UCC
University College Cork, Ireland
Coláiste na hOllscoile Corcaigh

School of Nursing and Midwifery
Scoil an Altranais agus an Chnáimhseachais

18th ANNUAL NURSING & MIDWIFERY RESEARCH CONFERENCE

November 29th, 2018

"Delivering Excellent Healthcare in a Globalised World: Challenges and Opportunities"

Contents

About the UCC School of Nursing and Midwifery

Located in the state-of-the-art Brookfield Health Sciences Complex, and only a few minutes' walk from University College Cork's main campus and vibrant city centre, our School offers students the best possible nursing and midwifery education for a dynamic and rewarding career.

The School offers an undergraduate programme in four branches of nursing: general, integrated children's and general, intellectual disability and mental health. A direct entry undergraduate programme in midwifery is also offered. In addition, a range of postgraduate, clinical specialist and advanced programmes are offered, all delivered by our staff who are leading experts in their fields. We offer continuing professional development (CPD) modules, designed to meet your individual lifelong learning needs, with an emphasis on flexible approaches to study which can be built upon at every stage of your career.

We are proud of our first-class teaching resources, exemplified by our technology enhanced simulation laboratory and our close partnerships with Ireland's largest and foremost teaching hospitals. For our nursing and midwifery international students, UCC is ranked within the top 2% of universities in the world for its supportive services and facilities, not to mention social life.

Our research programme upholds an agenda of excellence in both the teaching of the core principles underpinning research, and in research collaborations with our national and international partners, as well as undertaking research of the very highest quality. Our research programmes are designed to enhance the lives of patients/clients and other service users and improve health outcomes and healthcare delivery.

CONFERENCE PROGRAMME

8:15–8:45	**Registration**	**Foyer, Brookfield Health Sciences Complex, UCC**	
8:45–9:00	Welcome Address	Professor Josephine Hegarty Head of School of Nursing and Midwifery	G.06

CHAIR: Dr. Geri McLoughlin

9:00–9:45 ***Keynote Address***	**Dr. Siobhan O'Halloran & Professor Jonathan Drennan**	**The Framework for Safe Nurse Staffing and Skill-Mix in Ireland: How a Policy Informs Research and Research Informs a Policy**	G.06
9:45–9:55	Dr. Mary Forde	Bedside Handover: Structure Process and Content: A Mixed Methods Study	G.06
9:55–10:05	Dr. Owen Doody	Nursing Process Quality Care Metrics for Intellectual Disability Services	G.06
10:05–10:15	Dr. Heloise Agreli	Patient's Role in the Implementation of Infection Prevention and Control Guidelines: A Scoping Review	G.06
10:15–10:30	**Presenters Questions & Answers**		G.06
10:30–11:00	**Tea/Coffee Break** **Poster Viewing**		**Jennings Gallery** **1.21**

CHAIR: Dr. James O'Mahony

11:00–11:45 ***Keynote Address***	**Dr. Beth Tigges**	**Leading Collaborations for Global Nursing Excellence**	G.06
11:45–11:55	Mr. Johnny Goodwin	Mental Health Services: Perceptions of Adolescents with No Service Experience	G.06
11:55–12:05	Ms. Collette Kirwan	Barriers to Implementing IPV Universal Screening in Maternity Care Setting – An Irish Perspective Within International Setting	G.06
12:05–12:15	**Presenters Questions & Answers**		G.06
12:15–12:40 ***5-in-5-in-5 Student Presentations***	*1. Ms. Chloe Marie Walsh*	*An Exploration of Mental Health Nurses' Reported Experiences of Working With Adult Survivors of Child Sexual Abuse*	G.06
	2. Ms. Katie Louise O'Shea	*Incentivising a Career in Older Adult Nursing: The Views of Student Nurses*	G.06
	3. Ms. Malitha Monis	*An Exploration of Women's Experiences of Their Birth Choices in Pregnancy Following a Previous Caesarean Section: A Grounded Theory Study*	G.06
	4. Ms. Selena O'Connell	*Frameworks for Self-Management Support for Chronic Disease: Toward Cross-Country Learning to Strengthen Implementation*	G.06
	5. Ms. Rachel Simons	*Mealtime Practices for Older Adults on Acute Care Wards: An Observation Study*	G.06
12:40–13:40	**Lunch Break** **Poster Viewing**		**1.21**

CHAIR: Ms. Brenda O'Brien

13:40–14:25 ***Keynote Address***	**Professor Josephine Hegarty & Dr. Aisling Murphy**	**National Cancer Survivorship Needs Assessment: A Scoping Review and Mapping of Cancer Survivorship Services in the Irish Context**	G.06
14:25–14:35	Dr. Nicola Cornally & Dr. Serena Fitzgerald	Evaluation of the Irish Hospice Foundation Design & Dignity Programme	G.06
14:35–14:45	Dr. Mary Reidy	Time for Climate Change: Meeting Person-Centred Care Needs in an Older Adult Care Setting in Ireland	G.06
14:45–14:55	Ms. Fiona McKeown	Snuggle Stories	G.06
14:55–15:10	**Presenters Questions & Answers**		G.06
15:10–15:35 ***Innovation & Collaboration Showcase***	*1. Dr. Brendan Noonan*	*The Patient Concerns Inventory: A Tool to Uncover Unmet Needs in a Head and Neck Cancer Outpatient Clinic*	*G.06*
	2. Dr. Angela Flynn	*Social Justice and Cultural Competency: What Do Nursing Regulators Expect of Nurses in Ireland and in Canada?*	*G.06*
	3. Dr. Margaret Curtin	*A Process Evaluation of the Young Knocknaheeny Area-based Childhood Programme 2015-2017*	*G.06*
	4. Ms. Nuala Walshe	*Transnational Collaboration on Optimizing Patient Safety Through Culturally Competent Simulation-Based Education with Health Professionals*	*G.06*
	5. Dr. Aine Horgan & Ms. Fionnuala Manning	*Moving Beyond Stigmatising and Medicalised Views of Mental Illness: Student Nurse and 'Expert by Experience' Lecturers Experiences of Exploring Mental Distress in the Classroom*	*G.06*
15:35–15:45	**Presenters Questions & Answers**		G.06
15:45–15:50	**Prize Giving**		G.06
15:50–16:00	Closing Address	Professor Corina Naughton	G.06

KEYNOTE PRESENTERS: BIOGRAPHICAL PROFILES

First Session

Dr. Siobhan O'Halloran, PhD, MSc, FFNMRCSI, BNS, RGN, RMHN, RNT appointed as the first Chief Nursing Officer at Assistant Secretary in 2013, currently leads and manages the Chief Nursing Office, the Mental Health Division, Drugs and Social Inclusion in the Department of Health. She has held many key positions in the Irish health service and the education sector over a career that spans nearly 40 years. Siobhan has been at the forefront of a number of national initiatives and has been acknowledged internationally for her vision, direction and contribution to nursing and midwifery on the world stage.

Professor Jonathan Drennan is Professor of Nursing and Health Services Research at the School of Nursing and Midwifery, University College Cork. He was previously Professor of Healthcare Research at the University of Southampton. He is a member of the Department of Health Taskforce involved in the development of guidelines for safe nurse staffing and skill mix in the healthcare sector. He is currently leading a Health Research Board and Department of Health funded study on safe staffing in medical, surgical and emergency settings in Ireland.

Second Session

Dr. Beth Tigges is the 2017-2019 President, Sigma Theta Tau International (Sigma). She has served in multiple local and international roles during her 40 years in Sigma. She is an Associate and Regents' Professor at the University of New Mexico College of Nursing in Albuquerque, New Mexico, US where she is funded on multiple US NIH research centre grants and led initiatives related to team science. Dr. Tigges earned her BSN from Pennsylvania State University, her MSN from Yale University, and a PhD from Columbia University.

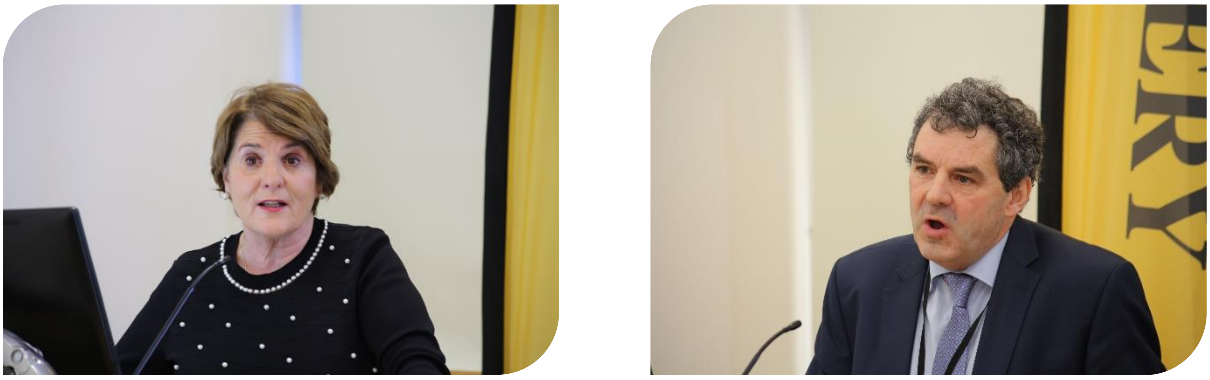
Third Session

Professor Josephine Hegarty is the Head of the School of Nursing and Midwifery in UCC. Professor Hegarty trained as a general nurse in Cork University Hospital and attained her BSc, MSc in nurse education and PhD at UCC. Josephine has attained funding and managed grants from a number of national and international agencies and published over 50 peer reviewed publications and 11 commissioned reports. Her research interests pertain to oncology, evidence based practice, implementation science, patient safety and contemporary nursing issues. She supervises PhD and MSc students for their research dissertations. Josephine leads the Enhancing Cancer Awareness and Survivorship (E.CASP) research group and she is passionate about oncology related matters in particular supporting individuals and their families on the cancer survivorship trajectory.

