



UCD School of Nursing, Midwifery and Health Systems
UCD College of Health and Agricultural Sciences

2nd International Research Conference

Empowering Care: Innovations in Healthcare for a Sustainable Future

22nd - 23rd August 2024

UCD Belfield Campus, Dublin, Ireland



Book of Abstracts



2024

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001. Shared decision-making for stroke patients in neurocritical care - A Qualitative Meta-Synthesis

Mrs Hui Zhang¹, Mrs Deirdre O'Donnell¹, Mrs Carmel Davis¹

¹UCD School of Nursing, Midwifery and Health Systems, Jining, China

Background: Decision-making for stroke patients in neurocritical care presents unique challenges due to the gravity and high preference sensitivity of these decisions. Shared decision-making (SDM) is recommended to align decisions with patient values and preferences. This review aims to explore the experiences and perspectives of those involved in SDM for neurocritical stroke care.

Methods: We conducted a qualitative meta-synthesis following the Joanna Briggs Institute (JBI) guidelines, using the thematic synthesis approach described by Thomas and Harden. We searched PubMed, CINAHL, EMBASE, PsycINFO, and Web of Science from their inception to July 2023, supplemented by manual searches. Following screening, quality appraisal was performed with the JBI Appraisal Checklist. Data analysis involved line-by-line coding, the development of descriptive themes, and the creation of analytical themes using NVivo 12 software.

Results: The initial search yielded 7,492 articles, with 94 undergoing full-text screening, resulting in 18 papers being included in the meta-synthesis. These articles, originating from five countries and published between 2010 and 2023, addressed the process of SDM that centered on primary decision types, including life-sustaining treatments (LST), palliative care, and end-of-life care, with LST decisions being most prevalent. Four analytical themes emerged, encompassing 10 descriptive themes: prognostic uncertainty, a multifaceted balancing act, tripartite role dynamics, and information exchange. These themes reflect the complex and interconnected nature of SDM, influenced by broader socio-cultural factors. We propose a conceptual model to elucidate the key elements and relationships driving SDM in neurocritical care.

Conclusions: This meta-synthesis of 18 primary studies offers a higher-order interpretation and emerging conceptual understanding of SDM in the context of neurocritical care. The complex role dynamics among SDM stakeholders require careful consideration, highlighting the need for stroke-specific communication strategies. Expanding the evidence base across diverse socio-cultural settings is essential to deepen the understanding of SDM in neurocritical stroke patients.

002. Conceptualising the health system as a power-field: An innovative way of understanding and intervening in health systems to enhance nurses' contribution to care

Mr Olalekan Agunbiade¹, Prof Martin McNamara¹, Dr. Wayne Thompson¹

¹University College Dublin, Dublin, Ireland

Background: A paucity of literature exists on power in health systems, and it remains poorly conceptualised. Empirical inquiries are hindered by the lack of uniformity in how power is understood (Agunbiade, McNamara and Thompson, 2023).

Aim: To present the power-field as a conceptual innovation that affords a new way of understanding systemic relationships and processes.

Methods: A search of the empirical and theoretical literature by a comprehensive computer-assisted search of CINAHL and PubMed using key search terms, citation-searching and journal hand-searching methods.

Highlights: We propose the power-field as a conceptual innovation accounting for a wide range of theoretical considerations and empirical findings. VeneKlasen and Miller (2002) discussed four types of power: power-from-within, power-to, power-with and power-over. Whether and to what degree these types are expressed in systems determines key relationships and processes and affects systems' robustness and productivity. Conceptualising health systems as power-fields affords a way of overcoming two of five types of system blindness, relational and process (Oshry, 2007; 2020), and contributes to addressing positional, spatial and temporal blindness.

Contribution: System blindness diminishes nurses' self-efficacy and group strength, affecting their clinical practice with potential negative effects on care outcomes (Cullati et al., 2019). The concept of the power-field as a relational space shaped by key systemic processes affords nurses systems sight with positive outcomes for the overall robustness and productivity of the system and the wellbeing of all those who serve in and are served by it.

Conclusion: Conceptual innovations such as the power-field empower carers and those they care for by affording a new appreciation of the systems that they at once shape and are shaped by. Describing and analysing how power effects and affects key systemic relationships and processes leads to new understandings that can inform novel interventions to build more robust, healthful and productive health systems.

003. Development of National Suite of Measures of the Quality and Safety of Maternity and Neonatal Services: Stakeholder Engagement

***Ms. Jaspreet Kaur Dullat**, Dr. Thérèse McDonnell, Prof. Eilish McAuliffe, Grainne Cosgrove, Emma Hogan, Dr. Gemma Moore, Dr. Louise Hendrick, Dr. Marcella O'Dowd, Dr. Triona McNicholas, Dr Leàn McMahon*

¹Research Assistant, UCD IRIS Centre, SNMHS, , Ireland

Background/Aim: The National Quality & Patient Safety Directorate, in collaboration with the National Women and Infants Health Programme (NWIHP) and UCD IRIS Centre, is developing a national suite of measures of the quality and safety of maternity and neonatal services for inclusion in a new national surveillance system (QS Signals). This system (funded by Sláintecare) will optimize the use of available data for patient safety surveillance and quality improvement.

