners completing the WAM Module. The aim of this pilot study was to evaluate feasibility and learning outcomes of implementing a virtual simulation educational module within a medical surgical nursing course.

Methods: We utilized a pre-test post-test design to evaluate 2nd year BNSc nursing student knowledge using two separate V-OSCES each with 20 decision points. Self-reported data was collected from pre/post assessment rubrics and using the ClassRoom Instructional Support Perception (CRISP) scale which assesses learner perceptions of the usability, engagement, and impact on learning of a given educational intervention.

Results: Results from the V-OSCEs (n=79) indicated that learner knowledge increased significantly from pre-test to post-test. Results from self-assessment rubrics indicated that perceived competence increased significantly for the four module learning outcomes. Learners rated the module components high in terms of usability, engagement and impact on learning. Qualitative feedback indicated the VSGs supported development of confidence, knowledge, critical thinking, and transfer to practice.

Conclusions: It was both feasible and effective to implement a wound assessment and management module using virtual simulation with undergraduate nursing students.

Newly Qualified General Nurses' Experiences of Internship: A Republic of Ireland Cross-Sectional Study

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[1]School of Nursing & Midwifery Trinity College

Background/ Aim

Pre-registration nursing education varies across the globe. The uniqueness of the Irish degree in general nursing is the inclusion of a 36-week internship placement. The aim of internship is to consolidate theoretical learning and support the achievement of clinical competence. Some countries include internship as part of the transition phase, but Ireland includes internship as part of the undergraduate degree. The aim of this study was to ascertain Newly Qualified General Nurses' (NQGNs) experiences of internship and identify the value of it in preparing them for transition to the role of registered nurse.

Method

The phase one findings of a sequential explanatory mixed methods study are presented. Data were collected using Experience of Internship Questionnaire. Ethical approval was obtained from the Research Ethics Committee, Trinity College Dublin.

Results

In total, 193 NQGNs completed the questionnaire. Most respondents (92.8%, n=128) agreed or strongly agreed that internship consolidated their learning and helped them to link theory to practice. Just over two thirds of respondents (69.6%, n=96) were satisfied with the opportunities made available to them to advance the knowledge and skills required for registration. The respondents were provided with an opportunity to explain reasons for dissatisfaction. The main reasons provided were staff shortages, which hampered their learning (n=16), particularly in relation to accompanying nurses on medication rounds and preparing intravenous medications under supervision. Some respondents reported dissatisfaction with a lack of opportunity to practice necessary clinical skills (n=5).

Conclusion

The results from phase one showed a good level of satisfaction with internship and opportunities to link theory to practice. However, areas for improvement such as opportunities in medication management under direct supervision and other key skills were also identified. The impact of staff shortages on student learning during internship were highlighted particularly in relation to gaining experience in key skills.

Cybersecurity, Cyberattacks and Critical Care Staff

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[1]UCD, [2]Great Ormond Street Hospital, [3]Children's Health Ireland, [4]Tallaght University Hospital

Background

Healthcare organisations are targets for cyber criminals due to the vulnerable security systems, extensively interconnected medical devices, the value of healthcare data and an imperative for healthcare sector to minimise operational disturbances. Cybercrime is increasing in frequency, magnitude and sophistication, and cybercriminals operate across jurisdictions & country borders.

Examples abound worldwide of the escalating magnitude and frequency of cyberattacks. In May 2021 the entire Irish national health service was impacted by Conti Ransomware attack, the impacts are ongoing for service users, healthcare staff and the entire healthcare service.

Aim

The behaviours of healthcare staff and maintaining secure interactions with the IT system is integral to protecting and organisation from cyberattacks. Therefore, this study explored cybersecurity behaviour among healthcare professionals (HCPs) working in critical care.

Methods

Cross sectional observational study across 4 sites; 2 adult ICUs (one urban and three regional) and 2 urban PICUs over two months. Online survey through Qualtrics® distributed to all HCPs working in critical care at participating sites.

 The survey had 3 main components:

-        Basic demographic and professional status data.

-        A validated questionnaire explored staff engagement in high risk behaviour (adapted from Human Aspects of Information Security Questionnaire – HAIS-Q);

-        Case scenarios assessed responses to cybersecurity incidents in the workplace.

Results

A total of 274 responses were obtained. The main reasons respondents highlighted for engaging in unsafe IT behaviour were: (i) technological factors (e.g. lack of secure WiFi, lack of IT support, lack of work devices, complicated password requirements) (ii) individual factors (e.g. lack of sense of personal responsibility, lack of knowledge, lack of awareness (iii) external factors (e.g. cultural, workload & time pressure, other priorities taking precedence).

Conclusion

These insights highlight vulnerabilities that exist with HCPs behaviour in the healthcare organisations informing solution focussed initiatives to promote IT resilience and robustness.

Telemedicine service for keratoconus monitoring

Ms Diana Malata[1], Dr Katja Iselin[1], Mr Barry Quill[1], Prof. Billy Power[1], Prof. Conor Murphy[1]

[1]Royal Victoria Eye And Ear Hospital

Background: The Nurse-led keratoconus (NLKC) virtual clinic was set up in Royal Victoria Eye and Ear Hospital (RVEEH) in May 2020 in response to the Covid-19 pandemic. The keratoconus monitoring clinic was converted to a virtual clinic using telemedicine in the form of telephone or video consultations. The objective of the service is to prevent a disruption in care during the pandemic.

Implementation: The patient attends the Eye outpatient department for diagnostic visit which includes a visual acuity (VA) test and corneal tomography. Then the patient receives an appointment by text or email to attend the virtual clinic. The virtual consultation is conducted by the ANP either over the phone or using medical video consultation software (TPro) on the patient's smartphone, tablet or computer.

Keratoconus patients enrolled in the virtual service between 1 June and 31 July 2020 in individual structured telephone interviews were assessed using Likert questions.

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

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

The Nurse-led Corneal Cross-linking (CXL) service at the Royal Victoria Eye and Ear Hospital

Ms Diana Malata[1], Prof Billy Power[1], Mr Barry Quill[1], Prof. Conor Murphy[1]

[1]Royal Victoria Eye And Ear Hospital

Objectives: To describe the establishment of Ireland's first nurse-led corneal cross-linking (CXL) service at the Royal Victoria Eye and Ear Hospital (RVEEH) in 2016 and present the review of the first 12 months of the service and assessment of the service after 6 years.

Methods: The CXL surgical training commenced in January 2016. Five CXL procedures were observed. Twenty CXL were done under supervision. Total number of eyes treated in the nurse-led CXL service from January 2016 to December 2016 was 144.

An audit was performed in January 2017 to assess the safety of the nurse-led service and a patient satisfaction survey was carried out to obtain patients' feedback. After 6 years of the service, a safety audit and a patient satisfaction survey was performed in January 2023.

Results: 144 eyes were treated in the nurse-led CXL service from January to December 2016 with no adverse events. Three (2.1%) eyes developed corneal infiltrates post operatively which responded well to treatment. Two eyes developed corneal haze which gradually improved after a month. 95 patients participated in the telephone patient satisfaction survey, result showed that 72% of patients were very satisfied with the nurse-led CXL service, 23% were satisfied, 2% uncertain, and 3% were not satisfied although the cases of dissatisfaction arose from delays in receiving follow up appointments rather than the procedure itself.

From January to December 2022, 170 eyes were treated in the nurse-led CXL service without complications. 89 patients participated in the patient satisfaction survey. 93.3% were very satisfied, 5.6% were satisfied and 1.1% not satisfied not because of the procedure but because the patient waited 2 hours for the procedure.

Conclusions: Results from Ireland's first nurse-led CXL service at RVEEH shows that it is safe and effective as CXL performed by ophthalmologists and is well received by patients.

ROSIA (Remote Rehabilitation Services For Isolated Areas)

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[1]National Rehabilitation Hospital

Introduction:

Rehabilitation is an important part of the therapeutic needs to maintain the quality of life after any injury[1]. However, due to the limited access for the healthcare services (especially in depopulated areas) across Europe, patients are unable to continue the treatment after their discharge from the hospital. As the technology is advancing, its delivery seems to provide the valuable impact in the patient's life and fill the gap of distance to their treatment[2]. ROSIA is an EU funded Horizon 2020 Pre-Commercial Procurement (PCP) Project attempts to break the tele rehabilitation market by developing an innovation ecosystem incorporating the current market of disruptive solutions to a new and comprehensive services delivery to patients across Europe.

Aim:

To develop an application and devices for an organisation to enable patients with their rehabilitation need for self-care based on disruptive technologies.

Methods and Results:

ROSIA model includes three phases:

Designing (Phase 1) with the help of data-based ICT systems, integrated care models, value-based health care schemes, clinicians, communities, and public healthcare systems; Prototype (Phase 2) of designed solution to the considered conditions and last phase is Pilot/ Field testing (Phase 3) for the clinical effectiveness, economic analysis, personal experience of patients and practical analysis of viability.

The five bidders have been selected out of 10 for Performing Phase 1 of the Project. They have presented their solution design on telerehabilitation based on the ROSIA principles. Presently, the second tender has been released for Phase 2 (Prototype Phase) and all the contractors from Phase 1 have been invited to participate. The selected three contractors will present their prototypes in coming months and will receive the feedback accordingly.

Conclusion:

The prototype will be developed from the most promising solutions for the end users or patients in remote areas for delivering the rehabilitation care and services.

Heart Failure Nurse Practitioner Outcome Measures: A Scoping Review

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Background

Patient outcome research is essential to determine the effectiveness of healthcare interventions. The European Society of Cardiology guidelines recommend multidisciplinary care for heart failure patients, but the NPs role and specific effectiveness as a key stakeholder in the multidisciplinary team is lacking.

Aim

The aim of the review was to identify the key concepts that underpin NP sensitive outcomes in heart failure.

Method

A scoping review was conducted according to accepted guidelines using PRISMA Extension for Scoping Review (Peters, 2020), to identify the key concepts the underpin the field related to NP sensitive outcomes in heart failure.

Original research reporting on nurse led heart failure interventions that included patient outcomes (QOL/LOS/Readmission/Titration/mortality/morbidity) was included. Full text studies including RCTs, Qualitative designs, pre-post evaluations and surveys published in English, between 2010 -2022 were considered. Original research that did not include nurses, or those unrelated to HF were excluded.

Results

Sixteen texts were ultimately selected for data extraction & were considered high quality using the Crowe Critical Appraisal Tool (CCAT) (Crowe 2013)

The model of NP-led care was described in each manuscript. The most common outcome measures reported were readmission rates, specifically 30-day readmission, self-care measurement scales, functional status scores, quality of life measurements and medication optimisation outcomes.

No two studies collected the same outcome measurements.

Conclusions

This review highlights that the reporting of HF NP outcome indicators are inconsistent and disparate across the literature. Consistent reporting of agreed outcomes in HF would strengthen the evidence of the impact of NP interventions. Standardised NP specific outcome measures would serve to highlight the effectiveness of the role in a multidisciplinary HF team.

Voice of the paediatric intensive care nurse: self-care and caring for the child at end-of-life

Ms Kate Masterson[1,2], Dr Michael Connolly[1], Dr Denise Alexander[1], Prof Maria Brenner[1]

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Aim: To describe the voice of the paediatric intensive care unit (PICU) nurse in the scientific literature.

Methods: Scientific literature was identified from database-searching using relevant key words and synonyms around the concepts of voice and PICU nursing.