Dr. Aisling Murphy is a Postdoctoral Researcher in the UCC School of Nursing and Midwifery. She has an interest in enhancing nursing standards, practice and education. She obtained her BSc from UCC. Following this, she undertook a funded PhD within the School of Nursing and Midwifery, UCC. Since completing her PhD, which focused on supportive relationship in breast cancer, Ashling has worked on both national and international research projects. She is also a member of the E.CASP research group.

PHOTOS FROM THE CONFERENCE

First Session



Dr Siobhan O'Halloran and Professor Jonathan Drennan giving the keynote address during the morning session

Professor Josephine Hegarty, Head of the UCC School of Nursing and Midwifery with keynote and oral presenters

Second Session

Dr Beth Tigges giving the keynote address during the noon session

Keynote and oral presenters

Student presenters

Third Session

Professor Josephine Hegarty and Dr Aisling Murphy giving the keynote address during the afternoon session

Keynote and oral presenters

Ms Janet Baby Joseph receiving the prize for best poster

Ms Katie O'Shea receiving the prize for best student presentation

Drs Nicola Cornally and Serena Fitzgerald receiving the prize for best oral presentation

BOOK OF ABSTRACTS

ORAL PRESENTATIONS: ABSTRACT PROCEEDINGS

Bedside Handover: Structure Process and Content: A Mixed Methods Study

Author(s) **Dr. Mary F. Forde**, Dr. Alice Coffey, and Professor Josephine Hegarty

Affiliation(s) **Bon Secours Hospital, Cork**

Abstract

Background: Nursing shift handover is the transfer of patient information and responsibility for patient care from one nursing shift to another. The continuity of care and patient safety are dependent on the accuracy and completeness of the information exchanged during this essential, albeit risk laden and time consuming nursing activity.

Aim: To describe the structures, processes and content of bedside handover at the change of nursing shift.

Methods: Using a mixed methods design, data were collected via observation and audio recording of 30 episodes of bedside handover utilising a dedicated tool (HoW4) which was underpinned by the five domains of the British Medical Association's Safe Handover–Safe Patients framework. The quantitative and qualitative data generated, were then triangulated to develop a more complete interpretation of the structure, process and content of bedside handover. Ethical approval was attained and written consent obtained from participants.

Results: The duration of individual handovers (n=30) ranged from 20 to 331 seconds (mean=72.8, SD=58.4 seconds). The most "evident" process items were: "staff were attentive and focused" (mean 4.97, SD 0.183) and: "evidence of caring connection between nurse & patient" (mean 4.73, SD 0.691). Whilst the least evident process items were: "Staff questioned or clarified information" (mean 2.13, SD 1.717). Three themes emerged from qualitative analysis of the data including: the style of handover delivery (the format and pace at which the handover was performed); the type of information shared (introductions, medical diagnosis, assessment, care pathway, and the patient experience); interactions (nurse to nurse dialogue, limited patient dialogue and connections made during the bedside handover).

Conclusion: The triangulation of the datasets exposed areas of importance to nursing practice. Large volumes of complex information are shared at a fast pace between nurses in the presence of the patient. There is a reliance on verbal and nonverbal communication, without explicit verification of the patients' interpretation or their active participation in the handover. Bedside handover is a high risk, frequently occurring nursing activity. However, bedside handover at the change of nursing shift enhances safety and provides an opportunity for the development of a caring connection between the nurse and patient.

Nursing Process Quality Care Metrics for Intellectual Disability Services

Author(s) **Dr. Owen Doody**, Lyons R., Murphy, F., Sezgin D., Gallen A., Ryan J., Croke E., Downey J., Lane A., Nolan M., Giltenane M., Nadin M., Keown D., Glasgow ME.

Affiliation(s) **University of Limerick**

Abstract

Background: Nursing process quality care metrics and indicators are quantifiable measures of nursing care and describe nurses care activities.

Aim: To identify intellectual disability nursing quality care process metrics and associated indicators.

Methods: A two-stage project design approach; a systematic literature review and Delphi consensus process.

Results: Databases and grey literature publications were supplemented by hand searching to support academic and practice evidence and identified 20 existing and 16 new intellectual disability metrics to go forward to the Delphi process. 401 intellectual disability nurses were recruited with the overall response rate of over 50% achieved for all rounds. The four Delphi survey rounds resulted in 12 metrics and 84 associated indicators. Following a consensus meeting all 12 metrics and 79 indicators reached the agreed 70% threshold for inclusion in the final suite.

Conclusion: Through a systematic review, Delphi rounds and consensus process, a new suite of intellectual disability nursing process metrics and associated indicators have been identified for implemented into practice.

Patient's Role in the Implementation of Infection Prevention and Control Guidelines: A Scoping Review

Author(s) **Dr. Heloise Agreli,** Michael Murphy, Sile Creedon, Aileen Burton, Carl May, Cliodhna ni Bhuachalla, Deirdre O'Brien, Dinah Gould, Eileen Savage, Fiona Barry, Jonathan Drennan, Maura Smiddy, Rosarie Lynch, Sarah Condell, Sinead Horgan, Siobhan Murphy, Teresa Will, Teresa Graham, Josephine Hegarty.

Affiliation(s) **School of Nursing and Midwifery, UCC**

Abstract **Background:** The failure to implement and adhere to guidelines is one important issue faced in tackling infection prevention and control (IPC). Patient involvement in IPC, by partnering with professionals in the implementation of IPC guidelines (IPCG), has been regarded as a strategy to increase patient safety. However, such professional-patient partnerships in the context of IPC require clearly defined roles. To date, few studies have explored the patient's role and systematically mapped existing strategies to involve patients in the implementation of IPCG.

Aim: To explore role of patients and their involvement in the implementation of IPCG.

Methods: A scoping review was undertaken to identify recent publications (from 2013 to 2018) on patient involvement in the implementation of IPCG.

Results: From an identified 2078 papers, 14 papers were included in this review. Our findings revealed that patient involvement in IPC has been fostered mainly through educational interventions, with video reflexive ethnography in particular being highlighted as a potential strategy to raise awareness on the importance of IPC recommendations. Patient's role in the implementation of IPCG was not clearly described. In general, patients are regarded as *vulnerable* but also *responsible* for preventing and transmitting infections. They are viewed as *partners* with professionals in the implementation of IPCG but also as *outsiders* of the "professional" process of preventing and controlling infections.

Conclusion: The findings of this review endorse the need for targeted strategies to overcome the lack of patient role clarity in the implementation of IPCG.

Mental Health Services: Perceptions of Adolescents with No Service Experience

Author(s) **Mr. Johnny Goodwin**
Affiliation(s) **School of Nursing and Midwifery, UCC**

Abstract

Background: Globally, adolescence is the peak period for the onset of mental distress. However, help-seeking for such distress is poor among adolescents. This reluctance to seek help is often linked with stigma. Stigma also discourages people from pursuing a career in mental health services, which are currently understaffed, particularly in relation to child and adolescent mental health services. However, little is known about which areas within the services are prone to stigma, and how these services are perceived by adolescents.

Aim: To investigate the perceptions of adolescents from the general population towards mental health care environments, staff, and treatment, i.e. mental health services.

Methods: An interpretive description framework guided this study. Individual interviews were held with 30 adolescents, using a combination of drawings and traditional interviews. Data were analysed using latent content analysis.

Results: Adolescents hold stigmatizing perceptions about mental health services; these perceptions are strongly influenced by the mass media – in particular: horror films. Adolescents perceived “mental health” and “psychiatry” as different services, which catered for different illnesses. There is uncertainty about how to access services, and what treatments are provided within these services. There was also uncertainty reported about the career paths of staff.

Conclusion: There is a need to educate adolescents about mental health services, in order to improve help-seeking – in both adolescence and adulthood – and to address the current issues with staffing these services. It is expected that provision of education in this area would enhance service delivery and reduce stigma.

Barriers to Implementing IPV Universal Screening in Maternity Care Setting – An Irish Perspective Within International Setting

Author(s) **Ms. Collette Kirwan**
Affiliation(s) **NUI Galway**

Abstract

Background: IPV affects 1 in 3 women in their lifetime (35%) (WHO, 2017). Incidences of new cases and severity of pre-existing abuse been found to increase up to 30% during pregnancy (HSE, 2011). Maternity care, due to the dual risk to mother and baby, presents an ideal opportunity for healthcare professionals (HCP`s) to routinely enquire about IPV (WHO, 2013). IPV universal screening, although policy in a number of countries, is impeded by a diversity barriers.