Methodology: The co-design process used involves five discrete, yet complimentary phases; i) initial review of literature/dashboards used internationally to identify measures ii) establishment of a Clinical Advisory Group (CAG) to determine pertinent measures through a series of workshops/surveys iii) panels of service users to review shortlisted measures and capture experiences of marginalized communities iv) online Delphi survey with the staff working in maternity and infant services to assess the relevance, completeness and importance of measures v) consensus meeting to agree the final suite of measures.

Results: Initial scoping interviews with the CAG commenced in March 2023. Over a series of 4 workshops and 4 surveys, a structured framework of themes, classifications, metric families, and measures was developed. Measures reported nationally and internationally that captures quality and safety across the continuum of care of pregnant women, mothers and infants were identified. A review of datasets within the initial scope of the programme and a preliminary feasibility assessment was completed.

Service user engagement was conducted to provide feedback on identified measures and to ensure completeness, while a Delphi survey conducted with staff working across maternity services provided further feedback on the suite of measures.

Conclusion: Co-design method fosters active listening and knowledge acquisition through organized collaboration with entrusted healthcare professionals, service users and healthcare staff leading to identification of significant measures that will offer understanding into healthcare delivery and drive further enhancements.

004. Understanding Safeguarding Adults using an Evolutionary Concept Analysis Model

Mrs Anita Duffy¹, Dr Freda Browne², Dr Michael Connolly³

¹Our Lady's Hospice & Care Services and SNMHS, UCD, Dublin, Ireland, ²SNMHS, UCD, Dublin, Ireland, ³SNMHS, UCD and Our Lady's Hospice & Care Services, Co Dublin, Ireland

Background: Safeguarding Adults is a complex and multifaceted process with the conceptual term requiring clarity and understanding.

Study Aim: This aim of the concept analysis was review the scientific literature in order to clarify the meaning of the conceptual term 'Safeguarding adults' and establish an operational definition to apply to clinical practice, research, and policy.

Methods: Rodgers' evolutionary and inductive method for analysing concepts was used to analyse the conceptual term 'Safeguarding Adults'. We conducted a systematic search across four scientific databases from January 2014 to May 2023, yielding a total of 403 relevant reports. However, only ten reports met the specified inclusion criteria and underwent a thorough analysis as detailed within this study.

Results: The findings were categorised into the antecedents, attributes, and consequences of safeguarding adults. The key components of prevention, protection, empowerment, partnership, and accountability remain essential elements of adult safeguarding; however, further attributes were identified leading to a new conceptual definition of safeguarding adults.

Implications for Clinical Practice, Policy, Research: Clarifying the key attributes, antecedents, and consequences of safeguarding adults is instrumental in safeguarding the human rights of adults at risk of abuse. By identifying practical procedures tailored for nursing and social care professionals, the processes of safeguarding adults from abuse fosters a culture of safety and quality care. This concept analysis contributes to the advancement of adult protection practices, ensuring the provision of optimal and supportive care, consequently promoting a positive culture of adult protection.

Conclusion: By unpacking the complexities of this essential concept, we pave the way for informed decision-making, interagency collaboration, and ultimately, enhanced safeguarding outcomes for adults at risk of abuse in society.

O05. Tattooing to reconstruct Nipple-Areola Complex after oncological breast surgery: a scoping review

***Dr Deborah Maselli¹**, Dr. Martina Torreggiani¹, Dr. Tiziana Livieri¹, Dr. Gloria Farioli¹, Dr. Stefania Lucchi¹, Dr. Monica Guberti¹*

¹AUSL-IRCCS of Reggio Emilia, Reggio Emilia, Italy

Background: The dermopigmentation of the Nipple-Areola Complex (NAC) is a safe non-surgical reconstruction technique that can restore psychophysical integrity, representing the final step after oncological surgery. This scoping review aims to identify and synthesize the literature focused on medical tattooing for NAC reconstruction in women who underwent breast reconstruction after cancer surgery. Competence and training, outcomes and organizational aspects were assessed as specific outcomes.

Method: The Joanna Briggs Institute (JBI) methodology for scoping reviews was followed. MEDLINE, Embase, Cochrane Library, Clinical Key, Scopus and Cinahl databases were consulted. After title (N = 54) and abstract (N = 39) screening and full-text review (N = 18), articles that met eligibility criteria were analyzed, critically appraised and narratively synthesized.

Results: 13 articles were analysed, with full texts (N = 11) and only abstract (N = 2). The overall quality of the literature (N observational studies = 11; N pilot experimental studies = 2) is weak. Nurses were the professionals mostly involved (N = 6), then medical staff (N = 4) and tattoo artists (N = 2). The professional training is poorly described in 6 papers. The most frequently assessed outcome was the satisfaction rate (N = 8). One study explored aspects of quality of life with a validated questionnaire. The management of these services resulted variable. Nurse-led services were implemented in 2 studies.

Conclusions: Despite methodological weaknesses, NAC tattooing research is relevant because it helps women redefine their identity after demolitive cancer treatments. Further research on processes and outcomes is needed.

Published on 10 February 2024 in Supportive Care in Cancer (Volume 32). Full Reference: Maselli D, Torreggiani M, Livieri T, Farioli G, Lucchi S, Guberti M. Tattooing to reconstruct Nipple-Areola Complex after oncological breast surgery: a scoping review. Support Care Cancer. 2024 Feb 10;32(3):153. doi: 10.1007/s00520-024-08351-3. PMID: 38337084; PMCID: PMC10858077.