Results: This scoping review identified 53 articles that identified the voice of the nurse in many contexts. The voice of the nurse presents multiple conflicting points representing their desire to provide optimal care to children and their families and their personal need to provide self-care. The literature reviewed shows that there can be a tension for the nurse in PICU during care provision at end-of-life, between the needs of the family and child and the self-care needs of the nurse during this stressful period. This can impact on nurses' engagement in continuity of care due to moral distress and can impact on clinical skill development. This is also evident in the competing demand of contributing to care planning and decision-making meetings and the need to provide care at the bedside. Despite this conflict the literature reviewed shows that nurses routinely prioritise patient care over their own personal care.

Conclusion: These findings suggest a duality of priorities that is the reality of being a PICU nurse: a need to balance skill acquisition with continuity of care, and the need to provide high standards of care to children and the conflicting need to reduce the impact of care provision on their own well-being. Further research is needed to explore the nursing voice at many complex points of care in PICU to better understand the challenges faced by nurses and to identify supports to enable them to better balance the tension between the delivery of care and their own personal care.

Using digital health to improve access to orthopaedics in the management of minor fractures

Ms Paula Mc Brearty[1], Ms Paula Morgan[1], Dr Vinny Ramiah[1], Ms Grainne Colgan[1]

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Background:

The use of remote digital monitoring of specific self limiting fractures by an orthopaedic consultant was introduced in a Dublin teaching hospital in June 2018. This collaborative initiative between emergency, physiotherapy, orthopaedics and information technology was to provide patients with improved access and reduce wait times for orthopaedic care. With the inception of the Virtual Fracture Clinic (VFC), June and August 2018 saw a reduction of 33% in referrals to the traditional fracture clinic and a reduction in wait times for a fracture clinic appointment from 5 – 2 weeks when compared to 2017. A subsequent study was undertaken to explore outcomes for patients discharged to the VFC.

Method:

A quantitative questionnaire was developed and validated by the researchers. Covid 19 delayed the progression of the study. Ethical approval was granted by the Institutional Review Board. Data was collected via survey monkey or telephone three months following completion of care in the ED over an 18 month period from March 2021 to September 2022. The study recruited 265 participants with a response rate of 67%.

Results:

Effectiveness of care :

75% - no follow-up, 8% fracture clinic follow-up, 17% physiotherapy

95% did not re-attend another hospital with the same injury

17% subsequently attended GP , mainly for medical cert

No admissions for surgical intervention

Safety of Care:

98% understood self-care information

83% understood how to make contact with the VFC

Functional outcomes:

17% returned to sport within 4 weeks, 34% > 4 weeks and 21% had not returned at 3 months

66% returned to work within 2 weeks

Conclusion:

This study reports positive patient-reported outcomes with no evidence of additional risk in empowering patients to self care for specific fractures. The use of remote digital monitoring of these fractures is proven to be safe, effective and patient centred.

Latch On: A multidisciplinary research initiative to increase breastfeeding among women with a raised BMI.

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Background: Breastfeeding rates in Ireland are among the lowest in the world; in 2019 any breastfeeding rate at 3 months was 42.3%. Furthermore, women with overweight and obesity are at-risk of reduced breastfeeding success. This study was designed to support this   vulnerable group within the context of a society where breastfeeding has become de-normalised.

Method: Multicentre randomised controlled trial set in four maternity centres in Ireland between June 2019 and June 2022. Participants were primiparous women and their nominated support partners. Participants were aged over 18, with BMI ≥25kg/m2, carrying a singleton pregnancy and without contraindication for breastfeeding.

Results: 194 women reached the primary outcome point at 3 months postpartum (n=99 intervention, n=95 control) and had a median BMI of 28.15 kg/m2 (range 25.0-43.4). Breastfeeding prevalence at 3 months postpartum was 68.7% (n=68) in the intervention group and 62.1% (n=59) in the control group (RR1.16, 95% CI 0.85-1.57, P=0.42). The number needed to treat was 15 (95% CI 5-15), for one additional participant breastfeeding at three months postpartum. Breastfeeding initiation or rates at any time point did not differ. The antenatal education intervention with support partner present increased motivation to breastfeed in the intervention group (P=0.02), and the proportion positive towards breastfeeding (n=58, 61.7%) compared with the control group (n=36, 38.3%) (RR1.45, 95% CI 1.07-1.96, P=<0.01). More women in the control group accessed support from private lactation consultants (intervention 23.5% (n=12) control 45.3% (n=24) P=0.03).

Conclusion: This RCT had several strengths. It was a collaborate design with disciplines from midwifery, obstetrics, dietetics and research. The multicomponent intervention had a positive effect on breastfeeding attitude and motivation. Providing adequate education and support to women who intend to breastfeed remains of paramount importance.

Literature review on the experience of Research Nurses with Gene Therapy Trials.

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[1]London South Bank University

Background- The development of gene therapy has created new possibilities to treat various genetic diseases. Research nurses play a crucial role in these trials, as they are responsible for patient care, administration of treatments, data collection and communication with other healthcare professionals. A literature review was conducted to explore the unique experience and issues faced by research nurses in gene therapy trials.

Methodology: An electronic database search was conducted using keywords including "nurses", "gene therapy", "patient care", "treatment","adverse events" and "education". Articles were selected based on relevance since there are limited articles available an emphasis was given on the articles published in the last 20 years.

Results: Several themes emerged from the literature which was broadly classified as:-

Regulatory and ethical compliance: Gene therapy trials are subject to strict oversight to ensure patient safety and ethical conduct. Nurses were needed to be familiar with the regulatory requirements and ensure that the trial is conducted in compliance with these regulations. This included ensuring that patients met the eligibility criteria, maintaining accurate and complete records, and reporting adverse events promptly.

Clinical challenges: Gene therapy trials involves complex treatments, including administration of viral vectors or gene editing technologies which requires monitoring a patient closely for adverse events or life threatening events.

Patient recruitment and retention: The strict inclusion and exclusion criteria, limits the number of eligible patients. Research nurses faced challenges in identifying and recruiting eligible patients and maintaining their participation in the trial.

Interdisciplinary collaboration: The trials involve multiple healthcare professionals, including geneticists, molecular biologists, and regulatory experts. Research nurses were needed to communicate effectively with the multidisciplinary team and coordinate care for patients.

Conclusion: Understanding these challenges are crucial to ensure the safe and effective conduct of gene therapy trials and promoting the advancement of gene therapy as a therapeutic option.

A Rapid Realist Review on Leadership and Career Advancement Interventions for Women in Healthcare

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[1]University College Dublin, [2]Mzumbe University

Background / Aim: Women represent 70% of the global health workforce but only make-up 25% of health and social care leadership positions. Gender-based stereotypes, discrimination, family responsibilities, and self-perceived deficiencies in efficacy and confidence inhibit the advancement of women to leadership. These inequalities are especially prevalent in low-and-middle-income countries, which are the focus of this research. Addressing gender inequalities in healthcare leadership has the potential to promote equality and improve the responsiveness of healthcare. Interventions targeting individual and systemic barriers to women's leadership have been conducted in the recent past; we thus conducted a Rapid Realist Review (RRR) to understand why, how, for whom and in what contexts leadership and career-advancement interventions work (or do not work) for women in healthcare.

Method: A stakeholder and expert advisory panel was convened to support RRR progression and theory development. Preliminary theories on leadership and career interventions for women in healthcare were constructed based on initial literature review and advisory panel input. The initial programme theories (IPTs) informed a systematic literature search, where articles were included based on their ability to support theory development. Retroductive analysis will be applied to identify generative causation within the included articles, which will then be synthesised into the IPTs to refine the final programme theories. These tasks are performed in line with Realist and Meta-narrative Evidence Syntheses: Evolving Standards (RAMESES) for conducting a RRR.

Results: The IPTs highlight the importance of implementing interventions at several levels within the system; the central position of mentoring in these interventions; and lastly, the value of incorporating tools, resources and action plans when implementing programmes. Systematic searching of 2 databases has been completed, and further stages of theory refinement are underway.

Conclusions: Final theories will feed into designing a leadership and career-advancement intervention for female healthcare workers in the Tanzanian context.

Students' perspectives on the congruence and effectiveness of a problem-based learning approach to teach recovery-oriented practice: a mixed method study.

Ms Corina Murphy[1], Dr Terry Barrett, Mr Mark Gantley, Ms Sandra Connell

[1]UCD

Background

The purpose of this paper is to discuss student's perspectives on the congruence of problem-based learning (PBL) and recovery-oriented practice (ROP) and the effectiveness of the PBL approach used to teach ROP in a postgraduate Mental Health Nursing module.

These were the research questions:

1. What similarities did the students see between PBL and the recovery model?
2. What was students' perspectives on the effectiveness of PBL as a teaching and learning approach for developing knowledge, attitude, and skills for ROP.
3. What did students learn from the experts by experience about ROP?

Method

The specific population studied was 35 mature students enrolled in the Higher Diploma in Mental Health Nursing and the study was conducted in 2022. A mixed-methods approach combined quantitative data from a student survey and qualitative data from a focused group.

Results

Students identified five similarities between PBL and ROP:(1) co-production, (2) self-direction (3) development of self-awareness, (4) teamwork and (5) strength-based approach. Out of 35 students we had a response rate of 27 students (77%) and 81% of students mostly agreed that PBL was an effective way to learn about ROP. 100% of students agreed that they had a better understanding of the subject after completing their module. Students identified six themes of what they had learned from experts by experience: (1) "What the Books can't teach us" Learning from the lived experience, (2) Motivation and Inspiration to learn about recovery, (3) Recovery is a unique and personal journey, (5) How to build a therapeutic relationship, (5) Importance of family and social agencies in recovery. 96% of students agreed that they learned a lot about ROP from individuals with lived experience who were available during the module.

Conclusion

This paper concludes that there is congruence between PBL and ROP as both processes share five common key elements. Secondly this paper demonstrates that students perceived PBL as an effective approach for teaching the knowledge skills and attitudes needed in ROP. The third argument is that students learned from the mental health service users about crucial elements of recovery-oriented practice that books could teach them.

PlayDecide Assisted Decision-Making: An Educational Tool for Healthcare Professionals

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Background: Supported (assisted) healthcare decision-making (ADM) focuses attention on how people with disabilities, including cognitive impairments, can be best supported to make decisions about their health and social care on an equitable basis with others. In Ireland, the Assisted Decision-Making (Capacity) Act (2015) was prompted by the ratification of UN CRPD and followed a re-evaluation of pre-existing guardianship, trusteeship, and mental health laws. It places an onus on Healthcare Professionals (HCPs) and decision supporters to maximise individuals' decision-making capacity and to ensure that their will and preferences are at the centre of those decisions.

Aim: This paper presents an educational intervention in the form of a serious discussion-based card game (PlayDecideTM) to support HCPs to learn about Assisted Decision Making in care planning with older people in an acute (i.e., hospital) healthcare setting.

Methods: We employed a design-based research approach to develop game material over four work packages: story cards (N=69) were created through qualitative research with narrative analysis; issue cards (N=47) were developed from a realist synthesis of evidence; information cards (N=38) from content analysis of legislative and policy literature; and finally a prototype game was developed following a series of iterative game trials.

Result: The discussion-based educational game entitled PlayDecide Assisted Decision-Making is freely available to download with a step-by-step facilitation guide and supportive instructional videos.

Conclusions: This is the first educational tool developed on ADM utilising a serious game methodology. Through engagement with authentic learning materials participants are supported to develop interprofessional team-based skills for promoting ADM in care planning with older people and their caregivers.

What works and why for interprofessional collaboration in older people's care integration: realist evidence synthesis

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Background:

Interdisciplinary community specialist teams for older people (CSTs) are a novel innovation in Irish health service delivery and require, over time, a shift in cultures of care to allow for the development of interprofessional collaboration. However, there is limited international guidance on how to foster, enhance and sustain meaningful interprofessional collaboration in the context of interdisciplinary team-based care integration for older people.