Aim: To explore the barriers in implementing IPV universal screening

Methods: Using an interpretive case study approach, this study presents perspectives and experiences of women (n: 40) accessing and HCP`s (N: 30) providing maternity care across three Irish maternity care site with IPV universal screening in maternity care setting

Results: Critical barriers perceived and experienced by women and HCP`s included the silence and stigma around IPV, IPV screening environment, lack of resourcing of referral systems and level and frequency of HCP education on IPV and IPV screening

Conclusion: Adopting a systems based approach is critical in succeeding with IPV universal screening in maternity care setting

Evaluation of the Irish Hospice Foundation Design & Dignity Programme

Author(s) **Dr Nicola Cornally,** Dr Serena FitzGerald, Ms Olivia Cagney
Affiliation(s) **School of Nursing and Midwifery, UCC**

Abstract

Background: The Design & Dignity Programme founded by the Irish Hospice Foundation and the Health Service Executive aims to bring design excellence to hospitals to support dignity at end of life for patients and their families. Support has been provided to 30 projects throughout Ireland e.g. hospitals have created relaxing, spacious family rooms within busy acute wards, upgraded mortuaries into welcoming, respectful environments and redesigned viewing rooms in emergency departments and mortuaries. The establishment of a dedicated hospital space can provide both privacy and family proximity at end of life for individuals who are unable to die at home. The research team evaluated 22 hospital sites throughout Ireland involved in the Design & Dignity programme.

Aim: To independently evaluate the Design & Dignity programme with a focus on establishing impact of projects on families and healthcare support staff.

Methods: The design of this evaluation is Post Occupancy Evaluation. The method used a two-phased evaluation approach; indicative level and investigative. Indicative evaluation involved conducting a walkthrough all twenty-two hospital spaces to capture detail on setting appearance and contents. Measures included a video recorder, light meter, sound meter, laser distance measurer and Irish Hospice Foundation checklist. Investigative evaluation included in-depth analysis of five hospital spaces. Measures included focus group interviews with healthcare support staff members; telephone interviews with bereaved relatives and comment box written responses.

Results: The current study is underdoing data collection.

Conclusion: The current study is undergoing data collection.

Time for Climate Change: Meeting Person-Centred Care Needs in an Older Adult Care Setting in Ireland

Author(s) KELLY F, **REIDY Mary,** DENIEFFE S and MADDEN C.
Affiliation(s) **Waterford Institute of Technology**

Abstract

Background: Older adult healthcare providers need to prepare for the increased service demand due to the changing demographic of older adults. Person-centered care should be responsive to the needs of older adults in long-term care and is central to collaborative and high quality healthcare delivery.

Aim: To explore the perceptions of the older adults aged over 65 years of age about the person-centered climate of the long- term care setting in which they live in the Republic of Ireland.

Methods: The extent to which the psychosocial environment was perceived to be person–centred was examined using the Person-Centered Climate Questionnaire- Patient (PCQ-P). Overall, 56 adults completed the PCQ-P. Mean scores for the whole scale and the three subscales hospitality, safety and everydayness were calculated. Results were stratified by age, gender and length of stay in the long-term care setting for Chi-square analysis.

Results: Overall, residents rated the person-centered climate very highly in terms

of being a welcoming and safe environment that was kept neat and clean. Despite this care providers need to address psychosocial concerns about adapting to living in long- term care environments particularly among the younger cohort of male residents (≤ 82 years of age).

Conclusion: Results suggest that older people may prioritise different facets of person-centredness in long-term care. There is a need for review of approaches to Irish older adult long- term care delivery to provide person-centred care and support based on the individual's right to self-determination, mutual respect and understanding.

Snuggle Stories

Author(s) **Dr. Fiona McKeown**

Affiliation(s) **Public Health Nursing, Waterford Community Services**

Abstract

Background: Under the Waterford Children and Young People's Plan the Family support sub-committee of CYPSC identified the Snuggle Story action under the priority "Services for under 5's and their families."

This action met the objective to support an increase in positive development outcomes for children through early intervention and prevention.

We commenced strand 1 on 1st Sept 2016 and ongoing,

Strand 2 has been completed in 4 sites to date.

Aim:

Strand 1 Provide a 'book pack' for all children in Waterford City and County – a universal approach- given at the 9 month developmental assessment by their registered public health nurse (Waterford Community Services PHN boundaries) commenced 1st Sept 16.

Strand 2 (Family Literacy Classes)

Provide a literacy support programme to an identified group of parents with babies born in two geographic areas per year.

Results: Some feedback from PHNs and indirect feedback from Parents on receiving Snuggle Stories Pack

"I find the Snuggle Stories are very well received by parents who think it is a great initiative, as many have said it's lovely to get something that's fun and useful for the children as mostly it is just information we are disseminating in books and leaflets".

"I got very positive feedback from parents when giving out the snuggle stories. Many parents admitted they had not thought they could read books to children so young."

Conclusion: Approximately 1700 children receive 9-month developmental check/year from Waterford Community Services PHN service and thereby receive Snuggle Stories book pack since 1st Sept 2016.

5-IN-5-IN-5 STUDENT PRESENTATIONS: ABSTRACT PROCEEDINGS

An Exploration of Mental Health Nurses' Reported Experiences of Working with Adult Survivors of Child Sexual Abuse

Author(s) **Ms. Chloe Marie Walsh**
Affiliation(s) **Clinical Nurse Manager 2 Mental Health**

Abstract **Background:** The factors effecting perspectives about healthcare providers were explored. This highlighted the importance of disclosure and the negative impact on the survivors' recovery if they health care professional is lacking understanding or unaware of child sexual abuse (CSA) history. The factors effecting healthcare professionals' attitudes & beliefs regarding CSA was reviewed and the conveying of compassion, empathy and understanding were discussed as being key important in supporting the survivor. Healthcare professionals reported experiences' of working with survivors' of CSA were also reviewed and highlighted inappropriate response periods from services, inadequate assessment tools and apprehension when broaching the subject of CSA with service users'.

Aim: To explore mental health nurses' (MHN) reported experiences' of working with adult survivors' of CSA.

Methods: Qualitative descriptive research design utilising semi-structured interviews.

Results: The key findings' of this study is that MHNs' feel unsupported in their work environment with no access to formal clinical supervision and most often MHNs' take overwhelming feelings' of traumatic cases upon themselves. MHNs' report that they learned how to approach these situations from experience gained and they have received no formal training in the area of CSA, which makes them reluctant to delve into this topic. There is also a lack of effective assessment tools being utilised to address CSA directly and manage this appropriately.

Conclusion: The key recommendations from this study are for firstly, another similar study to be carried out to interview adult service users' in this catchment area in Ireland that are survivors' of CSA to obtain their perspectives. Secondly, for a guidance document to be developed for use in practice. Thirdly, for clinical supervision to be implemented for MHNs' due to the reports from this study regarding sensitive and complex caseloads to optimise MHNs' well-being. Fourthly, for a specific training workshop to be introduced for both undergraduate MHN students and for registered MHNs' in relation to CSA. Finally, for assessment tools to be reviewed and updated to incorporate a section that effectively addresses CSA directly.

Incentivising a Career in Older Adult Nursing: The Views of Student Nurses

Author(s) **Ms. Katie Louise O'Shea**, Professor Corina Naughton
Affiliation(s) **Student Nurses, SURE student scholarship, School of Nursing and Midwifery, UCC**

Abstract **Background:** Nurse vacancy rates in older adult services are disproportionately high compared to other areas of nursing. One of the reasons for this is that few nurses on graduating view it as an attractive career option. There are several studies that examine barriers, but very little evidence on what could encourage students to consider a career in this speciality.

Aim: The aim of the study was to explore student's perceptions of incentives to counteract the barriers for new graduates joining older adult speciality.

Methods: Focus group interviews were conducted with six groups of student nurses (n=27) following completion of their older adult placement. Students were mainly from the first and second year of the programme in Adult Nursing. Data were analysed using thematic analysis.

Results: The barriers from students perspectives can be constructed as a vicious cycle of staff shortages and inadequate resources that create an impoverished ward environment, in turn leading to dissonance between ideal and delivered care that cause students to avoid these wards once they have graduated. Over one thirds of students were unlikely to ever consider a career in older adult nursing, but the remaining students could identify incentives that may tempt them. Four main themes and eight subthemes were identified: Gerontologic status and leadership (ward leadership; respected others) prioritised relational care (legitimising time; care versus cure goals); pay and conditions (pay as recognition, 12 hour shifts); and career education pathways (gerontological knowledge, career progression).

Conclusion: Gerontological nursing does not need to be the 'poor relation' of other fields of nursing. However, it requires organisation leadership and co-created clinical and professional incentives to overcome entrenched negative perceptions and barriers.

An Exploration of Women's Experiences of Their Birth Choices in Pregnancy Following a Previous Caesarean Section: A Grounded Theory Study

Author(s) **Ms. Malitha Monis,** Dr Rhona O'Connell, Dr Tom Andrews
Affiliation(s) **Staff midwife, CUMH, School of Nursing and Midwifery, UCC**

Abstract **Background:**

Reports identify a lack of choice for pregnant women including women's choice of vaginal birth after a previous caesarean section (VBAC) (HIQA, 2016; DOH, 2016). VBAC is a safe choice for the majority of women (RCOG, 2015; HSE, 2011). Women's experience of decision making about VBAC has been described as 'groping through the fog', where decision making and information during pregnancy and the birth is unclear and contrasting (Lundgren et al, 2012) To date, no theory has explored women's experiences of their birth choices in pregnancy following a previous CS.