006. A co-designed research project in collaboration with the Traveller Community in Ireland with the aim of decreasing cancer related morbidity and mortality among Irish Travellers

Dr Patricia Fox¹, *Dr Reuel Jalal*¹, ***Ms Mary Brigid Collins***², *Professor Patricia Fitzpatrick*^{3,6}, *Associate Professor Kate Frazer*¹, *Dr Lynsey Kavanagh*², *Dr Una Kennedy*⁴, *Dr Triona McCarthy*⁴, *Ms Maria McEnery*⁴, *Ms Aine Lyng*⁴, *Ms Brigid Quirke*⁵, *Dr Aela O'Flynn*³, *Dr Regina Joye*¹

¹UCD School Of Nursing Midwifery & Health Systems, Dublin, Ireland, ²Pavee Point Traveller Primary Health Care Project, Pavee Point Traveller & Roma Centre, Dublin, Ireland, ³UCD School of Public Health, Physiotherapy and Sports Science (SPHPSS), , Dublin, Ireland, ⁴National Cancer Control Programme , Dublin, Ireland, ⁵HSE National Social Inclusion Office, , Dublin, Ireland, ⁶St Vincent's University Hospital , Dublin , Ireland

Background: Irish Travellers are a distinct ethnic minority group, having received formal recognition in March 2017. They experience higher mortality than the general population at all ages and for all causes of death (including cancer).

Study Aim: To determine cancer awareness and attitudes among the Traveller Community in Ireland, and to identify barriers and enablers to cancer risk reduction behaviours and early diagnosis of cancer.

Methods: A co-designed multi-method study was developed in collaboration with Pavee Point, a national NGO for Travellers, the National Social Inclusion Office (NSIO) and the National Cancer Control Programme (NCCP) including:

1. Consultation with Pavee Point and NSIO representatives to inform the study proposal and methodology.
2. Co-design of methodology for ethics applications and subsequent data collection plan including interview topic guides and the development of a culturally appropriate version of the NCCP's 2022 National Survey on Cancer Awareness, incorporating additional questions on social determinants of health and screening participation.
3. Collaboration with 12 peer-led Primary Health Care for Travellers Projects (PHCTPs), to provide in-person training for Traveller Community Health Workers to undertake a cross-sectional survey of adult Travellers (sample size 380).
4. Collaboration with PHCTPs to undertake 20 semi-structured interviews with Traveller survey participants.
5. Conduct of semi-structured interviews with healthcare professionals to explore their perceptions of the barriers and enablers for Travellers engaging with the health system (cancer focus).

Lessons Learned: Working closely and collaboratively with our study partners, we gained valuable insights which enabled effective and efficient data collection across 8 counties, while exceeding our survey target sample size.

Implications for Research: Collaborative, trusting, and respectful relationships are critical for all studies, but particularly when working with minority groups.

Conclusion: The study findings will inform policy for improved cancer outcomes among Travellers in Ireland.

007. Evaluation of students skills, competencies and attitudes before and after a new graduate Diploma in Primary Care Nursing

***Dr Sheila Loughman**¹, Ms Regina Lennon², Ms Shannon Hughes-Spence², Associate Professor Rita Smith², Professor Walter Cullen¹*

¹UCD (School of Medicine), Belfield, Ireland, ²UCD (School of Nursing, Midwifery and Health Systems), Belfield, Ireland

Background: General practice and primary care are changing rapidly, and traditional roles within the community are evolving. The value of patient-centred care in the community is being acknowledged, which has increased the scope and role of primary care nurses. The need for formal education and training for these roles has become apparent, particularly in the face of planned healthcare structure changes, such as Sláintecare, which will move services traditionally associated with secondary care into the community in line with the Stay Left, Shift Left strategy.

Study Aim: Research is needed to investigate the impact of providing primary care nurses with additional knowledge, skills, and competencies. This prospective observational study aims to examine the impact of this new Graduate Diploma in Primary Care Nursing Practice from the perspective of primary care nursing students.

Methods: A pre and post-survey exploring skills, competencies, attitudes and professional development needs of primary care nurses in the community before and after the Graduate Diploma in Primary Care Nursing Practice. Several primary care experts designed and reviewed the questionnaire to improve validity. Students were emailed an information leaflet with a request to participate in the anonymised questionnaire online using google forms. Data from the pre and post-course surveys will be compared to identify significant differences.

Results: The programme is ongoing, and results will be available after June 2024

Implications for Clinical Practice, Policy, Research: In keeping with the conference theme of Workforce, Innovation and Sustainability, the graduates will support shifting the delivery of care towards the community, thus realising the Sláintecare vision of one Universal health service for all, to provide the right care in the right place, at the right time.

Conclusions: This project encapsulates the “Stay Left, Shift Left” strategy enabling quality of life outcomes and care in the most cost-efficient format for patients.