Aim:

This realist review presents initial programme theories of what works and why in fostering competencies for interprofessional collaboration in CSTs for older persons.

Method:

Realist reviews are an interpretive theory-driven approach to evidence synthesis which uses multiple sources of evidence including published peer-reviewed studies, policy documents and grey literature. This evidence is combined with stakeholder theories and explanations of how interventions might work. Four stakeholder cohorts were identified: public and patient representatives of older people and family carers, healthcare professionals who are members of CSTs; team leads responsible for the operational management of CSTs, and healthcare managers responsible for national clinical programme design.

Results:

This synthesis resulted in a series of evidence-based Initial programme theories (IPT) in the form of statements that explain the mechanisms (M) and resources (R), generated within particular contexts (C) in response to interprofessional collaboration, that are thought to lead enhanced care outcomes (O). For example:

Where CST members have professional experience in different areas of service delivery (C), they bring to the team pre-existing relationships with other HCPs (R), enabling good cross-sectoral communication and trust (M) leading to enhanced continuity of care (O).

Conclusion:

The IPTs generated from this realist synthesis of international literature support workforce education, development and planning. They also provide healthcare leaders with knowledge of the resources and supports required to harness the benefits of interprofessional collaboration and realise the goals of care integration for older people.

Depression and person-centredness of care among older adults in nursing homes: a cross-sectional correlation study

Mr Tope Omisore, Mr Bernard McCarthy, Prof David Edvardsson

[1]HSE West

Background: The number of older adults in care homes is increasing, and living in care homes has been documented to be associated with depression. Person-centred care is a recommended approach in the care of older persons, only a few studies, however, have examined the relationship between depression and person-centred care(as perceived by older adults).

Aims and Objectives: This study aimed to evaluate levels of perceived person-centred care and depression, and the correlation between person-centred care and depression.

Methodology: A cross-sectional, descriptive correlational study was conducted among 61 cognitively intact care home residents selected by convenience sampling from care homes in two Counties in the Republic of Ireland. Person-centred care was measured by the person-centred climate questionnaire-patient (PCQ-P) and depression by the geriatric depression scale (short form). Ethical approval was obtained from Galway University Hospitals Clinical Research Ethics Committee (reference C.A.2725).

Findings: An overwhelming majority (98.4%) perceived their care to be highly person-centred (PCQ-P total mean score 94.2, SD 8.8), and the prevalence of depression was 42.6%. There was a strong, indirect correlation between perceived person-centred care (PCQ-P total) and depression scores (r = - 0.636, p 0.0001). Also, all the PCQ-P subscales (PCQ-P safety: r = - 0.684, p = 0.0001; PCQ-P everydayness: r = - 0.371, p = 0.003; PCQ-P hospitality: r = - 0.641, p = 0.0001) were negatively correlated to depression. PCQ-P total (p = 0.039) and PCQ-P everydayness (p = 0.01) were significantly associated with the facility type (Public/Private), with the higher mean score in private care homes.

Conclusion and Impact: Higher perceived person-centredness of care was associated with lower depression levels. Further studies that focus on person-centred care with a large and representative sample size are recommended to demonstrate the effectiveness of person-centredness of care in achieving a reduction in depression and the associated complications

Senior nurse manager perceptions of nurse practitioner integration

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Introduction

Nurse Practitioners (NP) are acknowledged as clinical nurse leaders and have been identified as the key to healthcare transformation and healthcare reform. Recent research identified that there is no structured approach to the integration of NP roles into acute healthcare organisations (Ryder & Gallagher 2022). However, integrating NP successfully requires planning and support to ensure the role is adequately supported in the provision of services (Lowe, Plummer, & Boyd, 2017).

Aim

The research aim is to determine Senior Nurse Managers perceptions about the integration of Nurse Practitioner roles in Healthcare Organisations across Ireland, and Australia.

Methods

A cross-sectional cloud-based survey of senior nurse managers across Ireland and Australia.

Results

A total of 300 responses were received, and 122 were eligible for analysis. 43% worked in metropolitan hospitals in Ireland. 77% expressed that there should be a specific role to support the integration of NP roles at the local level, and national level (61%). 44% reported the presence of a standardised governance structure. Three reporting structures were identified: professional, clinical and operational. 43% reported agreed performance indicators for NPs. 24% report performance indicators captured the quality of care provided.

Conclusion

There is a lack of senior manager understanding of the NP role and scope of practice. There is an inconsistency between reporting research as an activity to improve patient care and understanding NP engagement with research. A structured guidance framework would support senior nurse managers with the integration of the NP role into healthcare organisations.

Staff Experiences of COVID-19 management in a Long-Term Care facility for Older People in Ireland

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[1]Leopardstown Park Hospital

Background

Long-term care (LTC) facilities for older people have been challenged by COVID-19 unprecedentedly. The impact of COVID-19 on healthcare professionals working in LTC facilities for older people is emerging as a crucial topic. Healthcare workers in LTC for older people were already pre COVID-19 experiencing high levels of stress and compassion fatigue. The study aimed to capture the experiences of staff working during the COVID-19 pandemic in a LTC facility for older people in Ireland.

Method

Semi-structured interviews were conducted with 28 participants who were staff members, both clinical and non-clinical, in a LTC facility for older people in Ireland. Informed consent was obtained from all participants in accordance with the principles of the Helsinki Declaration. Data were interpreted using thematic analysis, allowing patterns of meaning to emerge by creating themes.

Results

Twenty-one clinical and seven non-clinical staff members participated in interviews conducted between June and September 2021. Four main themes were identified through analysis: 'Fear of COVID-19', 'Coping', 'Crisis and communication' and 'Teamwork'. Themes were interlinked with each other and mainly highlighted the high level of adaption by staff in various roles during a time of uncertainty.

Conclusions

Previous studies support the findings into staff experiences of COVID-19 in which the uncertainty and stress caused by COVID-19 impacted staff professionally and personally. Although positive examples of strong teamwork and a sense of working together were found, there was also fatigue as the pandemic continued. Future studies into staff stress levels and coping with COVID-19 should include the voices of healthcare professionals in LTC facilities for older people.

The Advanced Nurse Practitioner: Becoming an Innovative Systems Thinker

Dr Wayne Thompson[1], Professor Martin McNamara[1]

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Introduction

Healthcare systems are becoming increasingly complex. Systems thinking can help us understand this complexity and how to apply that understanding to design and evaluate interventions that improve health outcomes. With the current emphasis on developing advanced nursing practice, it is timely to examine systemic processes that characterise Advanced Nurse Practitioner (ANP) systems and their interactions with wider healthcare systems, and how these processes enable and constrain the role.

Aim

To make explicit the systemic processes that characterise the ANP system and how they enable and constrain the role.

Methods

An interpretive descriptive study. Data were collected through seven in-depth interviews and four focus groups. Data were analysed using the Organic Systems Framework (OSF), interpreting language indicative of the processes of individuation, integration, differentiation and homogenisation.

Outcomes

Participants emphasise how ANP systems exert power by individuating and differentiating; however, restrictive regulations and medical control constrain this power. Integration and homogenisation are expressed as ANPs encourage and engage in collaborative practice towards common purposes. When hierarchical structures and professional self-interest dominate, however, these processes are submerged, resulting in an unbalanced system.

Conclusion

ANP systems realise their power through increased autonomy by individuating and differentiating. Hierarchical structures positioning ANPs in subservient roles should be challenged. Processes of integration and homogenisation are expressed in collaborative practices. We recommend that ANPs realise and articulate the value and diversity that they bring to health systems to strengthen their contribution to them.

The Advanced Nurse Practitioner: Accepting our past to claim our future

Dr Wayne Thompson[1], Professor Martin McNamara[1]

[1]University College Dublin

Introduction

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

Aim

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

Methods

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

Outcomes

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

Conclusion

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

Sexual Orientation and Gender Identity (SOGI): An Online Educational Toolkit For Healthcare Providers

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Background: The failure to provide culturally humble care to the LGBTQI2S community can have serious negative consequences for the health and well-being of individuals within this community. Culturally humble care refers to healthcare providers who can provide care in a way that is sensitive to the unique cultural, social, and psychological needs of diverse patient populations. Nursing educators feel unqualified to teach content and report limited opportunities for professional development. Thus, education is needed for nurses, students and faculty to learn about and apply concepts of cultural humility to me.

Methods: We partnered with subject matter experts to develop relevant, authentic educational tools to support sexual orientation and gender identity education. In consultation with an eLearning specialist, we created a new platform to house multiple virtual simulation modules to create an educational toolkit for healthcare providers. Key learning outcomes included: (1) understanding personal assumptions about sexuality and gender; (2) applying principles of cultural humility; (3) creating 'safe spaces'; and (4) appropriate communication strategies.

Results: Learners accessed pre-learning content and reflected on their ability to meet the learning outcomes before applying their knowledge while engaging in virtual simulation games (VSG). The VSGs consist of video clips of interactions between nurses and patients filmed from the nurse's viewpoint, which places the learner "in the nurse's shoes." The VSGs require the learner to use critical thinking to select the best response to a clinical decision-making question and receive immediate feedback during gameplay. Reflective questions guide self-debriefing.

Conclusion: Learners and instructors who tested the educational toolkit found them to be easy to use, engaging and contributed to learning. We demonstrated the feasibility and acceptability of delivering online education on sexual orientation and gender identity nuutilizing using a series of VSGs and a website with curated resources.

Development and implementation of virtual interactive puzzle escape rooms for nursing education: safe medication administration

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Background: With the increased emphasis on technology-based education, in-person educational escape room puzzles are gaining popularity in higher education. This innovative teaching strategy's advantages include improved learner engagement, increased motivation to learn, and strong learner satisfaction rates (Eukel et al., 2020; Morrell & Ball,2020). In response to challenges in delivering quality education within the virtual environment, the need to expand learning opportunities within the digital environment has never been greater.

Methods: Drawing on the popularity of traditional in-person escape rooms, the Virtual Interactive Puzzle Escape Room (VIPER) offers all the elements of educational in-person escape rooms delivered within a 360 virtual environment. Education pedagogy-specificVIPERS uses Constructivism Theory and supports learning in either an individual or collaborative experience (Bada& Olusegun, 2015). Cognitive Theory of Multimedia Learning (Mayer, 1999) and elements of Game Theory was used to optimize learner retention and support positive self-efficacy. Game-based learning allows users to enhance learning and interest in the subject matter. Creating a virtual version of traditional escape rooms further increases scalability and decreases the high cost associated with in-person experiential learning experiences.

Results: The presenters have designed ViPERs to provide multiple opportunities for learners to apply knowledge within a low-stakes learning environment while supporting teamwork, critical thinking, and time management skills. We implemented key strategies to optimize puzzle structure. Based on experience developing VIPERS in undergraduate nursing education, the presenters will discuss key components in developing and implementing high-quality virtual interactive puzzle escape rooms using 360 photo technology, puzzle creations, and VIPER assembly.

Conclusion: VIPERs can be an effective and engaging teaching strategy to provide nursing students with opportunities to practice medical calculations in an innovative way that fosters critical thinking and problem-solving.

An Innovative Method for Debriefing Emotionally Sensitive Topics- The CAN-Sim CHIPS Debriefing Framework

Dr Jane Tyerman[1], Dr. Marian Luctkar-Flude[2], Ms. Leslie Graham[3], Dr. Arlene De La Rocha[3], Ms. Shelley Clarke[4], Ms. Ashley Jackson[1], Ms. Andrea Marsh[1], Dr. Erin Ziegler[4], Ms. Laura Killam[2]

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Background: Within healthcare, nursing practice involves caring for vulnerable and diverse patient populations. As healthcare practice involves multifaceted clinical situations, simulation-based learning experiences (SBEs) have evolved to match the complexity of the clinical environment requiring a high level of realism. Learning in a realistic simulated environment enhances clinical judgment, critical thinking, communication, interpersonal and clinical skills, supporting patient safety.