Aim: To develop a grounded theory of women's experiences of their birth choices in pregnancy following a previous caesarean section (CS).

Methods: Grounded theory based on Glaser and Strauss (1967), pregnant women recruited through antental clinics, 15 women interviewed who had expereinced a previous CS. Ethical approval obtained.

Results: The theory of mentalizing possibilities is a substantive theory which explains pregnant women's experiences of decision making about their birth choices after a previous CS. Women's main concern is to redefine their birth experience, this is a process whereby a woman uses her coping ability when faced with decisional-conflict, uncertainty, ambiguity, confusion and threat. Woman's beliefs about birth act as a trigger, her support system is the context through which this process takes place.

Conclusion: Women want a positive birth experience (WHO 2018), women who have had a previous CS require support and continuity in decision making in order to help them decide the optimal birth choice for their current pregnancy. To provide a positive birth experience for individual women, healthcare professionals should engage with women in pregnancy and listen to their concerns.

Frameworks for Self-Management Support for Chronic Disease: Toward Cross-Country Learning to Strengthen Implementation

Author(s) **Ms. Selena O'Connell**, Dr Vera McCarthy and Professor Eileen Savage
Affiliation(s) **PhD Student, School of Nursing and Midwifery, UCC**

Abstract **Background:** Frameworks have been developed in a number of health services to guide system-wide implementation of self-management support (SMS) for people with chronic disease. However, little is currently known about the processes of developing and implementing frameworks to support self-management of chronic disease.

Aim: to compare frameworks for SMS of chronic disease across countries and identify factors which may influence implementation.

Methods: Comparative document analysis was used to compare frameworks across OECD countries. Documents were identified through a systematic grey literature search and compared according to the Health Policy Triangle under context, contents, actors and processes involved.

Results: Eight documents were included from: Scotland, Wales, Ireland, Manitoba, Queensland, Western Australia, Tasmania and the Northern Territory (published 2008 – 2017). Patient SMS programmes and training of healthcare professionals were common courses of action, though varying approaches were planned. Frameworks differed in the range of stakeholders in framework development, with two explicitly involving people with chronic disease. There were varying levels of detail on governance and infrastructure to support implementation and half of the documents provided implementation plans with actions and timelines. Evaluation was emphasised as important but plans were rarely detailed.

Conclusion: Differences were identified across frameworks which may have implications for implementation including the input of people with chronic disease and the nature of implementation plans. Limited contextual information was available in the documents. A follow-up qualitative study is exploring experiences of implementation through interviews with key informants.

Mealtime Practices for Older Adults on Acute Care Wards: An Observation Study

Author(s) **Ms. Rachel Simons**, Professor Corina Naughton
Affiliation(s) **South Tipperary General Hospital**

Abstract **Background:** Hospital nutrition and malnutrition has become increasingly important due to associated poor patient outcomes and the financial burden on health budgets. Despite best practice guidelines on nutrition, sub-optimal management of patients at risk of malnutrition persists, especially with regard to mealtime practices.

Aim: To examine mealtime practices in older adults in the acute care setting and the associated impact on meal consumption

Methods: Using a cross sectional study design, the mealtime practices of older adult patients were monitored using structured observational audit. Patient characteristic including nutrition risk was extracted from medical and nursing notes. The validated audit tool, involved observation of: diet type, position at

meal delivery, assistance required for both set-up and feeding, time waiting for assistance, amount of meal consumed and interruptions. Data was collected by two observers, on three wards for three meals on two days.

Results In total 300 observations on 67 patients was undertaken. Patient profiles indicated high levels of frailty, co-mortifies and polypharmacy. On screening, nearly 30% of patients were categorised as having 'nutrition risk'. Meal consumption (visually assessed as 0, 25, 50, 75, and 100%) showed that 59% of meals were 75-100% eaten, just over 30% were 25-50% consumed, but in 10% of meals nothing was eaten. Factors associated with low meal consumption (<50%) were meal type (51% of lunches were poorly eaten), and modified diets. Patient positioning and interruptions showed little impact on meal consumption. During mealtimes, the majority of support was provided by health care assistances (HCA).

Conclusion There was a sub-group of vulnerable patients for whom standard mealtimes and nutrition strategies did not work well. Nurses need to demonstrate leadership and a visible presence to prioritise mealtime above other tasks and ensure a co-ordinated multidisciplinary approach.

INNOVATION & COLLABORATION SHOWCASE: ABSTRACT PROCEEDINGS

The Patient Concerns Inventory: A Tool to Uncover Unmet Needs in a Head and Neck Cancer Outpatient Clinic

Author(s) **Dr. Brendan Noonan**
Affiliation(s) **Lecturer Practitioner, School of Nursing and Midwifery, UCC**

Abstract

Background: International improvements in the management of head and neck cancer have resulted in corresponding improvement in 5-year survival rates. With improved survival rates, patients with head and neck cancer venture further along the trajectory of survivorship where they experience a whole range of issues and concerns at different time points. The challenge of providing supportive care that is appropriate, efficient and patient centred begins by being able to identify the concerns of patients. The Head and Neck Patient Concerns Inventory (H&N PCI) is a site-specific previously validated needs assessment tool for use in the outpatient setting, designed to be a holistic, patient reported instrument that aims to identify such concerns.

Aim: To Explore the Feasibility of using the H&N PCI in a clinical setting in Ireland.

Methods: A cross sectional study was conducted using a consecutive sampling technique of follow up patients post head and neck cancer treatment (n=122). Registered general nurses (n=7) and surgeons (n=4) were also recruited. Face to face, interviews using a previously validated feasibility feedback questionnaire was used to collect data.

Results: Over 90% of patients (n=112) considered the PCI to be feasible. All four surgeons believed that the H&N PCI helped them to be more focused in addressing patient concerns during the consultation and were agreeable to its future use. All but one staff nurse (n=6) believed that it was suitable to give the H&N PCI to patients for future clinic visits.

Conclusion: The H&N PCI was perceived as feasible. The future proposal is to integrate the H&N PCI into routine head and neck cancer patient management, using touch screen technology in order to evaluate the changing patterns of patient concerns over time.

Social Justice and Cultural Competency: What Do Nursing Regulators Expect of Nurses in Ireland and in Canada?

Author(s) **Dr. Angela Flynn**
Affiliation(s) **Lecturer, School of Nursing and Midwifery, UCC**

Abstract

Background: Concerns relating to growing health disparities, as well as inequalities in wider society, have led to a focus on social justice issues within nursing and nurse education. The challenge to nurse educators to prepare graduates to be skilled and safe in their practices, within a globalized and multicultural health care environment, is one that is receiving increasing attention by nurse educators and regulators. The responsibilities of nurses in relation to health inequalities and social injustice is not always clear.

Aim: This paper provides a unique comparative perspective on approaches taken by nursing bodies in Ireland and British Columbia, Canada to cultural safety and other social justice matters.

Methods: This paper draws on the two contrasting fields of nursing practice in Ireland and in British Columbia, Canada to demonstrate two differing approaches by the respective nursing regulatory and educational authorities. An awareness of the legacy of events and experiences within a nation's history is

necessary to understand particular approaches and policy decisions relating to expectations for nursing competencies

Results: There is an inconsistency of approaches to preparing nurses to practice with cultural safety. Additionally, there is no consistent global understanding surrounding the role for nurses in social justice activities. A critical relational pedagogy is proposed as an approach that enables an acknowledgement of relevant sensitivities and equips nurses globally to consider critically their role in countering health inequalities and addressing social justice matters.

Conclusion: There is an urgent need to ensure that policies are developed that enable nurses to be prepared and required to practice cultural safety. The lack of clarity of the nurse's responsibilities in social justice activities requires policy consistency across global nursing authorities and regulatory bodies.

A Process Evaluation of the Young Knocknaheeny Area-based Childhood Programme 2015-2017

Author(s) **Dr. Margaret Curtin,** Lynn Buckley,
Affiliation(s) **College Lecturer, School of Nursing and Midwifery, UCC**

Abstract

Background:
Intergenerational poverty in established low-income communities has significant negative consequences for child health and development. Tailored programmes of targeted and universal interventions to support early childhood development can mitigate the effects for children and families. A number of evidence-based approaches may be utilised. However, local contextual complexity must be considered if the most vulnerable families are to be included. Young Knocknaheeny (YK) is an interagency collaboration aiming to reduce child poverty and enhance child development through a whole community prevention and early intervention approach. The programme is underpinned by an innovative Infant Mental Health (IMH) framework.

Aim: To evaluate the processes and approach to implementing the YK programme and identify enablers and barriers to effective adaptation of evidence-based approaches.

Methods: Using the CDC 'Framework for Evaluation in Public Health' a mixed-methods approach was adopted. Administrative programme data were analysed to assess reach and determine levels of engagement. Qualitative methods were used to understand the implementation processes. Early Childhood Environment Rating Scale (ECERS) was used to assess childcare quality.

Results: Stakeholders, practitioners and parents report positive experiences of engaging with the YK programme, resulting in improved inter-agency working and greater co-ordination and planning around family's/children's needs.

The IMH framework provided a common language for practitioners, a mechanism for inter-disciplinary working and an effective support for engaging vulnerable families.

The mentoring, coaching and quality improvement programme resulted in very significant improvement in childcare quality.