O08. Exploring Critical Care Nurses Views and Education Needs Regarding Cybersecurity through Co-Creation

***Dr Claire Magner**¹, Ms Chloe Green¹, Prof Thilo Kroll¹, Mr Nicolas Zampiero¹, Dr Marina Green², Mr Florian Scheibein²*

¹University College Dublin, Dublin, Ireland, ²South East Technological University, Waterford, Ireland

Background: Health care professionals (HCPs) need sufficient knowledge, training and skills to engage effectively with digital technologies. This is crucial in the context of global crises, including the increased threat of cyberattacks targeting healthcare systems. Co-funded under EU4Health program, the DDS-MAP project aims to develop training for HCPs in the EU, focused on enhancing digital skills in the delivery of care services. A subgroup of the project team explored critical care nurses' views and educational needs regarding cybersecurity through a co-design workshop.

Study Aim: The aim of the co-design workshop was twofold:

- 1) To explore the perceptions and experiences of critical care nurses regarding cybersecurity.
- 2) To co-design solutions that address cybersecurity challenges through the development of tailored educational materials.

Co-design offers service users and stakeholders the opportunity to work together to define problems and develop, implement and evaluate solutions in real-world settings. The team used the Stanford-D Model of design and co-production principles to develop the workshop. Low risk ethics approval was granted and critical care nurses undertaking a graduate programme in UCD (n=5), as well as PhD students with relevant expertise (n=2) participated in the co-design workshop.

Results: The group recounted their experiences with digital technologies and cybersecurity concerns. Themes identified informed the development of educational content domains: Communication and Software Security, Physical Access and Hardware Security, Shared Access and IT Help. Games and simulation were identified as the preferred learning format and quizzes were the most frequently referenced assessment preference. Hybrid face-to-face and online delivery was mentioned.

Conclusions: The co-design workshop generated valuable insights into critical care nurses real-life experiences with digital technologies, which will support the development of learning personas and educational materials relating to cybersecurity concerns.

009. Patient involvement in the implementation of Nordic Walking in chronic renal failure patients: a pilot study

Dr Roberta Di Matteo¹, Dr Tatiana Bolgeo¹, Dr Menada Gardalini¹, Dr Antonella Giolito², Prof Marco Quaglia², Dr Antonio Maconi¹

¹Research Training Innovation Infrastructure - Department of Research and Innovation - Azienda Ospedaliero-Universitaria Santi Antonio e Biagio e Cesare Arrigo, Alessandria, Italia, ²SC Nephrology and Dialysis - Azienda Ospedaliero- Universitaria SS Antonio e Biagio e Cesare Arrigo, Alessandria, Italia

Background/Aim: Physical inactivity is particularly relevant in chronic renal failure patients. Involving patients in research and service delivery can help to ensure that interventions are acceptable, appropriate, and accessible. This study aims to implement a therapeutic walking program within the therapeutic path of renal disease patients, designed and constructed with a group of patients to increase physical performance and improve quality of life.

Methods: We established a group of renal disease patients who actively participated in the design and execution of the study and provided the training needed to participate effectively in the research, including research concepts, research ethics, and effective communications. We built a pilot single-arm, monocentric study on a convenience sample. The enrolled patients in renal replacement treatment (peritoneal and hemodialysis) and transplants underwent a therapeutic walking program, specifically Nordic walking, consisting of 22 sessions from May to September 2023. Hematochemical parameters, Body Mass Index (BMI), and European Quality of Life 5 Dimensions 3 Level (EQ-5D-3L) were measured before the rehabilitation program (T0) and at the end (T1). Results/Lessons learned: 12 patients were enrolled, with a mean age of 67.75 (SD 5.04). Quality of life improved from a score of 72.5 (T0) on the EQ-5D-3L to 88.8 (T1). Hematochemical parameters and BMI remained unchanged. When patients are actively involved in the planning and delivering healthcare services, their unique insights can help identify gaps in care, improve treatment outcomes, and enhance the overall quality of care.

Implications for Clinical Practice, Policy, Research: By listening to and incorporating patients' feedback, healthcare providers can better tailor their services to meet the community's needs and improve patient satisfaction and outcomes.

Conclusions: Implementing Nordic Walking for this population, with the active involvement of the patients themselves, could be an effective and innovative strategy to improve the quality of life and health.

O10. Understanding the power in Patient and Public Involvement in developing a neonatal research study: Neo-SILT journey

*Mr Colm Darby^{1,2}, Dr Olinda Santin¹, Dr Derek McLaughlin¹, Dr Breidge Boyle¹
¹Queens University Belfast, Belfast, Antrim, United Kingdom, ²Public Health Agency, Belfast,*

Aim: Establishing a Protocol Advisory Group (PAG) with Patient and Public Involvement (PPI) to facilitate the co-design of a neonatal research study investigating Post Traumatic Stress Disorder (PTSD) in parents of infants admitted to a neonatal unit in Northern Ireland (Neo-SILT Study).

Method: Parents who volunteered for a parent feedback initiative at Craigavon Area Hospital were invited to join an advisory group. The group comprised 4 mothers of infants born between 26 and 36 weeks gestation, along with a senior neonatal nurse, an Advanced Neonatal Nurse Practitioner, a Consultant Paediatrician, and 2 research team members. Virtual platforms were utilised to accommodate parental involvement. The group was briefed on the study's objectives, recruitment procedures, data collection timelines, and outcome measures, with their feedback shaping study modifications.