In an effort to mirror the psychosocial complexities of the clinical environment, SBEs are being designed with a higher degree of emotional/experiential fidelity to generate feelings learners would expect in a similar clinical situation. The content explored is complex, often replicating emotionally intense situations that may leave learners 'unsettled' as these scenario question learners preconceived ideas, values, worldviews, beliefs, morals, and values.

Methods: The Canadian Alliance of Nurse Educators Using Simulation (CAN-Sim) has developed an innovative new debriefing framework to support learners through emotionally processing the simulation event within a psychologically safe environment. The CAN-Sim Cultural Humility, Intersectionality, and Psychological Safety (CHIPS) Debriefing Framework assist learners in identifying their feelings and emotions related to a simulation game or module within a psychologically safe environment. Learners use an Emotional Processing Rubric to identify and explore their emotional responses to the SBE and explore these emotions within the debriefing group, guided by a trained facilitator. Learners identify and rank their emotional responses ranging from minimal to severe. During the debrief, a trained facilitator supports learners in recognizing and expressing their feelings or emotions through a self-reflective process.

Results: Findings from the semi-structured interviews included common themes of emotional competence, cognitive change, and comprehensiveness related to the debriefing framework.

Conclusion: Through this process, group members derive meaning from their experiences and insight into other learners' perspectives. They valued the unique opportunity to emotionally process their feelings and learn from others' perspectives.

Transfer of training among novice clinical nurse specialists in China: A longitudinal assessment

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Background: Transfer of training generally refers to the use of trained knowledge and skill back on the job. However, it has been evidenced that although much effort and money have been invested in training, however, few knowledge, skills, and behaviours learned from training were performed in practice, yielding low training transfer.

Purpose: This study explored the trend of training transfer effects among novice clinical nurse specialists in China.

Design: A quantitative longitudinal survey was utilized to measure the transfer of training and its influencing factors.

Methods: Four times of envelope surveys were conducted between June 2018 to December 2019 after the training among different nurse specialist groups in a tertiary hospitals in Southwest China. 99 nurse specialists participated in this study initially, having a response rate of 61.6%. SPSS 26 was used for data analysis and repeated measures ANOVA was adopted.

Results: The transfer of training decreased significantly three months after training among the infusion nurses and psychiatric nurses. While the wound and ostomy nurses displayed a significant decline after one year of post-training. The factors include managerial support,

hindrance in the organization, the validity of training, organizational and personal facilitators, and personal attitude toward training transfer. Hindrance in the organization was the biggest obstacle during the initial transfer process. Meanwhile, managerial support was the least important factor in training transfer after one year.

Conclusions: The trend and level of training transfer varied depending on the specialities over time. Knowing transfer patterns and their influencing factors may help the nursing manager to enhance the implementation and impact of nurse specialist training in practice.

Keywords: training transfer, training, clinical nurse specialist, longitudinal study, Chinese nurse

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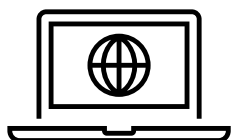
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PO05 Children's nurses' bioethical considerations around initiation of long-term ventilation in an age of technology solutionism

Dr. Denise Alexander[1], Dr Mary Quirke[1], Dr Katie Hill[1], Ms Kate Masterson[1], Professor Maria Brenner[1]

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Aim: We aimed to understand the lived experiences of PICU nurses as they encountered and attempted to resolve bioethical issues that arise when a child they are caring for requires clinical technology to sustain life.

Methods: A phenomenological approach was used to understand the meaning given by PICU nurses to caring for a child who is dependent on clinical technology in the PICU. Nurses were recruited in three sites: Ireland, Australia and United States. Interviews took place remotely. Nurses were asked about their experiences of when a child requires long-term ventilation. Analysis was guided by the work of Van Manen. The interplay of identified themes allowed us to interpret rich meaning from the data; and obtain a greater understanding of the nurses' lived experiences.

Results: Twenty-six nurses were interviewed. Three themes were identified: the nurses' perspectives of relationships with parents; the significance of nurses' need for moral and professional integrity in the use of technology; and the importance of keeping up with technological possibilities and adaptations over the long-term. All themes involved the meaning given to the navigation of challenges to personal moral perception, such as around quality of life, survivorship, and the expression of personal values in interpreting bioethical issues.

Conclusions: Despite increasing long-term survival, bioethical issues around the care of children with complex needs has arisen as a result of life-sustaining technology. Bioethical considerations are often subjective in their interpretation and require communication skills to understand contrasting points of view. To avoid conflict and distress, more needs to be understood about how bioethics services can assist in recognising and approaching these differences when life-sustaining technology is required. The role of bioethics services may need to adapt to the emerging bioethical issues that result from increased survival and increased morbidity in children as a result of technology use.

PO27 Exploring Italian clinical nurses' experiences of workplace violence: a phenomenological study

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[1]University Of Genoa, [2]Azienda Ospedaliero Universitaria Pisana

Background/Aim:

Workplace violence (WPV) keeps increasing, especially among nurses1,2. It is significant to analyse the experience of nurses' WPV. We explored Italian registered nurses' lived experience of WPV perpetrated by patients or caregivers.

Method:

We used a phenomenological design to explore the features of nurses' WPV. A purposeful and snowball sampling of nurses who experienced WPV in hospitals has been used. Data saturation was reached with ten in-depth semi-structured interviews. The interviews were audio-recorded, verbatim transcribed, and analysed following the Braun & Clark thematic analysis method.

Results:

Five themes have been identified. Different subthemes of professionalism challenges (theme 1) emerged: "maintaining professionalism", "sense of professionalism", "lack of respect" or "social recognition of the nurse profession". Two subthemes emerged from the post-incident support (theme 2): informal and formal support. Concerning informal support, nurses reported positive and negative support such as "team support and reassurance" or "lack of support" respectively; regarding formal support, nurses identified "formal post-event support interventions", "monitoring incident reporting", or "foresee formal consequences for the perpetrator". The emotional responses (theme 3) reported were different during and after the episode of violence. During the violence nurses reported emotions such as "feeling unsafe", "fear of escalation", or "anxiety"; instead, after they reported emotions such as "anger", "feeling personally belittled", or "sense of injustice", and also reported "self-criticism". Some of the perceived causes of violence (theme 4) were related to "patients/relatives factors", "environment factors" and "nurses factors". The subthemes emerged from the consequences on nursing practice (theme 5) were: immediate consequences (e.g. "impacting working activities"; "influences in private life"), and long-term consequences (e.g. "adapting future practice behaviours").

Conclusions:

These findings can help healthcare managers and leaders to better understand the nurses' experiences of WPV to invest in improving the nurse work environment.

PO36 Forensic Community Mental Health Nursing Placement for Undergraduates

Miss Shauna Burke, Dr Shobha Rani, Mr David Timmons, Mr Derek Whelehan, Mr Niall Hurst, Mr Andy Kelly, Mr Steve Cawley, Mr Colum Butler, Ms Dari Raj, Ms Ann Dunmurray

[1]Hse National Forensic Mental Health Hospital

Background:

For the past number of years student nurses have been gaining experience with Forensic Community Mental Health Nurses (FCMHN) in one of the following settings- Prisons, Courts, FCMH hostels, Community Mental Health settings, Day Hospitals and Home Visits. Primarily this was one day to one week placement with a FCMHN. However, in recent years, the nursing curriculum has an increased emphasis on community-based clinical placements. This warranted NPDT to explore further on FCMH nursing placements.

Method:

In August 2021, NPDT invited the members of Higher Education Institutes (HEIs) and their clinical partners to the new NFMHS at Portrane. Feedback was sought from all visitors regarding their view on Community Forensic Mental Health placement for student nurses. Thirty Four members including two Head of School of Nursing, five Lecturers/Professors, 16 CPCs, four Nurse Practice Development Coordinators, five SALO, one Nurse Tutor and one Clinical Nurse Facilitator linked to nine HEIs provided the feedback.

Results:

Participant feedback included

"Absolutely a lifelong clinical experience to enhance practice and knowledge"

"....It would also show potential career opportunities for graduates."

"Community forensic placement would offer students a broader concept of service."

"It would enable the student to realise that service users in forensic mental health can recover & live independently"

Implications of Incorporating FCMH placement:

•FCMH placement enhance student nurse learning in recovery-oriented practices in a forensic service.

•Student nurse gets exposure to various FCMH settings & forensic recovery.

•Engage in Psycho-educational programs in the community.

•Ensure compliance with the NMBI Requirements and Standards (2016).

•Increased awareness on FCMH nurse role thus increasing the job opportunity in the community.

•An understanding on community re-integration, discharge process and prevention of recidivism.

PO23 'Chalkboard: Promoting Patient Wellbeing in a Restrictive Environment'

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[1]National Forensic Mental Health Hospital

Background:

Higher level of observations are required when a patient is at risk of harming oneself or harming others. In forensic mental health settings, patients on higher level of observation cannot engage in leisure or therapeutic activities that may require the use of items considered as 'risk items'. Use of pens or pencils for drawing is considered as one of the risk items. Therefore, patients do not have an opportunity to express themselves in a therapeutic manner. This evoked the authors to look for items that are of low or zero risk for such patients. A literature search showed the benefits of non-stimulating environment for patients on high observation and the therapeutic value of engaging them in activities. Thus the chalkboard was considered as an option. A suitable place was identified on the unit where patients can use a chalkboard. The authors painted the wall and used small chalk pieces so ensure safety.

Aim/Objective:

The aim of this intervention is to therapeutically involve patients on higher level of observations into safe activities.

- Ensure/Promote a therapeutic engagement

- Inspire hope and optimism with a positive attitude

- Promote supportive interactions with the person on a 1:1 basis

- Enhance communication and engage in active listening

- Convey that the patient is valued and cared for

- Use interpersonal skills to build a rapport

Outcomes:

-Aided Nursing staff in Building rapport and therapeutic relationship with patients in a safe manner.

-An opportunity to provide positive feedback to patients thus promoting strength-based model of care.

-Auditing the daily handover showed acceptance of Chalkboard as an activity for patients on high observation.

-Nurses documented the benefits they observed from using this initiative.

-The Mental Health Commission regulations 9-Recreational activities, Regulation 15- Individual Care plan and Regulation 16- Therapeutic services and programmes are achieved.

PO22 The Experience of Nurses Working In Mental Health Settings of Accessing Psychological Support-Scoping Review

Miss Louise Corcoran[1,2,] Dr. Shobha Rani[1,2,] Dr. Brynne Gilmore[2,3,] Mr Diarmuid Stokes[4], Dr. Timothy Frawley[2]

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Background/Aim

Mental Health Nurses are at increased risk of experiencing psychological distress due to the nature of dynamic working environments and patient presentations resulting in cumulative experiences of various traumas. This psychological distress can result in negative outcomes affecting both the personal and professional lives of nurses through burnout, compassion fatigue and vicarious trauma. It also impacts organizations through recruitment and retention issues, as well as having adverse effects on patient experiences and outcomes. The aim of this study is to establish what is known in current available literature in regard to how nurses experience gaining access to workplace psychological support.

Methods

A scoping review is currently being conducted using the JBI methodology for scoping reviews and the PRISMA-ScR tool, to determine the breadth of literature available regarding nurses' experiences of accessing psychological support. A search strategy was developed to locate qualitative, quantitative and mixed method studies in four healthcare orientated databases. Following the search, all identified citations were uploaded to Covidence to facilitate screening. A PRISMA Flowchart will be included to display data screening process and inclusion/exclusion criteria. Data extraction forms will be used to chart data. Data will be synthesized through a descriptive summary supported by a visual display of charted data in table form.