Conclusion: YK in an effective, innovative, replicable approach to supporting early childhood development and health in a low-income community.

Transnational Collaboration on Optimizing Patient Safety Through Culturally Competent Simulation-Based Education with Health Professionals

Author(s) Ms. Carol Condon, **Ms. Nuala Walshe,** Dr Patricia O'Regan

Affiliation(s) **Lecturer, School of Nursing and Midwifery, UCC**

Abstract **Background:** This is a 3 year Erasmus funded partnership with Finland, England, Slovenia and Ireland, This project aims to address global concerns around social inclusion and justice; tackling inequality and diversity through simulation based education. The entire project consists of 3 specific outputs, 1) to establish a web-hub, 2) to develop a cultural competence self-assessment tool for simulation-based education and 3) to develop a web-based cultural competence tool-kit simulation-based education.

Aim: To undertake focus group interviews to inform the development of the self-assessment tool (output 2 above). The focus groups consisted of interviewing people with diverse needs, students and health care educators to gain knowledge of their perceptions and experiences of the Irish health care system from a cultural competence perspective.

Methods: Action research using focus group interviews.

Results: The focus group discussion highlighted what is important for health care professionals to consider when caring for people with diverse needs such as age, gender, disability and ethnicity. This information has subsequently helped in the development of the self-assessment tool which will be available to all in helping structure simulation based education around diverse needs.

Conclusion: The need for simulation to reflect a diverse population is now well recognized. There is a lack of empirical evidence examining diversity and simulation combined, across health professional groups and none are focused on web-based, self-evaluation tools or tool kits. This transnational project will add to the body of knowledge and development of more culturally competent simulation based education

Moving Beyond Stigmatising and Medicalised Views of Mental Illness: Student Nurse and 'Expert by Experience' Lecturers Experiences of Exploring Mental Distress in the Classroom

Author(s) **Dr. Aine Horgan, Fionnuala Manning,** Rory Doody, Stephen Bradley, Moira O'Donovan, Eileen Savage, John Goodwin, Hazel O'Sullivan, Claire Dorrity, Sonya Greaney

Affiliation(s) **Senior Lecturer, School of Nursing and Midwifery, UCC**

Abstract **Background:** Increasingly experts by experience (EBE) or service users are involved in the education of nurses, however accompanying research, focused on evaluating its impact is sparse. The Commune project is a European funded study involving 6 countries (Australia, Iceland, Finland, the Netherlands, Norway and Ireland) which aimed to co-produce and co-evaluate a module on 'exploring mental distress with those with lived experience'. This module was delivered in UCC in Autumn 2017.

Aim: 1) To explore first year undergraduate mental health nursing students' experiences of being taught by EBEs. 2) To explore EBE's experiences of teaching nursing students

Methods: Using a qualitative descriptive design, two focus group interview were held with student mental health nurses (n=22), and individual interviews were

held with two EBE lecturers. All data were collected and analysed in partnership between nurse academics and EBE's

Results: Findings from the student focus groups encapsulate the journey students reported they undertook, moving from stereotypical, medicalised and stigmatizing views of service users, to developing a greater understanding of mental distress and their role as mental health nurses. Findings from the interviews with EBE's highlight the importance of EBE's maintaining their autonomy, their experiences of addressing the vulnerability of students as they are exposed to stories of mental distress and the practical and emotional supported needed for EBE lecturers.

Conclusion: Involving EBE lecturers in the education of students can assist them in understanding the human nature of mental distress in a world where the medicalisation of mental ill health dominates.

POSTER PRESENTATIONS: ABSTRACT PROCEEDINGS

The VERA Framework of Communication and its Evaluation on Student Behaviour in the Acute Healthcare Setting

Author(s) Professor Corina Naughton (Supervisor) and **Ali-Rose Sisk (Msc Student)**
Affiliation(s) **School of Nursing and Midwifery, UCC**

Abstract **Background:** A significant gap in dementia communication is evident amongst all nursing disciplines. (Bellchamber & Penning 2007) Students express they feel 'unprepared' while working with this specific patient group. (Naughton et al 2018) there are currently no standardised foundation level dementia training within pre registered curricula.

Aim: To conduct a feasibility study to determine the acceptability of implementing the VERA framework into pre-registered nursing curricula. We aim to observe the quality of interaction between student who have received the intervention (VERA framework workshop) and those who have not received the training. (our student control group) we also intend to test the feasibility of observing clinical practise in the acute health care setting.

Methods: A randomised control design measuring the effects of implementation. We will collect data by observation using the quality of interaction scale, electronic survey pre and post placement and focus group interview.

Results: Our master's student will be observing the students in the acute healthcare setting using the quality of interaction scale. We will also carry out the intervention with up to four other members of the research team supplementary to the master's student. Resources do not allow blinding of the observer but we do plan to undertake 10% of the observations paired with a blind observer and examine inter-rater reliability.

Conclusion: we hypothesis that the intervention will affect the amount and or quality of communication between students and patients with dementia.

Theory of Nebulous Intentioning

Author(s) **Dr Aoife Lane**
Affiliation(s) **School of Nursing and Midwifery, UCC**

Abstract **Background:** The research study was prompted by a realisation that nurses' activities in their daily clinical work did not appear to be primarily determined by diagnosis of nursing needs among their patients.

Aim: To investigate the main influences on the work of clinical nurses in acute care settings.

Methods: Classic Grounded Theory methodology was used including theoretical sampling and the constant comparative method of data analysis.

Results: The theory explains the behaviours of nurses in acute care and the influences which result in them. Two sub-core categories emerged. The first is accommodating which relates to the overriding attention nurses give to wide ranging activities aimed at ensuring that the patient receives safe and cohesive care from the multidisciplinary healthcare team. The second, integrity eroding, conceptualises nurses' attitudes towards the nursing role, some of which serve to undermine its importance in relation to other healthcare contributions.

Conclusion: The theory indicates that nursing in acute healthcare contributes more to patient health and safety than is currently understood within or outside the profession. Much of this is vital to the safe and holistic care of patients but it happens at the expense of core nursing care.

Nurses' Knowledge and Practices Regarding the Prevention and Early Detection of Venous Thromboprophylaxis: An Integrative Review

Author(s) **Al-Enazi Athari**, Lehane Elaine, Hegarty Josephine.
Affiliation(s) **School of Nursing and Midwifery, UCC**

Abstract **Background:** Venous thromboembolism (VTE) involves two serious and life-threatening conditions: deep vein thrombosis and pulmonary embolism. High rates of VTE are reported among hospitalised patients and those discharged from acute care settings. VTE prophylaxis is known to reduce mortality, which highlights the importance of educating healthcare professionals in general and nurses in particular about the prevention and early detection of this condition.

Aim: To review the literature on nurses' knowledge and practices regarding VTE prevention and early detection regarding VTE thrombrophylaxis

Methods: An integrative review of the literature was conducted. Five electronic databases (CINAHL, ERIC, PsycINFO, PubMed and Web of science electronic) were searched in April 2017 to identify papers published in English or Arabic between the year 2007 and 2017. The quality of the reviewed studies was appraised using different tools.

Results: A total of nine studies were included. Nurses' knowledge and practices regarding VTE prevention and early detection were lacking. Factors affecting knowledge were nurses' age, qualification, years of experience and type of the institution they graduated from. Examples of factors influencing practices included the language barrier, lack of knowledge and confidence, lack of time and lack of standardized tools and protocols for VTE prophylaxis. Two brief educational interventions helped improve nurses' VTE preventive practices, VTE risk assessment and pharmacological thromboprophylaxis.

Conclusion: Findings from this review highlight the need to educate nurses about the importance of VTE thromboprophylaxis in improving patient outcomes. This could be achieved by designing and implementing well-structured educational and training programmes targeted towards nurses working in acute care settings. This is the first review that gathered evidence from studies that addressed nurses' knowledge and practices regarding VTE prevention and early detection. This review has a number of implications for nursing education and practice.

An Exploration of Care-Burden Experienced by Older Caregivers of Adults with Intellectual Disabilities, in Ireland

Author(s) **Caroline Egan** & Caroline Dalton-O'Connor
Affiliation(s) **School of Nursing and Midwifery, UCC**

Abstract **Background:** People with Intellectual disabilities are ageing and, in parallel their caregivers are also ageing. Over 69% of adults with an intellectual disability in Ireland continue to live at home with family caregivers NIDD (2017). The current policy prioritization of de-congregations and greater social inclusion has resulted in a reliance upon family caregivers. This continues against a background of limited resources which support caregivers including respite care, home help hours etc. (Inclusion Ireland 2013).

Aim: The aim of this study is to measure the level of caregiver burden among older caregivers. To analyse the effect of socio-demographic factors upon experiences of caregiver burden.

Methods: A purposive sample of 187 primary caregivers were identified. A quantitative descriptive approach was adopted involving the Zarit Burden Interview ZBI and a socio-demographic questionnaire. Data was systematically analysed using SPSS.

Results: 30 primary caregivers responded, reflecting a response rate of 16%. The majority of respondents 57% indicated a mild to moderate level of burden. There was a statistically significant difference in the distribution of caregiver burden scores between the age groups (p=0.010). Pairwise comparisons revealed that those in the 65-74 years group experience significantly higher burden.