Results: PAG feedback contributed to co-designing the study, including naming, logo creation, recruitment poster design, and crafting a parent information leaflet. The recruitment strategy was extended into a longitudinal study with 4 time points, influenced by PAG recommendations regarding current screening practices, paternal PTSD symptoms at 6 weeks postpartum, and maternal recall at 1 year. Adjustments were made to involve cot side nurses in recruitment, with neonatal nurses assisting in the expression of interest process due to workload constraints.

Conclusions: Establishing a Protocol Advisory Group with Patient and Public Involvement enriches the research process by incorporating patient and caregiver perspectives. This inclusive approach ensures study relevance, ethical integrity, and alignment with real-world needs. By fostering meaningful engagement, transparency, and trust, PPI enhances research feasibility and accountability.

O11. Evaluation of the Caru Programme: A National

Ms. Karina Correa Valdez¹, Ms. Chloe Green¹, Prof. Jonathan Drennan¹, Prof. Corina Naughton¹, Prof. Michael Connolly^{1,2}, Ms. Brid McCarthy¹, Dr. Ann Donohue¹, Prof. Fiona Timmins¹

¹School of Nursing, Midwifery and Health Systems. University College Dublin, Dublin , Ireland, ²Our Lady's Hospice & Care Services, Dublin, Ireland

Background: The provision of high-quality palliative care is essential and requires a knowledgeable, confident and competent workforce. The Caru Programme is a continuous learning programme that aims to support and empower Nursing Home (NH) staff across Ireland, in the delivery of palliative, end-of-life, and bereavement care. It is a joint initiative of the Irish Hospice Foundation, All Ireland Institute of Hospice and Palliative Care, and the Health Services Executive. The programme is delivered through a series of networking events, quality improvement workshops, webinars, and Project-ECHO online networks. The QI workshops are the primary catalyst for change. An independent evaluation is being carried out by UCD, School of Nursing, Midwifery and Health Systems.

Aim: The aim of the evaluation is to understand the extent to which Caru supports the enhancement of palliative, end-of-life and bereavement care provided to NH residents and their families.

Methodology: A pre-post design with multiple methods data collection is underway. This study reports on secondary data analysis from anonymous surveys administered following participation in QI workshops.

Results: The QI workshops have been completed by 140 NHs and 509 staff attended workshop 1. Over 70% of participants strongly agreed the learning would help them enhance care. Participants also self-reported a significant increase in knowledge and understanding from before (mean 2.5) to after the workshop (mean 3.4), $p < 0.001$. Areas for improvement included, a need to build confidence in new skills e.g. death reviews and seeking feedback from families.

Conclusions: This study demonstrates that the Caru QI workshops are supporting NH staff to increase their knowledge and understanding in palliative and end-of-life care. Such improvements are crucial to enhance resident quality of life and ease bereavement processes for families and staff. Continued support and dedicated time for staff to build confidence and introduce change will be essential for further improvements.

O12. Generational Health: An Innovative Program Realigning Hospital Care with Older Adult Goals

Dr Stacy Nilsen¹, Kelly Wright¹, Dr. Diane Wintz¹

¹Sharp Memorial Hospital, San Diego, United States

Background: Assessing hospitalized older adult baseline frailty and vulnerabilities prognosticates risk for development of delirium and functional decline. Both are associated with longer length of stay, increased risk of skilled nursing placement, and loss of independence. Consideration of frailty along with medical presentation and disease trajectory allows clinicians to align medical decision making with individual patient goals and promotes action plans to maintain cognitive baseline and physical functioning.

Study Aim: Generational Health (GH) is an innovative approach to optimize hospital care in older adults which honors wellness and independence, acknowledges changing life circumstances, and aligns with the individual's unique goals of care.

Methods: Generational Health is a coordinated, collaborative program including an older adult emergency department, surgical care planning aligned with individual goals, perioperative prehabilitation, an inpatient Healthy Aging Team mitigating delirium and promoting functional strength, and a nurse-led Advanced Illness Management team facilitating goals of care discussions.

Results/Lessons Learned: Outcomes of patients receiving Generational Health interventions compared to a similar, non-participating patients include maintenance of functional capacity with improved patient return to independence after injury or illness (83% vs 61%), decreased length of stay (4.3 days vs 5.5 days), and lower incident delirium rates (6% vs 16%).

Implications for Clinical Practice: This coordination of patient centered resources provides hospital care consistent with the values and priorities of the older adult. Generational Health patients consistently demonstrate a shorter than expected length of hospital stay and are more likely to discharge back to their prior level of independence.

Conclusions: This innovation exemplifies equitable healthcare for older adults by providing customized action plans consistent with goals of care, maximizes reserve in strength and cognition, engages support systems, and advocates for autonomy and independence.

O13. Protocol to co-design a resource to promote cervical screening awareness among women of low socio-economic position in Dublin

Ms Sophie Mulcahy Symmons¹, Dr Amanda Drury², Dr Aoife De Brun¹

¹School of Nursing Midwifery and Health Systems, UCD, Dublin, Ireland, ²School of Nursing, Psychotherapy and Community Health, DCU, Dublin, Ireland

Background: Ireland is projected to eliminate cervical cancer by 2040[1], however this must be achieved equitably. Women of lower socio-economic position have a higher incidence of cervical cancer and are less likely to attend cervical screening [2]. Increasing awareness and education can promote participation in screening [3]. Co-design is a method that meaningfully engages communities leading to more acceptable intervention development and outcomes.