Anticipated Results

To map key concepts regarding barriers and facilitators to accessing workplace psychological support for mental health nurses. The scoping review is planned to be completed in June 2023.

Conclusion

Through preliminary searches it is evident there is a paucity of evidence available specifically focused on access to psychological support for mental health nurses, and no review study exists to date. It is anticipated that this scoping review will collate what is available and highlight an imminent need for further research, knowledge and understanding of the experiences of nurses accessing psychological supports.

PO41 The fundamentals of care project: the development of nursing through patient and family-centred care

Dr Graziella Costamagna[1], Ms. Alexandra Donascimento[1], Mr. Antonio Valenti[1], Mr. Oscar Testa[1], Mr. Alessio Rizzo[1], Dr. Riccardo Sperlinga[1], Prof. Loredana Sasso[2], Prof. Annamaria Bagnasco[2]

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Background

The type of leadership is one a predictor of nursing outcomes. The effective allocation of resources, the climate of the work environment and staff retention, and consequently outcomes on patient care may depend on it (Blackman & Mudd, 2023). More evidence on how to ensure fundamental care to patients is needed (Kitson et al. 2010).

This study aims to promote a conceptual model of nursing care based on the Fundamentals of care and implement 'Patient and family Centered Care' organizational models.

Implement a monitoring system of nursing outcomes built on the models of 'Fundamentals of care' and 'Patient and family Centered Care'.

Methods

The study will be conducted in three phases:

•   context analysis through focus groups on the provision of fundamentals of care and missed care, with the involvement of nurses, patients and their carers.

•   Design a continuing professional development course based on the qualitative data collected through the focus groups.

•   Implementation of on-the-job training for staff working in the experimental units.

A focus group matrix was developed from studies on missed nursing care.

Results

From the preliminary results of the focus groups conducted with nurses, two main themes emerged that have an impact on fundamental nursing care: communication and relationship.

Nurses highlighted the role of missed nursing care in the outcomes produced by communication and relationships. The main causes of missed nursing care were lack of resources, lack of time, obsolete protocols, understaffing, heavy workloads, and inappropriate environments for the patients' problems. According to the nurses, the consequences of this are: difficulty establishing a relationship of trust, staff dissatisfaction, and use of restraint as prevention.

Conclusions

Focus groups with patients and their carers are currently underway. The patient data will be compared with the results of the focus groups conducted with the nurses.

PO31 Older People's Access to Primary Healthcare in Low- and Middle-Income Countries: A Systematic Scoping Review

Ms Saydeh Dableh[1], Mr. Diarmuid Stokes[2], Assoc. Prof. Kate Frazer[1], Prof. Thilo Kroll[1]

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Background / Aim

Ensuring access for older people to Primary Health Care (PHC) is vital to achieve universal health coverage, improve health outcomes and health-system performance. However, older people living in Low- and Middle-Income Countries (LMICs) face barriers constraining their timely access to appropriate care. This review aims to summarize the nature and breadth of literature examining older people's access to PHC in LMICs.

Method

Arksey and O'Malley's framework guided the review. Four databases [CINAHL, Cochrane, PubMed, and Embase] were systematically searched for all types of peer-reviewed articles published between 2002 and 2021, in all languages with English or French abstract. Grey literature presenting empirical data was also retrieved by searching the United Nations, World Health Organization, and HelpAge websites. Data were independently screened and extracted.

Results

Eight hundred forty-six unique records were identified from which twenty-nine studies are included. Most studies (83%) adopted quantitative designs and 51.72% of them were conducted in Brazil. A lack of consistency exists within the data in how access was conceptualized with a limited reporting of conceptual frameworks describing healthcare access. Services delivered to older people lack focus on preventive and specialized care. Experiences of older people varied across countries and were influenced by local context, socioeconomic variables, and the provision of public or private health services. Experiences were shaped by several access barriers and enablers that pertain either to supply or to personal characteristics of older people seeking care. Interventions that strengthen the delivery of home-care services and increase health coverage were successful in maximizing access.

Conclusions

Access to PHC varied due to demand and supply. Research is needed to understand further older people's access to PHC in LMICs to inform service and policy development.

PO10 Family-Centred Cardiac Arrest Care: A Co-Design Doctoral Research Study

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[1]UCD School of Nursing, Midwifery & Health Systems

Background / Aim

Millions of people experience the cardiac arrest of a family member each year, which can be life-altering. For 1 in 5 people, it results in prolonged grief, depression, anxiety or emotional trauma - regardless of survival or death. Few healthcare structures or processes address these families' care needs.

This study was undertaken with individuals who have experienced the cardiac arrest care of a family member. We set out to answer: i) what are the care needs of families experiencing cardiac arrest and ii) how can those care needs be met?

Method

This study follows the Agency for Clinical Innovation's Co-design four-phases:

1 - Engage: Frame the problem or opportunity, and build a team with people who use and deliver healthcare.

2 - Gather: Develop co-design preparedness, learn from lived experiences and gain understanding.

3 - Understand: Identify touchpoints and opportunities for improvement, and prioritize together

4 - Improve: Design improvements, test, learn and repeat, implement improvements and evaluate

Results

This study produced four co-research outputs: 1) a scoping review and conceptual framework;[8] 2) a qualitative document analysis of emergency medical services clinical governance documents and a universal policy template;[9] 3) a meta-synthesis and treatment recommendations;[10] and 4) an interviews study and an experience touchpoint map.

This study also co-designed four outputs: 1) a digital storyboard; 2) an algorithm for healthcare workers; 3) an "8 Dimensions of Family Centred Cardiac Arrest Care" Vision Statement; and 4) a National Emergency Nurses Association Position Statement.

Conclusions

Cardiac arrest survivors and the family members of survivors and non-survivors successfully partnered with researchers and healthcare workers to complete this four-stage study. The study outputs are being implemented by resuscitation organizations and health systems worldwide. Work is underway to measure the impact of our study outputs on family outcomes.

PO16 Challenges in providing optimum postpartum care for women with prior gestational diabetes: healthcare professional perspectives

Ms Pauline Dunne[1], Prof. Sharleen O'Reilly[1]

[1]University College Dublin

Background/Aim

Gestational diabetes confers short- and long-term risk of mother and child complications. Gestational diabetes care is provided by healthcare professionals (HCPs) such as endocrinologists, diabetes nurses, dietitians, midwives, and general practitioners. These HCPs have several opportunities throughout pregnancy and postpartum to influence a woman's health behaviours and raise their awareness of the protective benefits of breastfeeding, healthy eating, exercise and engaging in future diabetes screening. We sought to explore health professional perspectives on gestational diabetes care during pregnancy and postpartum.

Method

HCPs in Ireland whose role included gestational diabetes care were invited to complete an online 20-item survey between June and Sept 2022. Social media, professional organisations and personal networks were used for recruitment. Questions included guideline use, postpartum diabetes screening and advice practices. Analyses were performed using SPSS statistical software.

Results

Seventeen healthcare professions across primary and secondary care settings participated (n=127). HCPs reported using several guidelines to support gestational diabetes management (n= 14), with 'HSE guidelines' (24.5%), 'local guidelines' (13.2%), and NICE (11.3%) the most cited; 12.3% cited uncertainty, and 27.5% reported not to follow any named guidelines.

For postpartum follow up only 31.3% (n=115) felt there were clear guidelines available to support practice, 23.9% (n=113) identified systems needed to be in place to support practice, and 18% (n=117) reported effective communication between primary and secondary care services for women with gestational diabetes. Healthy eating and weight management were seen by HCPs as the most important aspects of postpartum care after gestational diabetes (91.3% and 89.7% respectively), but just 28.6% felt group education was important.

Conclusions

HCPs reported significant variation in care practices. System level challenges and ineffective communication across settings are barriers to optimum postpartum care. Nationally agreed guidelines for best practice gestational diabetes management including postpartum diabetes prevention are required.

PO12 Parental Perceptions about Research in the Paediatric Emergency Setting: A Systematic Review of the Literature.

Ms Linda Farren[1,2,] Dr Katie Hill[1], Dr Michael Barrett[1,2]

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Background:

Paediatric Emergency Medicine (PEM) traditionally has a shortage of research in comparison with other clinical areas (Furyk et al., 2017). There is an ethical and rights-based responsibility to ensure that paediatric emergency management should be based on high quality evidence (Neuman et al., 2015). Many interventions and medications have a weak or lack of paediatric evidence-base (Pinto et al., 2021).

Aim:

This study aims to collate an understanding of parents' perceptions, beliefs, and attitudes towards research in the paediatric emergency setting. The evidence-based research question is: What are parent's perceptions, beliefs, and attitudes to research in the Paediatric Emergency Department (PED)?

Methods:

This systematic review identified peer review articles and utilised a PST (Population, Situation, Time) framework for analysis. Studies that met the inclusion criteria dealt with parent perceptions, beliefs, and attitudes of research in the PED. Studies that addressed consent processes and ethical issues were excluded.

Findings:

 Thirty-two papers were screened for eligibility, of which six met the inclusion criteria. All three qualitative studies related to the emergency department based levetiracetam versus phenytoin for second-line treatment of paediatric convulsive status epilepticus (EcLiPSE): a multicentre, open-label, randomised trial (Lyttle et al., 2019). The three quantitative studies were stand-alone survey-design studies conducted in large North American tertiary referral PEDs. Parents felt that PED was a very stressful environment, and that clear and appropriate communication was extremely beneficial prior to commencement in research studies. Parents with past research experience were more willing to participate.

Conclusion:

This systematic review detailed and analysed the literature parents' perceptions, beliefs, and attitudes towards research in the paediatric emergency setting. The benefits of parental involvement in research are multiple and critical to the delivery of research in the PED. There is limited research internationally exploring parental perceptions of research in the PED and none in Ireland.

PO08 Umbrella Review: COVID-19 Public Health Measures and Patient and Public Involvement in Health Research

Dr Negin Fouladi, Ms Nedelina Tchangalova[3], Ms Damilola Ajayi[2], Ms Elizabeth Millwee[2], Ms Corinne Lovett[2], Ms Alana Del Sordi[2], Ms Samantha Liggett[2], Ms Malki De Silva[2], Ms Laura Bonilla[2], Ms Angel Nkwonta[2], Ms Leah Ramnarine[2], Ms Allyssa Munoz[2], Assoc. Prof. Kate Frazer[1], Professor Thilo Kroll[1]

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Background/Aim:

Over the past decade, there is a growing emphasis on patient and public involvement (PPI) in research as it offers insight into the needs of healthcare users to improve the quality and relevance of research. However, the rapid response to the COVID-19 pandemic resulted in PPI being viewed as non-essential, leading to minimal inclusion in research, thereby minimizing the contribution of minority groups in helping find solutions to the pandemic. This review aimed to determine the nature and extent of PPI in COVID-19 health and social care research and identify how PPI was used to develop public health measures (PHM).

Methods:

An umbrella review was conducted using the Population, Phenomena of Interest, and Context (PICo) Framework. Nine databases [EBSCO interface—Academic Search Ultimate, APA PsycINFO, CINAHL, Family & Society Studies Worldwide, Health Source: Nursing/Academic Edition, MEDLINE; Epistemonikos, ScienceDirect and WHO COVID-19 Global Literature] were searched from 2020–2022, to identify peer-reviewed articles published in English. Articles were screened, and data extracted independently by reviewers. JBI Critical Appraisal Checklist for Systematic Reviews and Research Syntheses was used to assess quality.