Conclusion: This study contributes to our understanding of caregiver burden among the Irish population. This study has highlighted the lack of Irish research in this area and may pave the way for future research which could build upon its findings. It highlights the importance of proactive assessments and supports for these caregivers.

Nurses' Understanding and Perspectives of Advance Care Planning in COPD

Author(s) Dr Nicola Cornally (Principal Investigator) **and Claire Kelly.**
Affiliation(s) **The Galway Clinic**

Abstract

Background: Advance Care Planning (ACP) presents as a current and topical issue within an Irish context. Recent publications by The Irish Hospice Foundation include an advanced care planning document 'Think Ahead' and a document entitled 'Planning for the Future with COPD'. Furthermore, in 2015 The Assisted Decision-Making Capacity Act was published. Currently, the HSE are in the process of publishing professional guidelines for practice in relation to ACP (HSE 2018). Despite its many benefits, ACP does present its own challenges particularly within the COPD subgroup which is known to have an unpredictable disease trajectory. Much of the existing literature relates to physician's views on ACP in COPD. Articles relating to nurse's understanding and perspectives on ACP are focused on other patient subgroups.

Aim: To explore nurses' understanding and perspectives on ACP when caring for individuals with COPD.

Methods: A descriptive qualitative design was used. Eight staff nurses from a respiratory unit were recruited. Semi-structured interviews were audio-recorded. A topic guide from a previous study was adapted.

Results: Four categories were identified; the importance of ACP in COPD, facilitators to ACP in COPD, barriers to ACP in COPD and the role of the nurse was observed. Each category was further subcategorised.

Conclusion: Nurses identified the importance of ACP in COPD. Benefits included symptom specific factors but also an improvement in the overall quality of care patients could receive. A number of facilitating factors and challenges were identified by the sample in the provision of ACP. Nurses identified themselves as playing an important and broad role in ACP. Future implications were identified for education, research and practice.

An Evaluation of the Domiciliary In and Out Pilot Scheme compared to Consultant-led Care in Cork University Maternity Hospital

Author(s) **Colleen Curran,** Professor Louise Kenny (Department of Obstetrics and Gynaecology) and Dr Rhona O'Connell (School of Nursing and Midwifery)

Affiliation(s) UCC

Abstract **Background:** Maternity care in Ireland is provided as shared care between the woman's general practitioner and a hospital obstetric service, continuity of care is not a feature of this model of care. In 2013, a 'midwifery led care' service was introduced in Cork University Maternity Hospital. In this 'Domino' service, a small team of midwives provide continuity of care to women with low risk pregnancies.

Aim: To evaluate the Domino service compared to Consultant-led Care (CLC) in CUMH in terms of birth outcomes, satisfaction levels and breastfeeding rates.

Methods: A matched design cohort study was chosen by means of a retrospective, quantitative, comparative study with a qualitative element. This involved women who received the Domino service (n= 199), were matched with women who received standard care (n=150). Labour and birth outcomes were collected from the medical records. Women completed questionnaires on their birth experiences, levels of satisfaction and breastfeeding rates.

Results: The women who received the Domino service experienced less: induction of labour, epidural analgesia, more spontaneous vaginal births, less perineal damage and increased breastfeeding initiation. There was no statistically significant difference in rates of episiotomy or chances of birth complications or postnatal complications. Both groups were positive in relation to satisfaction responses. Postnatal care was the area with most dissatisfaction for women receiving standard care.

Conclusion: Both groups were satisfied with their care, expressing gratitude towards the midwives. Both groups had positive opinions about the service although transferred women voiced dissatisfaction about lack of continuity of care and planned home visits. Women who received Domino care experienced reduced intervention in their birth and had greater breastfeeding success. Both cohorts were satisfied with the service they received.

Developing a National Undergraduate Standardised Curriculum for Future Healthcare Professionals on "Making Every Contact Count" for Chronic Disease Prevention in the Republic of Ireland

Author(s) **Dawn O Sullivan**, Maria O'Brien, Eileen Savage & Making Every Contact Count National Working Group

Affiliation(s) UCC

Abstract **Background:** This presentation describes the development of the first evidence based national undergraduate interdisciplinary standardised curriculum in chronic disease prevention for healthcare professionals in the Republic of Ireland. The curriculum sits within the framework of *Making Every Contact Count* (Health Service Executive, 2018), the goal of which is to re-orientate health services to embed the ethos of prevention through lifestyle behaviour change as a routine part of health professional's care targeting four main lifestyle risk factors for chronic disease; tobacco use, alcohol consumption, physical inactivity and unhealthy eating.

Aim: To develop an evidence based national undergraduate interdisciplinary

standardised curriculum in chronic disease prevention for healthcare professionals in the Republic of Ireland.

Methods: This project brought together for the first time all higher educational institutions nationwide in a novel collaboration with the Health Service Executive (HSE), the national health service, to develop an evidence based standardised national curriculum for undergraduate healthcare disciplines.

Results: A national undergraduate curriculum to empower newly qualified health professionals with the skills needed to support patients to achieve lifestyle behaviour change delivered as part of routine clinical care was developed with phased implementation occurring across HEIs since Sep 2017.

Conclusion This project marks an exciting venture where relationships between higher educational institutions and health service providers were created to jointly address a national and indeed global health issue. Equally, novel was targeting a global health challenge at undergraduate level to prepare an emerging healthcare workforce with skills necessary to address health behaviour change for chronic disease prevention.

The impact of the Shanley Pressure Ulcer Prevention Programme (SPUPP) for Older Persons at Risk of Pressure Ulceration Living in the Community Setting

Author(s) **Emer Shanley**, Prof. Zena Moore, Dr. Declan Patton, Dr Tom O'Connor, Dr.Linda Nugent.

Affiliation(s) **Royal College of Surgeons in Ireland**

Abstract

Background: Pressure ulcer prevalence rates increase significantly with age. In Ireland the highest rate of growth in age groups is among older people.

Aim: The aim of this study was to explore the impact of SPUPP[1] on older persons' knowledge of, and attitudes and behaviours towards, pressure ulcer prevention.

Methods: SPUPP[1] was developed to address the key tenets of pressure ulcer prevention as described by the SKIN[2] bundle. It is a multimedia programme delivered to individual participants weekly, over a 20-day period. A multi-centre randomised controlled trial was employed to determine the impact of SPUPP[1]. Following ethical approval, 64 older adults at risk of a pressure ulcer, living in the community setting, participated by completing a knowledge questionnaire pre and post intervention, (KPUPP[3]) in addition to an attitude and behavioural survey. Knowledge was scored from 0-20.

Results: The participants ranged in age from 70-96 years, 75% (n=48) were female. Pre-intervention mean knowledge scores were 11.68 (SD: 3.09, intervention group) and 11.68 (SD: 3.60, control group). Post intervention the mean knowledge score in the intervention group was 16.87 (SD: 1.87), and the control group was 12.40 (SD: 3.2). The mean difference was 4.47 (95% CI: 3.19 to 5.75; p=0.00001). Positive changes were also noted in favour of the intervention group, regarding self-reported health behaviours and attitudes towards PU prevention.

Conclusion: The SPUPP impacted positively on knowledge scores of the participants and also positively influenced attitudes and behaviours towards PU prevention. Thus, this research provides useful information regarding the potential to enhance patient involvement in PU prevention.

The DataCat Project: Using Systematic Data Categorisation to Quantify the Types of Data Collected in Clinical Trials and to Determine How Much is Directly Related to Defined Trial Outcomes

Author(s) **Evelyn Crowley**

Affiliation(s) **Clinical Research Facility Cork**

Abstract

Background: Data collection consumes a substantial amount of trial resources and, therefore, efforts should be made to only collect data which is necessary and relevant. Data collection is a crucial aspect of clinical trials as the data collected will be used to answer the research question, however, a substantial amount of data collected in trials may not be related to the trial outcomes as demonstrated by a pilot study conducted by the Trial Forge team. Results from this research have provided rationale to further investigate the types and amounts of data being collected across a range of trials.

Aim: To investigate how much data collected per participant per trial is related to the trial outcomes, as defined in the clinical trial protocol.

Methods: All data items collected per participant across 18 trials (6 pilot, 12 new) were extracted from data collection study documents and listed. Two reviewers (one having in-depth knowledge of the trial and one independent of the trial) categorised all listed data items individually into categories from a predefined list. Discrepancies in the categorisations were resolved through discussion, or were put to the wider project group if necessary. Once fully resolved, the number of data items per participant per category per trial were counted.

Results: Across the 18 trials included in the analysis, the mean proportions of data collected that were related to defined trial outcomes were 11.9 % (primary outcomes) and 42.5% (secondary outcomes). 45.6% of the data collected per participant per trial were not related to trial outcomes.

Conclusion: A substantial proportion of data being collected in clinical trials is unrelated to trial outcomes.

To audit care pathways for women who qualify for Vaginal Birth after Caesarean Section (VBAC)

Author(s) **Fiona Kirby (PI),** postgraduate clinical coordinator CUMH, RGN, RM, H Dip, BNS, P Grad Dip clinical Ed and Dr Margaret Landers (course coordinator, UCC)

Affiliation(s) **Cork University Maternity Hospital**

Abstract

Background: As part of the fulfilment of module NU 6070, Practice Enhancement for Nurses and Midwives an audit within the clinical setting. The impetus for this project is in keeping with the maternity strategy (2015) ethos of a woman centred approach to care and choice.