Aim: To collaborate with women of low socio-economic position living in Dublin to develop strategies to promote awareness of cervical screening.

Method: An advisory group, consisting of healthcare professionals, policymakers, community development workers and public patient representatives, supported the aims and design of the project. A design thinking approach (Double Diamond) and PRODUCES+ co-design framework were used to shape the co-design workshops [4, 5]. Findings from previous research, behaviour theory and other evidence will inform the workshops. Up to ten women of low socio-economic position who were interviewed to understand the barriers and enablers to attending cervical screening will be reinvited to take part in the co-design workshops. There will be five workshops to develop the resources:

1. Introductions and scene setting;
2. Prioritise problems and messages;
3. Identify preferred type of resource;
4. Prototype resource;
5. Refine resource. Other stakeholders (via the existing advisory group) will also provide feedback on the co-designed resource.

Results: The study has not been completed, however preliminary results may be available at the time of the conference.

By putting women at the centre of intervention development, it is expected an acceptable resource will be developed to raise awareness and promote cervical screening among women of low socio-economic position. The detailed methods described here will provide other researchers with a framework to conduct co-design research and add to sparse literature in the field.

Co-design methods with communities provide opportunities for meaningful public engagement and health service improvement

O14. The Relationship Between Level of Diabetic Distress, Depression, Anxiety On Hba1c Among Jordanian Adolescents

Dr Abedallah Kasem¹, Ms Lubna Alma'ani

¹Jordan University Of Science And Technology, Irbid, Jordan

Background: Adolescents with diabetes sometimes struggle with symptoms of anxiety, depression, diabetic distress which might compromise their ability to control their levels of blood sugar. Thus, it is necessary to understand the connections between various emotional problem indicators and glycemic control.

Aims: The first aim of this study was to evaluate Jordanian adolescent's levels of diabetic distress, depression, anxiety and HbA1c. The second aim was to examine the association between the sociodemographic and HbA1c, depression, and anxiety.

Methods: A cross-sectional descriptive research design was used. A total sample of 200 adolescents come in outpatient diabetic clinic at two public teaching hospitals and Ministry of Health hospital were recruited to participate in this study. A self-administered questionnaire was used to collect data. The participants completed validated questionnaires on Diabetes distress (using the Problem Areas in Diabetes; Teen Self Report; PAID T), as Anxiety and depression (using the Hospital Anxiety and Depression Scale).

Results: Seventy-three and half percent (n=147) experiences depressive symptoms, 70% (n=140) experiences anxious symptoms and 59% experiences (n=118) diabetic distress symptoms. In regression model, anxiety was a positive effect on HbA1c ($\beta=.304$, $P < .001$), and HbA1c was explained by: monthly family income ($\beta= -.208$, $P= .003$), gender ($\beta= -.192$, $P= .005$), Self-Monitoring Blood Glucose ($\beta= .153$, $P= .033$). The independent t-test revealed significant differences in mean diabetic distress scores between Self-Monitoring Blood Glucose groups ($P=.020$) and significant differences in mean anxiety and depression scores among genders ($P=.048$, $P=.005$, respectively). Only depression shown a significant difference in means scores with different HbA1C levels ($P=.037$). ANOVA test showed statistically significant differences in depression scores across various age groups ($P=.001$).

Conclusion: Adolescents in our study showed elevated levels of depression and anxiety. There is a crucial need to integrate mental health care into diabetes clinical practices accompanied with routine screening.

O15. Critically examining clinical holding in the care of children and young people for clinical procedures: a cascading collaborative educational approach.

Ms Mairéad Loftus¹, Professor Lucy Bray²

¹CNME Mayo/Roscommon 9HSE), Castlebar, Ireland, ²Edge Hill University , Ormskirk, United Kingdom

Background/Aim: Healthcare services must be child centred and respect the rights of children and young people. The Strategy for the future of Children's Nursing in Ireland 2021-2031 (HSE 2021) advocates the registered children's nurse to be a voice of influence in the care of children and their families. In 2021 Saolta University Healthcare Group identified a learning need in the area of clinical holding in children and young people. Aim: to critically examine and explore what good practice could look like, recognising there are no easy answers.

Method: Underpinned by HSE change management framework (2018, 2023). Learning request and Quality and risk manager consultation. Clinical Guideline (Saolta 2022) development. Consultation with ISupport - published rights-based standards for children having clinical procedures in 2022. Delivery of four masterclasses. Evaluation via Smart Survey. Cascading evidence into clinical practice.

Results:

- Four online masterclasses, with recordings of 3 available on HSEland platform.
- Regional, national, international attendees n=532 (live n=152; recording n=379)
- Clinical Guideline developed and implemented.
- Online recording component National Vaccination Programme Republic of Ireland - vaccines for children
- 'Fundamental Learning Requirements on HSEland' for the National Immunisation conference series (2024) (n=900 attendees)
- Smart Survey - 100% improved knowledge of a child rights-based approach to clinical procedures. "I was genuinely moved by the masterclass and am delighted to be part of the change that will undoubtedly improve the experience of both children /young people and their parents."

Conclusion: The masterclass series directly influenced the content of the National Vaccination Programme.

A child rights approach is embedded into clinical education delivered by clinical Facilitators in Children's Services in Saolta university Healthcare group.

The education ignited a discussion between services on child rights and clinical interventions.

Further research and education is in development.