Results:

1437 unique records were identified, 54 full-text articles screened and six reviews included. Inconsistencies in evidence exist; only two reviews reported definitions of PPI. Evidence suggests PHM should be attuned to communities within a sociocultural context. Through PPI, communities can mobilize efforts and identify and adapt to community needs. The evidence highlights PPI involvement in various stages; however, there is a lack of consistent engagement and follow-up. Few and inconsistent methods to report and share effective PPI strategies.

Conclusion:

PPI in COVID-19-related research is varied, and an inconsistent evidence base exists in the application and use of PPI in PHM. Successful mitigation efforts must be community-specific and include digital technology while making PPI an integral component of shared decision-making.

PO32 Making UCD a Neurodiversity Friendly Campus - Results of a Scoping Review

Dr Timmy Frawley[1], Ms Corina Murphy[1], Ms Joanna O'Neill[1], Ms Sandra Connell[1], Dr Sinem Uzar Oscetin[1], Ms Tracey McDonagh[1], Dr Blánaid Gavin[1]

[1]University College Dublin

Aim: To identify, describe and appraise Neurodiversity interventions in Higher Education.

Method: The scoping review has been undertaken using the Joanna Briggs Institute (JBI) methodology and is further informed by Arksey and O'Malley (2005). A prisma flow diagram is presented.

Results: Autism is the most frequently researched neurodiversity type in higher education. Qualitative studies predominate while the extant data is of low quality. Highly variable interventions are described in terms of theoretical underpinnings, personnel involved, 'intervention hours', resources & outcome variables. The role of mentoring & coaching programmes is emphasised. There is a requirement for student centred approaches with flexibility as to pacing and intensity of social engagement. Universal Design is key with flexible approaches to allow 'bespoke' individualised accommodations, study modes and curricula.

Conclusion: More robust study design is needed, with more standardised ways of describing and reporting interventions required. Despite this, there is good evidence to support the use of specific mentoring programmes and types of social engagement with neurodivergent populations in higher education settings.

PO33 What factors impact on the participation and progression of British African Caribbean males in academia

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Aim: To explore the impact of power relations within academia that has impacted on British African Caribbean males (BACMs') participation and progression in academia. Using the combined lens of the Silences Framework (SF) Serrant-Green, (2011a) and the theoretical framework of Intersectionality Crenshaw, (1989).

Method: The career experiences of BACMs were explored using an 18-point semi-structured interview guide. The data was complemented by the 'silence dialogue' and verified using the 'collective voices' embedded in the Silences Framework. Analysis used the Silences Framework Serrant-Green, (2011) and Braun and Clarke, (2006) to uncover the 'silences' embedded in participants' narratives.

Results: Fifteen BACMs revealed that their career participation and progression were impacted on by 'silences' including racial discrimination and microaggression, structural and institutional racism, intersectional identity exclusion, and being racially undervalued. The intersection of multiple identities including race, class, and ethnicity continues to impact on BACMs' career participation and progression.

Conclusion: The strategies used by BACMs to address barriers to career participation and progression include a multidimensional approach of six steps involving (i) engagement with role models, (ii) mentors and sponsors, (iii) social activism, (iv) having a voice, (v)networking and (vi) asserting one's identity and visibility.

PO39 Nurturing future midwife researchers through a writing for publication project with undergraduate students.

Ms Liz Greene[1], Ms Rachel Bradbury[1], Ms Elizabeth Carciu Marica[1], Ms Hannah Deering[1]

[1]University College Dublin

Background/Aim: An essential component of a midwifery registration programme is developing the research skills of students so that they are fully equipped to provide high-quality evidence-based care for women and babies. A number of third-year midwifery students explored the evidence on the topic of 'prevention of procedural pain in the neonate and the role of the midwife' in a written assignment. A gap in the published, midwifery-focused literature on this topic was identified. An opportunity exists to develop a literature review-type manuscript from these high-quality written assignments that can highlight this important and under-researched topic for maternity care professionals in Ireland and abroad.

Method: Three students that achieved a high grade and had chosen to write on the topic of prevention of procedural pain & the role of the midwife are invited by the module coordinator to join a project with the module coordinator to collaborate on the development of a manuscript on the same topic. The project features regular online meetings, the use of email. and shared online documents to review and progress the writing project.

Results: A final manuscript that is suitable for submission to an internationally recognised, peer-reviewed midwifery journal will be a tangible output of the project. It is hoped that the experience of developing a manuscript in collaboration with student peers and overseen by a midwife academic will benefit the students involved, and more broadly the women and babies that these students will care for during and after their registration programme.

Conclusions: To provide the maternity care system with newly qualifed midwives that can provide high-quality evidence-based care, midwifer educators can support this aim by providing students with opportunities to develop their skills in reviewing the published evidence, identifying gaps in practice, and disseminating findings of interest among peers via publication.

PO26 Changes in nursing students' perceived stress and clinical learning experience: a longitudinal study

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Background/Aim. Nursing students' stress levels, sources, and coping strategies vary throughout the study program. The clinical learning environment could be one significant source of stress for nursing students. This longitudinal observational study investigated the clinical learning environment, sources, degree of stress, and coping strategies used to react to stress in nursing students of the bachelor program.

Methods. The research sample of 49 full-time students who completed their first year of clinical practice in 2018/2019 was followed over three years of study. Instruments regarding the Perceived Stress Scale, Physio-Psycho-Social Response Scale, Coping Behaviour Inventory, The Clinical Learning Environment, Supervision, and Nurse Teacher evaluation scale (CLES+T) were used for data collection. Data were analyzed statistically.

Results. The highest stress was recorded at the beginning of a student's studies, after which it decreased. In the third year, when students were required to work due to the COVID-19 pandemic, the stress again reached the levels of the first year. The use of coping strategies was stable, with no significant differences throughout the study. Students perceived the relationship with their mentor most positively, particularly in year two, whereas students in the final year showed the least satisfaction with this domain. However, due to the Covid-19 pandemic, group supervision prevailed in the third year, reducing student satisfaction. Statistically significant differences were found between the total CLES+T score in the first and second years of study and the second and third years. The clinical learning environment in the first and third years was comparable.

Conclusions. Students' perceptions of the clinical learning environment, sources, and degree of stress changed during their studies. The results of the longitudinal study confirmed how the COVID-19 pandemic affected the perception of the clinical learning environment and stress in students during their studies.

PO01 Developing a Women's Health Research Program

Dr Lynette Hamlin[1]

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Aim

The Military Women's Health Research Program's mission is to foster research that influences policy and guides best practices for the health care of U.S. active-duty service women and veterans in support of an operationally ready and deployable female force.

Method

The Military Women's Health Research Program has issued 2 calls for funding since its inception. The focus of the first funding call was to establish research collaborations with peer Veteran's Health Administration researchers that focus on chronic back pain or mental health conditions. The focus of the second funding call was established in coordination with the Department of Defense's Health Affairs priorities.

Results

The Military Women's Health Research Program funded three projects in its first call. The MWHRC received 19 letters of intent for its second call and invited 12 to submit a full application for scientific review.

Conclusions

Success of the Military Women's Health Research Program is measured by policy that is generated from the dissemination of these funded research projects. Research from this program improves accessibility and quality of healthcare that addresses the unique health needs of Active Duty Service Women and veterans, and spans the life course of Active Duty Service Women as they transition from military service to the Veteran's Health Administration.

PO06 Lessons from COVID-19 and Monkeypox infodemics: Turning complex data analytics into a public health knowledge

Dr Joannes Paulus Hernandez[1]

[1]Helene Fuld College Of Nursing

Background/Aim

This study articulates ten (quantum) propositions in the spread of COVID-19 and Monkeypox misinformation via online social media networks such as Twitter. Agents of misinformation (Twitter bots and humans) are laminated and jointed (in)between pieces of misinformation, which they generate, share, and flourish on copies and recopies of low-credibility tweets. Grand eccentricity of information dynamics and its propagation can be quantized in nine equations derived from Vopson's 2019 theorem on mass-energy-information equivalence in explaining virality of misinformation and its agents.

Method

Temporal energy signatures by plots, spectral visualizations, and data sonification were endeavored for future detection of Twitter network anomalies: misinformation and malicious bots. Network chaos by Kuramoto model and Compton scattering simulations can better expose the displacive power effects of malicious bots with human interventions over digital public health information.

Results

Virality (high) is characterized (and can be confirmed) by periodic energy fluctuations (0.25-50 milliseconds) from surge to brief plateaus and approximately .02 microsieverts per hour. Intelligent bots spread faster.

Conclusions

As data analytics become more sophisticated nowadays, scientific communication across the public health sphere is inflated with a demand for 'granularity' (extent of detail to understand the data collected and the technology used to discover knowledge). However, nurse informaticists will find information science much shaped in this age of (quantum) computing especially for bringing the power and pace of data analysis into infodemic detection. Thus, translation from data to knowledge by nurse informaticists (and its dissemination) mandates new outlook about virality on social media. Sonification can be impactful with data visualization of infodemics in the expressed energy. Finally, Technological Competency as Caring in Nursing is key (1) to wider latitude of translational data analytics, (2) to upscale communication so trustworthy lessons from scientific data increase, and (3) to navigate the digital information-seeking public in the post pandemic.

PO25 Exploring Animal Assisted Interventions for Children and Young People After Spinal Surgery

Mrs Rachel Howe[1], Prof Thilo Kroll[1]

[1]University College Dublin

Background/Aim: Animal Assisted Interventions (AAI) are, 'goal oriented and structured intervention that intentionally includes or incorporates animals in health, education and human services… for the purpose of therapeutic gains (International Association of Human-Animal Interactions Organisations IAHAIO, 2018, p.5.)' Children and young people admitted to hospital for spinal surgery can find the experience of hospitalisation challenging in terms of navigating the hospital environment and coping with the journey to recovery (Rullander et al., 2013 & 2017). Companion animals such as a therapy dog have been shown to reduce pain and anxiety (Barker et al., 2015; Calcaterra et al., 2015; Vagnoli et al., 2015; Waite et al., 2018) and support the child in physical activity (Vitzum et al., 2016 and Walden et al., 2020).

The aim of this PhD research project is to explore the potential benefits of implementing an animal assisted intervention for children and young people recovering from spinal surgery.

PO14 Pyrexia in Labour Infection Calculator (PILIC)

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Background and Aim

During childbirth, women may have changes in their vital signs, including temperature. These changes might be of infectious or mainly non-infectious aetiology (Elsayed 2013). According to research conducted by Fitzgerald et al. (2019) which examined the infectious aetiology and diagnostic criteria of peripartum pyrexia, the rate of infection was 22% for pyrexia that occurred during labour. As we cannot differentiate between infection and other reasons for maternal pyrexia during the intrapartum period, all the patients and their babies are getting antibiotics. Over usage of antibiotics increases multi-drug-resistant organisms (Ledger 2013).

The aim of the project is to evaluate the optimal risk stratification using different combinations of risk factors to develop 'Pyrexia in Labour Infection Calculators'.

Methods

Single centre quantitative prospective observational cohort study. A blood test needed to be sent to the lab to measure four infectious exploratory biomarkers, IL6, Procalcitonin, CRP and Neopterin. Data for the potential risk factors will be collected from the patient chart.

Results

This is a six years project started in 2022. The result of this research will be evaluated in 2028. Three combinations of calculators will be tested for all participants. Diagnostic accuracy of the calculators will be evaluated in comparison to microbiological and histological test results from patient, placenta and membranes.

Conclusions

Around 3.3% of patients in labour experience pyrexia. Both of these mothers and babies get antibiotics while the rate of infection is only 22%. Using infection diagnostic calculators reduces antibiotic usage, the risk of developing resistant microorganisms, the cost and the length of the hospital stay for both mother and babies.