Aim: to review the documentation of VBAC pathway where the audit measured:

- VBAC class attendance,
- If information was given to women in the antenatal clinic and
- The outcome of birth for the woman following this information.

Methodology: A retrospective design was used. Prior to conducting the audit, the title was agreed with the line manager and approval was granted by DOM, Local Governance and Group Directorate. A retrospective sample was conducted anonymously in quarter four of 2017. A total of 130 maternal charts were reviewed. Data were measured using descriptive analysis and local and national policies were used to set an audit tool. The standard was set against quality and safe care from HIQA maternity standards, 2016.

Results : The results show there was high rate of C/S for Q4- 68% Nov had lowest TOL 16% (6% ARM, 10% SOL) , ERCS rate 75.5%, Em C/S 8%, and Vaginal births 12% VBAC class attendance & VBAC documentation for NOV shows the following: • 4% attended VBAC class- which highlighted poor class uptake. • 90% of midwives documentation on VBAC counselling- varied to advice (12%), advice with printed material (12%), advice & verbalises understanding (65%) - this demonstrated good documentary evidence that women got some information on VBAC. • 10% of midwives had no documentation on VBAC counselling. • 10% of notes there was an added clinic note from Obstetricians. Decision on C/S was made nearer to due date.

Conclusion: QIP: All stakeholders to be communicated on findings. A more robust and reliable means of VBAC class availability to be made available for the women-propose that a letter is generated from MN-CMS and printed once the MW makes the referral. The admin officer can then confirm the VBAC class booking. Practice initiatives: from the data reviewed and pathway, women can only self-refer for VBAC classes for 1 hour per day via central appointments. Practice Enhancement: Re-evaluation- once proposal has been agreed to merge with existing PPG and then re-audit. This was an invaluable piece of work which took a systematic approach to the audit cycle and highlighted an improvement in care

Nurses' Experiences of Stress When Dealing With Stroke Patients and Families: A Mixed-Method Study

Author(s) **Inês Saramago**, Suzanne Timmons, Paul Gallagher, Siobhán Fox

Affiliation(s) **University College Cork**

Abstract **Background:** Rehabilitative nursing care can be demanding, and nurses working in this setting may experience increased levels of stress. Despite the extensive literature about the nursing workload and its connection to occupational stress, very little research has been conducted particularly about stress levels experienced by nurses working with stroke patients, who may experience particularly high stress. The rationale for this research emerged from the scarcity of studies worldwide and specially in Irish stroke units.

Aim: To explore nurses' experiences of stress when dealing with stroke patients and families in acute stroke units.

Methods: A mixed-methods design was employed. In the quantitative phase, 48 nurses from stroke and medical wards completed the Perceived Stress Scale. In the qualitative phase, 11 stroke nurses were interviewed about their stress experiences when caring for stroke patients and families.

Results: Nurses in medical wards experienced significantly higher levels of stress (M=20.10, SD=5.42) when compared to nurses in stroke units (M=16.17, SD=4.41; t (46)= 2.757, p< 0.01, two-tailed). Three themes emerged from the Thematic Content analysis: nurses' experiences of work-related stress, factors contributing to work-related stress and nurses' coping mechanisms in the stroke environment.

Conclusion: Nursing, including rehabilitation nursing, can be a stressful occupation owing to a number of factors. The participants' experiences of stress shared in this study may help stroke nurses to deal better with future stressful events as well as provide guidance to managers in improving the organization of the stroke networks.

A Study to Assess the Effectiveness of Honey and Povidone Iodine in Healing of Episiotomy Wound Among Postnatal Mothers

Author(s) Sr. Celsy Mary, **Janet Baby Joseph**
Affiliation(s) **St. John's College of Nursing, Bangalore, India**

Abstract **Background:** The therapeutic potential of pure honey is underutilized. The time has now come for conventional medicine to lift the blinds off this 'traditional remedy' and give it its due recognition.

Aim: To assess the effectiveness of honey in healing of episiotomy wound. To assess the effectiveness of povidone iodine in healing of episiotomy wound. To compare the effectiveness of honey and povidone iodine in healing of episiotomy wound. To determine the association between healing of episiotomy wound in both the groups and selected baseline variables.

Methods: A quasi-experimental design is used to assess the effectiveness of honey and povidone iodine in healing of episiotomy wound among postnatal mothers. The episiotomy wounds of both the groups were assessed by a third person using REEDA SCALE before the first dressing. Honey and povidone iodine dressing were given twice daily. The wounds were assessed after the third dressing and later before the sixth dressing. The dependent variable, healing, is assessed by the difference between the three REEDA scores which will represent the effect of the independent variable, i.e. dressing. The sample size- 100 postnatal mothers who have undergone normal vaginal delivery with episiotomy. 50 belonged in honey group and 50 in povidone iodine group.

Results: Pre-interventional score in honey and povidone iodine group were 4.42 and 4.36 respectively. Significant difference between pre-intervention and post-intervention score in honey group at p=0.01 level of significance and p=0.02 level of significance with score 2 and 3 respectively. Whereas in povidone iodine group there was a significant difference between score 1 and score 2 at p=0.00 level of significance, while the difference between score 2 and score 3 was significant only at p=0.02 level of significance. Significant difference between score 1 score 3 of honey group at 0.01 level but it wasn't statistically significant in povidone group. The mean of overall scores in honey group was 2.08 and povidone group was 2.39.

Conclusion: Data was interpreted in terms of objectives using descriptive and inferential statistics. Findings show that the mean pre-interventional score in honey group was 4.42 which reduced to 1.32 and 0.5 after the intervention. While the mean pre-interventional score in povidone group decreased from 4.36 to 2.08 & to 0.74 after the intervention. Findings also showed that when 18% of the postnatal mothers of honey group experienced mild infection, 82% had no infection; 52% of mothers belonging to povidone group experienced mild infection while 48% had no infection. The mean of overall scores was lesser in honey group (2.08) compared to povidone group (2.39). The above findings showed that honey is a fast and effective healer for episiotomy wounds.

Adolescents and Young Adults from the General Population's Views about Mental Health Services

Author(s) **John Goodwin**, Eileen Savage, Aine Horgan
Affiliation(s) **School of Nursing and Midwifery, UCC**
Abstract **Background:** Adolescents and young people are known to hold negative views in relation to mental illnesses. There is less known about their views towards mental health services and care.

Aim: To systematically examine literature on the views of adolescents and young people from the general population about mental health services and care. Factors that positively and negatively influence these beliefs are also explored.

Methods: Relevant electronic databases were searched for papers published in the English language between January 2004 and October 2015. Key words and subject headings/MeSH terms were searched for in titles and abstracts using various combinations.

Results: Culture seemed to influence how adolescents and young adults perceived mental health interventions. This was particularly evident in countries such as Palestine and South Africa where prayer was highly valued. Adolescents and young people were uninformed about psychiatric medication. They believed that accessing mental health care was a sign of weakness. Furthermore, they viewed psychiatric hospitals and various mental health professionals negatively. Film was found to have a negative impact on how adolescents and young people perceived mental health services, whereas open communication with family members was found to have a positive impact.

Conclusion: Adolescents and young adults hold uninformed and stigmatizing beliefs about mental health treatments, mental health professionals, and access to care. The sources of these beliefs remain unclear although both culture and film have a clear influence. Further research, (particularly qualitative research) in this area is recommended in order to address current gaps in knowledge.

Readiness for Assisted Decision Making: An Exploratory Qualitative study

Author(s) **Kay Cronin** (Dr. Anna Maire Greaney and Dr. Dawn Farrell, Supervisors).
Affiliation(s) **IT Tralee**
Abstract **Background:** Ireland has recently enacted the Assisted Decision Making (Capacity) Act 2015. The enactment of this legislation has allowed Ireland to ratify the United Nations Convention on the Rights of People with Disabilities (2008). The convention obliges all member states to assist people with disabilities to make their own decisions with their will and preference taking precedence over their best interests. Implementation of this legislation will require a change in working practice among health and social care providers to promote autonomy and decision making among service users.

Aim: To explore the readiness of health and social care providers to implement the 2015 Act for adults with intellectual disability.

Methods: An exploratory qualitative study using a focused ethnographic lens and an appreciative approach to inquiry was employed. A total of four focus groups were conducted using a purposive sample of 32 frontline and management staff in a service provider for adults with intellectual disability.

Results: Four themes were identified. Evidence of readiness, Enablers to assisted decision making, Barriers to assisted decision making and Finding balance and taking a chance. Overall a moderate level of readiness was identified in the organisation. Facilitators and barriers were identified at individual and organisational level. Facilitators included `effective communicating`, ´You have to care´ and ´ senior leader support´. Families and healthcare colleagues were identified as barriers and require significant training in the Assisted Decision Making (Capacity) Act 2015.

Conclusion: A paradigm shift has occurred regarding the promotion of personal autonomy and decision making in this service provider. The study identifies a series of facilitators and barriers to implementation of the 2015 Act within a service for adults with intellectual disabilities. The findings will contribute to the understanding and implications of the complexities of implementing the Assisted Decision Making (Capacity) Act 2015 to ensure basic human rights are realised.

Perceptions of Healthcare Supports and Services Available to the Person Living With Early Dementia

Author(s) **O'Neill L.**, Mulcahy H., Brady-Nevin C.