O16. Co-Designing a National Suite of Measures of the Quality and Safety of Maternity and Neonatal Services with Service Users

***Dr Therese McDonnell**¹, Ms Jaspreet Dullat¹, Professor Eilish McAuliffe¹, Dr Louise Hendrick², Dr Gemma Moore²*

¹IRIS Centre, University College Dublin, , Ireland, ²National Quality and Patient Safety Directorate (NQPSD), Health Service Executive

Background/Aim: The HSE's Quality and Patient Safety Directorate is establishing a national quality and safety surveillance system (QS Signals). This system will initially be designed and implemented in maternity and neonatal services across Ireland. A rigorous co-design process is underway to identify relevant measures of quality and safety for inclusion in the surveillance system, with clinical experts, staff working throughout maternity and neonatal services, and service users all part of this process. This presentation focuses on the co-design process conducted with service users.

Methods: Two panels of service users engaged in the co-design process. Firstly, a series of workshops were conducted with service user advocates. Measures identified by a Clinical Advisory Group were considered and additional measures focusing on areas of importance to service users were identified. Secondly, a separate co-design process was conducted with a panel of women from the Roma Community to ensure the final suite of quality measures captured the experience of under-served communities. These workshops were co-designed with a representative organisation to maximise panel members ability to contribute.

Results: Recipients of care are experts due to their experience. Their involvement in this co-design process resulted in a more comprehensive and meaningful suite of measures and brought focus to areas of quality considered important by service users. The inclusion of a panel of women from a minority community enriched both the co-design process and the final suite of measures.

Conclusions: Co-design is a practical and efficient approach that facilitates listening and learning through structured engagement with experts. Engaging diverse service users in the co-design process resulted in the identification of meaningful measures that will provide insight into the delivery of care and drive improvements in quality and safety within the maternity and neonatal services.

O17. EMER Study (Early Motherhood Expectations versus Reality)

Mrs Jean Doherty¹, *Ass. Prof Barbara Coughlan*², *Ms. Lucille Sheehy*¹, *Ms. Caroline Brophy*¹, *Ms. Margaret Folan*², *Ms. Aoife O'Donoghue*³, *Ms. Leona Gill*⁴

¹National Maternity Hospital, Dublin, Ireland, ²University College Dublin School of Nursing, Midwifery & Health Systems, Dublin, Ireland, ³St. Luke's Hospital, Kilkenny, Ireland, ⁴Midlands Regional Hospital, Mullingar, Ireland

Background: In the 'fourth trimester,' women adapt to their new identity as 'woman and mother'. They wish to achieve competence and self-esteem as mothers and regain their own and their baby's well-being. Most women are unprepared for the degree to which their lives are transformed.

Aim: To ascertain new mothers' early motherhood experiences and how their experiences differed from their expectations.

Methods: This is a multi-centre qualitative study. An expert panel was established to discuss the issue and decide on research questions. The panel included mothers, patient advocates, academics, midwifery managers, parent craft educators and researchers. Three focus groups were conducted in the National Maternity Hospital, Dublin, St. Luke's Hospital, Kilkenny and the Midland Regional Hospital in Mullingar with women (n=16), 2-7 months postnatal, analysed using Reflexive Thematic Analysis.

Findings: Four main themes were identified, incorporating 3-4 sub-themes each. Social expectations and the women's internal expectations did not match the reality of their transition to motherhood. Many factors impacted the gap between what they expected of early motherhood and the reality of their 'return to normal' and new family dynamics. Partner support played a significant role in participants' experiences with motherhood. Most participants received very little information about the postnatal period before birth, and most of their information came from family, friends and Google. The participants would have valued more follow-up, postnatally, by professionals.

Implications for clinical practice and policy: The quality of postnatal care received from GPs and public health nurses varied. Women require better quality, extended follow-up to assess physical and psychological well-being and provide more factual information and support postnatally.

Conclusion: This study found gaps in women's experiences of motherhood compared to their expectations. Women require more support and professional follow-up. Furthermore, women would benefit from more information, antenatally, about what to expect about 'normal' postnatal recovery.

O18. Healthy environments: enhancing the care environment through innovative design, embracing best practice and interdisciplinary collaboration.

***Dr Timmy Frawley**¹, Dr Susan O'Hara², Dr Julie Elliott³, Dr Oliver Kinnane⁴, Dr Paul Kenny⁵, Mr Kevin Bates⁶, Prof Dianne Morrison-Beedy⁷, Dr Blánaid Gavin⁸*

¹University College Dublin, Dublin, Ireland, ²Ohio State University, Ohio, United States, ³Louisiana State University, Louisiana, United States, ⁴University College Dublin, Dublin, Ireland, ⁵University College Dublin, Dublin, Ireland, ⁶Scott Tallon Walker Architects, Dublin, Ireland, ⁷Ohio State University, Ohio, United States, ⁸University College Dublin, Dublin, Ireland

Background: Neurodiversity is an important consideration for all community and built environments settings. There is a gap between needs and evidence-based design guidelines. Drawing on insights from research “Making UCD a Neurodiversity Friendly Campus”, the literature, and case studies, we identify how applying a salutogenic design model (“...a model for socio-environmental influences on health”), (Mittelmark et al., 2022, p. 26) with interprofessional colleagues can improve academic settings for students, faculty and staff.