PO24 A network analysis on Family Resilience, Fear of Progression, and Quality-of-Life in Pulmonary Hypertension Patients

Miss Mengqi Liu[1]

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Background/Aim: Although the longevity of patients with pulmonary hypertension (PH) has increased as a result of the optimization of specific medications and treatment approaches, their long-term quality of life is still gravely impaired. Yet, research on the preservation of quality of life in patients is just recently conducted, and clinical attention is scarce due to the multidisciplinary character of PH. In order to develop focused quality-of-life interventions, a network analysis to investigate the relationship between quality of life and its influencing factors in patients may be necessary.

Method: Using a convenience sampling method, 219 pulmonary hypertension patients who attended a tertiary general hospital in Jinan, Shandong Province from July 2021 to February 2022 were selected for a cross-sectional study using the World health organization quality of life questionnaire abbreviated version, Perceived Social Support Scale, Shortened Chinese version of the family resilience assessment scale and Chinese version of fear of Progression Questionnaire-Short Form for investigation. Networks were analyzed using state-of-the-art regularized partial correlation models.

Results: The network analysis revealed that the especially strong connections emerged between family communication and problem-solving and maintaining a positive outlook, physiological health Fear and social family fear. The most central node were family communication and problem-solving and physiological health fear. Incorporation of covariates into the network revealed the strong connections path between cardiac function and physiological domain QoL.

Conclusions: Family communication and problem solving and physiological health fear were the most central nodes in the network. Further investigation of the factors influencing these two as well as the construction of a comprehensive intervention aimed at them may enhance the quality of life for PH patients.

PO40 Using H5P to create a virtual scenario for 3rd year nursing students.

Dr Aoife Maccormac[1], Ms Siobhán Brereton[1]

[1]UCD

H5P is an open source authoring tool that enables educators to create a wide range of interactive content such as quizzes, interactive videos, presentations, games and scenarios. Recently, it has been used to develop a number of virtual scenarios and resources for the Open Resources for Nursing (Open RN) project, an initiative aimed at developing and implementing open educational resources (OERs) to support nursing education. Virtual simulation has been shown to be highly effective in improving the knowledge, skills, and affective outcomes of nursing students, providing a safe environment to practice clinical skills and knowledge (Tolarba, 2021).

An online medical scenario was created for 3rd year General and Children's & General Nursing students using the H5P branching scenario tool. The main aim was for the student to manage and successfully diagnose a respiratory condition, using clinical reasoning skills to recognize and manage the patient deteriorating early. A short pre-learning resource was also created with interactive quizzes and activities to help students prepare for the scenario. Both resources were embedded in the university VLE, Brightspace. The H5P content created is responsive and meets web content accessibility guidelines.

The pre-learning resource and medical scenario were made available to General Nursing students and Children's and General students in Week 7 of their module, along with a short anonymous feedback survey.

This poster will outline the process of using H5P to build a nursing scenario. The feedback from students will be presented, and the strengths and limitations of using H5P for this purpose will be considered.The potential of H5P for enhancing nursing education and improving student outcomes will be discussed.

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PO13 Exploring the Gut Microbiota of Infants with Complex Congenital Heart Disease Undergoing Cardiopulmonary Bypass (GuMiBear)

Dr Claire Magner[1], Dr Kiera Murphy[4,5], Ms Fatma Koc[3,4,5], Mr Dominic Jenkins[2], Ms Mong Hoi Tan[2], Ms Molly O'Toole[1,2], Ms Jordan Boyle[1,2], Ms Niamh Maguire[2], Prof Catherine Stanton[4,5], Prof Colin McMahon[1,2]

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Background

The gut microbiota develops from birth, playing a major role in infant health and development. The composition of the gut microbiota is influenced by several factors including mode of delivery, gestational age, feed type and treatment with antibiotics. Infants diagnosed with 'Congenital Heart Disease' (CHD) often require surgery involving cardiopulmonary bypass (CPB) early in life. The impact of this type of surgery on the integrity of the gut microbiome is poorly understood.

Methods

In this pilot study we investigated the gut microbiota composition of 13 infants with CHD undergoing surgery involving CPB and matched healthy controls. Stool samples were collected from all participants pre-surgery and post-surgery, and were analysed using 16S ribosomal DNA sequencing.

Results

The gut microbiota of pre-surgery CHD subjects separate significantly from control subjects using Principal Component Analysis (Adonis, $p < 0.001$). Significantly lower abundances of Actinobacteria ($p < 0.001$) and higher abundances of Proteobacteria ($p = 0.009$) were observed in CHD patients at phylum level. At genus level, abundances of Bifidobacterium were significantly lower in CHD group ($p < 0.001$). Post-surgery CHD subjects also separate significantly from control (Adonis, $p < 0.001$). Similarly, lower abundances of Actinobacteria ($p = 0.004$) and higher abundances of Proteobacteria ($p = 0.002$) were observed post-surgery. At genus level, increased abundances of Escherichia Shigella ($p < 0.001$), Enterococcus ($p = 0.001$) and Eisenbergiella ($p = 0.003$), in addition to reduced Bifidobacterium ($p = 0.002$) were detected in post-surgery CHD subjects.

Conclusion

Alterations in gut microbiota composition characterised by increased Proteobacteria and reduced abundance of beneficial Bifidobacterium appears to be a hallmark of patients with CHD. Gut microbiota alterations appeared to be exacerbated by CPB surgery leading to increases in pathogenic microbes Escherichia Shigella, Enterococcus and Eisenbergiella. Further studies are warranted to investigate the microbiota and its role in CPB and the potential for microbiota modulation in optimising outcomes for CPB patients.

PO28 Young people's creative responses during COVID-19: COVISION Study findings

Helen McAneney[1,2], Harry Shier[1,2], Lisa Gibbs[3], Carmel Davies[1,2], Aoife De Brún[1,2], Kay M. Tisdall[4], Carmel Corrigan[5], Ayrton Kelly[6], Jacinta Owens[6], Tracey Wall[7], Hayda Alves[8], Krystyna Kongats[9], Revathi N. Krishna[10], Fernando A. Wagner[11], Jieh-Jiuh Wang[12], Carol Mutch[13], Thilo Kroll[1,2], Dr. Suja Somanadhan[1,2]

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Introduction:

The COVID-19 pandemic and ensuing restrictions affected all ages, especially children and young people (CYP), who experienced increased psychosocial risks due to prolonged confinement and uncertainty.

Aim & objectives:

This study sought to investigate CYP's perspective by collecting their reflections on creative outlets as a result of and related to COVID-19 experiences.

Methods:

An online survey was developed and promoted across social media and by study partners and included a promotional video produced with CYP (in English, Spanish and Portuguese). The online survey was open March-June 2022 via Qualtrics for 10-17-year-olds to submit their creative responses to COVID-19 and provide information about their creative piece in their own words (why it was created, how it made them feel), details of restriction levels at that time and reason for the creativity.

Outcomes:

There were 82 survey respondents, from 8 countries (Australia, Brazil, India, Ireland, South Africa, Taiwan, UK and USA), 40% male and 54% female, with 50% white and 50% other ethnicity. The 58 creative pieces submitted were mostly art (76%) across all ages 10-17, mainly created when restrictions were moderate (48%) and created due to own idea (82%), with only 11% due to a suggestion from teachers or family.

The overarching theme from respondents' own responses was 'Life during a pandemic', which encompassed (i) Loss of freedom, (ii) Virus as a threat (iii) Creativity to keep us healthy and (iv) Improvisation to adapt to learning, needs; and within these the emotional effects of grief, loss, sadness and nervousness.

Conclusion:

CYP's creative responses and reflections have provided valuable insight into the psychosocial effect and influence that the COVID19 pandemic has had. Creativity offers a mechanism for expressiveness and individuality to express feelings and can also provide coping strategies for CYP during times of stress.

PO30 Invisible Spectrum: Engaging Minority Communities in Science and Cancer Research

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Aim

Ethnic minority groups are often 'invisible' in the cancer research spectrum - the vast majority of research studies in the field have been focused on Caucasian populations. Invisible Spectrum is a public engagement programme led by Precision Oncology Ireland (POI), which seeks to engage ethnic minority communities within Ireland and promote their active participation in research, break down barriers preventing open discussion of personal healthcare and provide a collaborative learning structure around topics such as cancer and family genetics. The goal is to enhance attendee's understanding and appreciation of science and research, increase their confidence in discussing cancer-related topics and promote awareness and uptake of cancer screening.

Methods

Over the past 3 years, POI have engaged at a significant level with the Bangladeshi community in Ireland. This growing relationship has allowed us to effectively co-create content, tailoring our programme to the needs and desires of the community and building a deeper trust with community members by facilitating meetings with researchers and visits to their labs.

Results

Engagement with the Bangladeshi community has led to a series of bilingual community events held during Science Week each year. Information regarding topics such as cancer screening and the importance of research is presented in an easily accessible format, bilingually in English and Bengali. Surveys and interviews with the community indicate increased knowledge of cancer screening and diagnostics as well as greater confidence in their ability to access these services.

Conclusions

We believe that the collaborative structure within our Invisible Spectrum programme is exceptionally strong and has allowed the programme to grow year-on-year. POI hopes to develop Invisible Spectrum as a flagship programme of public engagement. This inclusive and engaged approach is vital to bring minority communities on board and level the playing field for historically under-represented groups in science and cancer research.

PO04 The impact of unmet maternity postnatal service needs on parents' health and wellbeing.

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Aim:

The aim of this scoping review is to obtain a detailed picture of and investigate the gaps in postnatal services in OECD (Organisation for Economic Co-operation and Development) countries and highlight the impact this has on parents' health and wellbeing.

Methods:

The review will adhere to the Joanna Briggs Institute (JBI) (2020) methodology for scoping reviews. Searches will be conducted on the following platforms: Medline, Embase, CINAHL, PsycINFO and Web of Science. The Preferred Reporting Items for Systematic Reviews and Meta-Analysis extension for Scoping Reviews (PRISMA-ScR) checklist will be employed in constructing, evaluating, and reporting this review.

Results:

The results will draw attention to and describe the apertures that exist in postnatal maternity services from parents' perspectives and as a result the effect this has on their health and welfare. This will provide an understanding and overview of what is required to augment postnatal services to meet the needs of parents and their babies.

Conclusion:

Postnatal care is an important aspect of maternity care. Although support from healthcare professionals is urgently needed and has been proven to be effective in supporting parents in their new role, there is a gap between the necessary high-quality postnatal services and the inadequate services that are currently provided. Public health has an imperative role to play in converting research findings into action, to ultimately modify services and supports for parents, and allow the postnatal period to be a catalyst for achieving lifelong wellness and reducing postpartum and long-term morbidity.

PO03 Influences on the decision to ventilate: A factorial survey with children's nurses and allied professionals

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Aim: To identify the main influencing factors on nurses and allied professionals' decision to support the initiation of technological dependence in young children with chronic critical illness.

Method: We developed a factorial survey comprising randomly interchangeable levels of factors (Age, Diagnosis, daily hours on BiPAP, Family coping, Parent view on initiation, family network, distance from tertiary centre). Factors were embedded within a base clinical case scenario of young children (12 months / 24 months) with two different diagnoses (BPD, SMA type 1). The survey tool underwent a comprehensive process of validation. Ethical approval from the host institution was obtained. The survey was distributed online via eight international professional medical organisations. Responses were anonymised at source. Data was modelled using a mixed-effects logistic regression approach.

Results: 57 participants completed 228 vignettes. Three independent variables made a unique statistically significant contribution to the model. The primary predictor of a respondent's support for initiation was the parent's view; where vignettes indicated parental support for initiation, respondents were 9.19 times more likely to support initiation than for vignettes where parents did not. Where a family lived within an hour of a tertiary centre, respondents were 2.77 times more likely to indicate support for initiation than when the family lived more than three hours away. Controlling for other predictors, respondents were also 2.45 times more likely to support initiation in children with BPD than if the diagnosis was SMA type 1.