Affiliation(s) **Le Cheile Day Hospital, St Finbarr's Hospital, Douglas Road, Cork**

Abstract **Background:** In Ireland, 55000 people are living with dementia and each year 4000 people receive a diagnosis of dementia in this country (Health Service Executive (HSE) 2016). Considering the larger growing number of the population living with this illness there are still very little national research exploring community healthcare supports available to the person living with early stage dementia.

Aim: The aim was to explore personal perceptions of healthcare supports and services available to people living with early dementia.

Methods: A descriptive qualitative study approach was utilised. Participants already attending an older adult mental health day hospital in Cork were invited to participate. Six participants over the age of 65 were interviewed and data were analysed using Collaizzi's (1978) approach.

Results: This study involved mostly men who lived alone diagnosed with early stage dementia in the previous six to eight months. Four thematic areas were found relating to experiences of support; attitudes to diagnosis; attitudes illness progression; and expectation of future healthcare options.

Conclusion: Findings indicated that participants wanted more education and support around their diagnosis. They wanted an opportunity to voice their concerns with members of the healthcare team and to be offered strategies to assist with overcoming these.

"They see half the picture": Mental Health Nurses' Views on Improving Students' Pharmacology Knowledge

Author(s) **Mark Harman; John Goodwin**

Affiliation(s) **UCC**

Abstract **Background:** Research has indicated that there is a gap between what staff expect of student mental health nurses in terms of medication management and the pharmacological knowledge demonstrated by students while on placement in the clinical environment. It has been recommended that pharmacological content should be made an educational priority; however there is limited evidence in terms of what areas education should focus on.

Aim: To obtain qualified mental health nurses' views on what they believe can enhance the teaching content of mental health-specific pharmacology for undergraduate students, in both academic and clinical settings.

Methods: Two Focus Groups were conducted comprising qualified mental health nurses: six in the first group, and five in the second group. Each group was made up of practicing mental health nurses in two separate acute mental health wards in the Republic of Ireland. Each focus group lasted approx. one hour. Data were analysed using latent content analysis. Four major themes emerged, two of which are presented here.

Results: Participants highlighted a lack of understanding about how to read medication Kardexes as a major concern. It was also noted that some staff members – in their role as preceptors – are more inclined to teach students about medication than others. A major barrier to students' education was stigma about medication, which was largely informed by the multimedia.

Participants also discussed their views on how to improve medication education. A number of education strategies were identified, including having education delivered by frontline staff, in addition to providing preceptors with a record of the medication education to which students had been previously exposed. Overall, a practical approach to medication education was recommended. Suggestions in this area included: simulated drug rounds, where students would get the practical experience of medication management, and use of case studies, which would introduce students to potential issues that could arise in the clinical environment.

Conclusion: Participants expressed frustration at the observed lack of students' medication competence, reporting that students struggle to link theory with practice. Various medication education strategies were proposed. Although no strong preference for one particular strategy were reported, all identified suggestions had a practical element to them. While challenges to education outside of the university area were identified – such as a lack of preceptor commitment – solutions to these challenges were not readily identifiable, suggesting further research is necessary.

The Development of Key Performance Indicators using the Delphi Technique for a Regional Lymphoedema Service in Ireland

Author(s) **Ms Meadbh MacSweeney**, RGN, Medical Integrative Healthcare Therapist,
Ms Colette Cunningham, MPH, School of Public Health, University College Cork

Affiliation(s) **The Lymph Clinic**
Cork Clinic, Western Rd, Cork

Abstract

Background: A Classic Delphi Technique was used to develop Key Performance Indicators (KPIs), relevant to the HSE Mid-Western Lymphoedema Service at University Hospital Limerick. This specialist Lymphoedema Service provides care to patients from the symptomatic breast cancer services and other services.

Aim: To develop relevant KPIs as an essential tool for an LE service and as a means of quantitatively measuring quality for service improvement and future service delivery. The KPIs centred around equity of access to the service; efficiency, patient education and evidence of effectiveness of service delivery.

Methods: A classic two round Delphi Technique was used to achieve consensus among lymphoedema specialists and service referees working nationally and internationally. This included feedback from an Expert Panel of national and

international clinical leads. The KPIs consultation process used a Balanced Scorecard ™ as prescribed by Kaplan and Norton. An 80% consensus of 'important' or 'very important' was used as the acceptable cut off and deciding factor for study iterations. Every effort was made to ensure the KPIs are easy to understand, objective, reliable, quantifiable and relevant to patient outcomes.

Results: The Delphi Panel response rate was 93.33%. Following Expert Panel feedback, more than 80% (96.3%-100%) of Delphi Panellists agreed on a Suite of 7 proposed KPIs allowing the KPIs to be accepted.

Conclusion: This is the first Irish study to identify KPIs for lymphoedema services. The Suite of 7 KPIs will play an important part for setting standards and will prove invaluable for the quality of care in Lymphoedema Services.

Critical Care Nurses Pain Assessment for Sedated and Ventilated patients: A Challenge in Practice

Author(s) **Savitha Antony**, Dr Barbara Coughlan
Affiliation(s) **University College Dublin**

Abstract **Background:** Sedated and ventilated critically ill patients are unable to verbalise their pain. Identifying pain in this patient cohort is a major challenge and Critical Care Nurses (CCNs) knowledge deficit in using behaviour pain assessment scales known to affect the practices of pain management.

Aim: To report on Critical Care Nurses knowledge and practice of pain assessment for sedated and ventilated patients.

Methods: A quantitative descriptive cross-sectional study design using a survey questionnaire was employed ('pain assessment and management in critically ill' Rose *et.al.*, 2011). A convenient sample of CCNs from three ICUs of two Irish teaching hospitals were recruited.

Results: The survey response rate was 56.6% (n=107). Data analysis (SPSS, IBM 24 and p<0.05) demonstrated a good practice of pre-emptive analgesia with majority (91.4%) of the participants using behavioural pain assessment tools. However, only two thirds (n=69, 66.3%,) of CCNs used behavioural pain assessment tools routinely (>75% of the time), and more than half the participants were unable to identify over 50% of pain behaviour. Importantly, discussion of 'pain scores' (60.5%) and 'analgesia to target the pain score' (41.7%) were seldom practiced and the majority identified 'sedation' and 'inability to communicate' as major pain assessment barriers indicating a persistent knowledge deficit.

Conclusion: Though the majority of Critical Care Nurses used a Behavioural Pain Assessment Tool and more than two thirds used it frequently, the study highlighted a lack of knowledge and confidence in behavioural pain assessment among a cohort of Critical Care Nurses that needs to be addressed.

The Challenges of Informed Consent and Assent in Paediatric Clinical Trials – A Literature Review

Author(s) **Shaunagh Browne, Emma Cobbe, June Considine and Kayleigh O' Keeffe**
Affiliation(s) **Clinical Research Facility-Cork**

Abstract **Background:** There are many challenges involved in paediatric research, both for patients, families and research staff. Due to the vulnerability of this patient group and the specific considerations involved, paediatric research often poses different challenges in both recruitment, retention of patients and compliance with protocols and procedures.

Aim: To identify the over-arching themes in the current literature and discuss what strategies we can use to combat these challenges.

Methods: A literature review was performed to identify existing papers which discuss the various challenges involved for patients, their families and research staff as a result of partaking in a paediatric clinical trial.

Results: Following an extensive review of the literature, it is evident that the common themes established were issues surrounding informed consent and assent. These appeared to be related to the patient, the family and research staff. We will discuss these issues in more depth and identify strategies which can be utilised to improve the experience of patients, families and research staff.

Conclusion: We have identified a number of the issues surrounding informed consent and informed assent which are reported in existing literature and how we can combat these challenges. To conclude, we believe it is paramount that a specific SOP be created for each clinical research facility, detailing how informed consent and informed assent should be obtained in paediatric clinical trials. The CRFC will be proceeding with development of an SOP in the coming months in accordance with Irish legislation.

Single Rooms Versus Multi Bed Rooms in Hospital Settings

Author(s) **Howson, Victoria.**, Brady, Noeleen., Drennan, Jonathan

Affiliation(s) **University College Cork School of Nursing and Midwifery**

Abstract

Background: Research is limited on the impact of single-room accommodation on healthcare quality and safety in Ireland. However, a number of international studies have evaluated the advantages and disadvantages of single rooms for patients and, based on these studies, a number of key recommendations have been made. Overall, however, little research has showcased any conclusive evidence for the advantages and disadvantages of single bed wards versus multi-bed wards for the work of nursing staff.

Aim: The objective of this review was to investigate staffing levels needed to maintain single bed wards and to examine the effects of designing primarily single bed hospital wards in the future.

Methods: A search strategy was designed with the use of CINHAL headings and search engines such as EBSCO, Cochrane and google scholar

Results: A total of fifteen papers both qualitative and quantitative were extracted for this review.

Conclusion: Single bed wards are found to be advantageous for patients; however, research to date is mixed regarding whether or not single bed wards hold benefit for nursing staff; further research is required on how to implement and design them correctly. No conclusive evidence was found regarding whether a higher or lower number of staff are needed to work on single bed wards versus multi bed wards. The relevance to clinical practice shows future research needs to focus on nursing staffs' perspectives of hospital design.

Document prepared by:

Dr Mohamad Saab *(Conference Organiser)*

Dr Geri McLoughlin *(Conference Co-Organiser)*