Conclusions: It is evident, in the context of the initiation of life-sustaining technology, that the parent's views as well as clinical circumstances are prioritised by nurses and allied professionals. Whilst the final choice often rests between the family and lead physician, the voice of the broader MDT team is very important in forming a consensus on the best care path forward for the child.

PO38 Staff's understanding of FREDA principles in long-term care facilities in Ireland- a qualitative interview study

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Background

In 2019, Health and Information Quality Authority (HIQA) in Ireland produced a guidance document for long-term care (LTC) facilities which outlines the FREDA principle. FREDA principles provide a human rights-based approach to care by focusing on core values of Fairness, Respect, Equality, Dignity and Autonomy. Despite the guidance launch in 2019, little is known of the staff's understanding of FREDA principles in LTC facilities in Ireland. Internationally, various bodies have acknowledged a deficit in knowledge of human rights in healthcare. The aim was to establish the staff's understanding and knowledge of FREDA principles in LTC facilities in Ireland.

Method

Semi-structured interviews with 15 staff members in three LTC facilities were conducted between January and April 2022 as part of a larger study into the human rights of older people in LTC facilities in Ireland. Ethical approval was granted by Trinity College Dublin. Staff were asked if they had heard of FREDA principles and their understanding of the five principles. Transcribed interviews were analysed to establish how knowledge of FREDA principles was created.

Results

Interviews with seven staff nurses and six healthcare assistants were conducted. Their experiences varied, but the average length of employment in the LTC sector was 7.76 years. Only one staff member, a staff nurse with over 20 years of experience, had heard of FREDA principles. When asked more detailed understanding of any of the principles, dignity was mentioned as understood.

Conclusions

Although the guidance document being in place since 2019 and regulating bodies raising awareness of human rights-based care in LTC facilities, staff's knowledge of FREDA principles was immensely limited. Similar to previous international studies, this study highlights the enormous gap in knowledge of human rights-based care for older people in LTC facilities and robust training programmes are needed.

PO29 COVISION Co-Design Workshop – Children as Innovators

Harry Shier[1,2], Helen McAneney[1,2], Lisa Gibbs[3], Carmel Davies[1,2], Aoife De Brún[1,2], Kay M. Tisdall[4], Carmel Corrigan[5], Ayrton Kelly[6], Jacinta Owens[6], Tracey Wall[7], Hayda Alves[8], Krystyna Kongats[9], Revathi N. Krishna[10], Fernando A. Wagner[11], Jieh-Jiuh Wang[12], Carol Mutch[13], Thilo Kroll[1,2], Dr. Suja Somanadhan[1,2]

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Background

COVISION is an international collaborative research project, exploring how children's creative responses helped build resilience during COVID-19.

Aim and objectives

The culmination of the project is the COVISION Co-Design Workshop, where children and young people (ages 10-17) are developing proposals for new initiatives to support children and young people in the face of disasters and pandemics.

Research Design

Co-Design teams were formed in Ireland, Mexico, Taiwan, Australia and the USA. They reflected on their COVID experiences and developed proposals for doing things differently in future. In the final phase, "Pitch Day", they pitched their ideas to children's policy experts.

Results

The Irish team pitched proposals for improving online schooling, keeping children active during lockdowns, and directly taking children and young people's ideas to those in power.

Though all the teams were concerned with education during the pandemic, there were differences between countries. In Mexico, a priority is to ensure all children have good homes. In contrast, children in Taiwan are worried that excessive on-screen study may damage their eyesight. The outcomes of the forthcoming Pitch Days will be shared. Concluding reflections will cover challenges faced along the way, like managing an interactive child-friendly process online and working on a global scale across multiple time zones.

PO42 Enhancing Midwifery Education: Using Immersive VR Birth Simulation

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Background /Aim

The application of VR (Virtual Reality) in midwifery education has the potential to transform theoretical and clinical learning. Learning in VR can support overcoming situational and organizational barriers related to clinical skills development (Cobbett & Snelgrove-Clarke, 2016). Furthermore, VR provides an opportunity to provide a safe, non-threatening and accessible learning environment that can increase patient safety by exposing inexperienced practitioners to educational content such as clinical skills and critical events (Butt et al., 2018; Chang et al., 2018). Aim of this study is to explore students' perspective on the use of VR simulation of childbirth as a learning tool.

Method

Cross-sectional study. A total of 8 students are being invited to participate in pairs. After having obtained informed consent, one participant per pair will be provided with a VR headset while the other follows the thirty-minute VR simulation on a monitor. When the simulation is finished, they swap roles. The VR simulation entails interacting with the woman during a normal birth, perform-ing preparatory and accompanying examinations and the birth itself. Two experienced educators will be present at all times for content-related, subject-specific questions and technical support. Students' experience with the use of VR simulation will be measured anonymously using the Multimodal Presence Scale - German Edition (Volkmann et al., 2018). For students' views and expectations of VR as a teaching tool two-open ended questions are provided.

Results

This is an ongoing study which will be finished in July 2023. We will present sociodemographic characteristics of participants, descriptive analyses of the survey results as well as a the themes of the thematic analysis of students' free-text responses.

Conclusion

The study results may enrich future teaching in the midwifery science program and influence the selection of didactic resources herein.

PO21 Integration of Virtual Simulations Into Nursing Curriculum: A How To Guide

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Background: The integration of virtual simulation into the nursing curriculum has become increasingly popular in recent years. Virtual simulations are computer-based programs that allow students to practice various nursing skills and scenarios in a safe and controlled environment.

Methods: We replicated an in-person clinical experience with virtual simulation modules. The module Clinical Day topics were selected to represent common and essential clinical experiences specific to the clinical course. Designed to include all required activities nursing students would experience during clinical, including learning outcomes, self-assessment of perceived competence to meet module outcomes, patient research, a virtual clinical encounter requiring clinical decision-making and critical thinking, documentation, self-debriefing, and asynchronous debriefing.

Results: Nursing students found the virtual clinical day to be comprehensive, engaging and easy to use. They indicated the presimulation preparation prepared them for the virtual clinical experience, the virtual simulation supported their clinical decision making and they valued the ability to see the outcome of making incorrect clinical decisions. The rationale provided additional learning opportunities. The asynchronous debrief helped to integrate learning into clinical practice.

Conclusions: To successfully integrate virtual simulations into the nursing curriculum, there are several key considerations: access to the necessary technology and equipment to support virtual simulations; qualified instructors who are trained in the use of virtual simulations and who can provide effective feedback to students; virtual simulations must align with the program's learning objectives and that they provide students with a realistic and meaningful learning experience. Overall, the integration of virtual simulations into nursing curriculum can be a valuable tool for improving the education and training of future nurses.

PO11 A cross-sectional survey of breastfeeding knowledge, attitudes and practices in General Practice.

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Background: Breastfeeding gives infants the best start to life. The World Health Organisation, American Academy of Paediatrics and the Health Service Executive (HSE) recommend exclusive breastfeeding until six months of age, with continued breastfeeding along with complementary solid foods for up to two years and beyond. Despite the well-established advantages of breastfeeding, Irish rates remain the lowest in Europe. Healthcare professionals' knowledge and skills on breastfeeding have a positive impact on increasing breastfeeding rates. There is limited evidence of the knowledge, attitudes or practices (KAP) of General Practitioners (GPs) and General Practice Nurses (GPNs) associated with breastfeeding in Ireland.

Aim: To evaluate the breastfeeding KAP of GPs and GPNs in one Community Healthcare Organisation (CHO) in Ireland.

Methodology: A cross-sectional design was used following low risk ethical exemption (LS-LR-22-161). A modified version of a validated breastfeeding questionnaire was developed. A Project Steering Committee (PSC) was established that included patient, and public involvement (PPI) stakeholders. The PSC reviewed and provided input in modifying the study instrument in advance of commencement. The anonymised survey was distributed via online Qualtrics platform [November 2022 to February 2023].

Results: The overall response rate was 26.4%(n=118). Preliminary analysis identified 42.7% (n=47/110) of respondents never attended a breastfeeding education programme, and 53.9% (n=55/102) identified their knowledge could be improved. The majority of respondents, 92.9% (n=92/99) wish to complete further education in breastfeeding.

Conclusions: The results of this pilot study indicate a gap in knowledge and need for educational resources for GPs and GPNs working in primary care to support, promote and protect breastfeeding. This study will be rolled out nationally in May 2023 to all GPs and GPNs to leverage further educational programmes for this cohort of healthcare professionals.

PO09 Spiritual Inscape- Teaching and Learning of Spiritual Care Perspectives arising from COVID −19 Pandemic.

Prof. Jacqueline Whelan[1]

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Background

The spiritual inscape of persons within the context of healthcare and the COVID pandemic has challenged healthcare professionals. Persons receiving healthcare have a right to spiritual care and wish to have spiritual and/or religious needs met. The process of embedding spirituality, spiritual care and understanding a person's spiritual care needs is an integral aspect of holistic person-centred to identifying spiritual issues and concerns. However, specific spiritual needs and struggles were unmet creating dark phases in people's lives. The teaching and learning of spirituality, spiritual care demands effective modes of preparation to develop nurses' capacity to understand patients' and realities and experiences to enable relevant actions that fit with patients' frames of reference.

Aim

To explore contemporary perspectives on teaching and learning of spirituality. Provide an understanding of core nursing and patient issues related to the pandemic and specific curricula content relating to spiritual care needs and competent spiritual care provision in healthcare practice.

Method

An integrative literature review was undertaken aligned with the theory of heutagogy as a holistic position to advance contemporary issues and humanistic approaches to teaching and learning spirituality. Multiple perspectives of students, nurses, patients and families' perspectives were explored to advance contemporary understandings of the topic in the context of the recent pandemic.

Conclusions

Healthcare is mandated to develop contemporary teaching approaches required to fit societal needs, the reality of practice and patient experiences. There is a need to advance humanistic evidence-based approaches to guide the future development of educators, practitioners, and students alike. Future-proofed Gold Standard relating to Enhancing Nurses' and Midwives' Competence in Providing Spiritual Care through Innovative Education and Compassionate Care (EPICC) is consistent and advocated with the best available evidence to meet persons' spiritual needs.

PO15 Comparison of different nutrition programs in patients with Parkinson's disease and dysphagia: single-case experimental design

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Background

Quality of Life (QoL) of patients with Parkinson's disease (PD) is influenced by both motor and non-motor symptoms1. The impact of the non-motor component on the patient is little investigated. The different domains of the assessment scale allow the identification of the targeted interventions to improve the outcome for the patient and his family2. The aim of the study is to evaluate the effectiveness of the nutritional Weancare Program on QoL in patients with Parkinson's disease.

Method

The Weancare Program was trialled on an 84-year-old patient suffering from a tower of Pisa syndrome and compared to a patient receiving standard diet for dysphagic patients. Patients were assessed at the baseline (T0) and at month four (T1). Assessment included serological tests, bioimpedance metrics and the QoL through the New Non-Motor Symptoms Scale (NNMS).

Results

Patient assigned to Weancare Program had a better QoL after 4 months (-16.6 overall NNMS score) than did patient in standard diet (no differences). Compared to the patient in a standard diet, the patient in the Weancare Program showed an improvement in sleep and asthenia (-9), mood and cognition (-26); gastrointestinal tract (-5); also he added 2-hour walk or 45-minute aerobic workout in his daily routine.

Conclusion

The results highlight a potential impact of the Weancare program in improving the QoL of dysphagic patients with PD.