Aim

1. Report findings from the research project entitled “Making UCD a Neurodiversity Friendly campus”.
2. Explain history and theory of evidence-based design and salutogenesis.
3. Describe how to create a healthy community from the exterior to the interior to promote wellbeing for all occupants.
4. Compare national and global codes, guidelines and certifications for healthy environments.

Methods: The ‘Making UCD a neurodiversity friendly campus’ report details results of a scoping review, survey, interviews and focus groups, a sensory audit of the built and virtual environment, and stakeholder mapping exercise. The sensory audit tool incorporated design checklists including the BBC Checklist (BBC, 2022). A sample of neurodivergent staff and students (N=15) participated in the audit referencing specific segments of the campus and virtual environment.

Results: Integrating UCD audit findings and case studies we demonstrate the value and positive outcomes of healthy design features including air quality; visual, acoustic, and thermal comfort; materials; and spaces that encourage community connection or privacy.

Conclusions: Understanding evidence-based design and the salutogenic model provides the foundation for improving settings for quality, safe, and efficient care and education. It is the foundation for creating policy, and opportunities for interprofessional collaboration to conduct future research.

In the global community where neurodistinct occupants live, learn, worship, play, age, and receive care, adherence to design principles inform a built environment to incorporating diversity, equity, equality and inclusion.

O19. Feedback from employers and assessors of students (community registered general nurses) completing the UCD Graduate Diploma in Primary Care Nursing Practice.

***Ms Regina Lennon**¹, Dr Sheila Loughman², Ms Shannon Hughes-Spence¹, Prof Walter Cullen², Associate Professor Rita Smith¹*

¹UCD School of Nursing, Midwifery and Health Systems, Belfield, Ireland, ²UCD School of Medicine, Belfield, Ireland

Background: Community and primary care is changing rapidly, with traditional roles within the community evolving. The importance of patient-centred care in the community is increasingly recognised, potentially leading to an expanded scope and role for community registered general nurses. The necessity for formal education and training in these roles has become clear to ensure a skilled workforce, drive innovation and maintain sustainability. This need is especially pressing in the face of planned healthcare structure changes, such as Sláintecare, which aims to transition services into the community in line with the Stay Left, Shift Left strategy.

Method: This study explores the feedback experiences, insights, and challenges identified by employers and assessors of community nurses on the Graduate Diploma in Primary Care Nursing Practice. We aim to learn about the programme's relevance to the students, their mentors/supervisors, and patients and to improve future students' learning experiences.

A semi-structured interview via Zoom with assessors exploring the experiences, insights, and challenges. The semi-structured questionnaire was designed and reviewed by several primary care experts, as well as a pilot semi-structured questionnaire, to ensure validity. Participants will be emailed an information sheet, consent, and a request to participate using a gatekeeper. The collected data will help tailor teaching to student's learning needs and improve the programme for future students and their employers and assessors.

Results: The study is in progress, and results will be available for the August Conference.

Implications: In line with the workforce, innovation and sustainability theme, the graduates will support shifting care delivery towards the community, thus realising the Sláintecare vision of one Universal health service for all, to provide the right care in the right place at the right time.

Conclusions: This project encapsulates the “Stay Left, Shift Left” strategy, enabling quality of life outcomes and care through workforce, innovations and sustainability.

O20. Developing a model of high-quality clinical supervision for the Public Health Nursing Service in Ireland

*[Ms Juliette O Sullivan¹](#), [Ms Catherine Geraghty¹](#), [Dr Kristina Brown²](#), [Dr Gloria Kirwan²](#), [Dr Austin Waters^{1,3}](#), [Ms Anne McDonald¹](#), [Dr Aisling McMahon³](#)
¹HSE, Dublin, Ireland, ²RCSI, Dublin, Ireland, ³DCU, Dublin, Ireland*

Background: In Ireland, the Public Health Nursing Service (PHNS) operates in a dynamic, challenging, clinical work environment, managing diverse complex client cases while actively fostering resilience and professional growth. This can lead to workload stress, burnout, and a high intention to quit. Aligned with integration and the Enhanced Community Care programme (ECCP), there is a growing commitment to providing comprehensive clinical supervision (CS) to preserve and support the delivery of high-quality care. Recognising limitations in existing CS frameworks like Proctor's (1986), there's a compelling need to develop a CS framework addressing public health nursing challenges, particularly in navigating complex cases through an integrated, interdisciplinary approach. This proactive strategy resonates with the goals of the ECCP under the Sláintecare programme, equipping nurses with the skills to deliver exceptional high-quality health and social care within a community setting.

Aim: Develop a model of effective, high-quality CS for the PHNS, to support givers and receivers of CS and assist Key stakeholders in CS decision-making.

Methods:

- Phase 1 – scoping review of the international, grey and health service literature to determine the CS available for the PHNS.
- P2 –explore views of the PNHS Key Stakeholders to identify gaps in current provision.
- P3 –synthesis of Phase 1 and 2 to develop a model of highly effective CS.
- P4 – piloting and refining the model in a CHO in Ireland.

Results: Results from the scoping review will be presented. Agreement has been gained from the HSE to develop and pilot a model with a CHO in Ireland (Sept 2024).

Implications for Clinical Practice, Policy, Research: Implications for the implementation of CS within the PNHS, embedded into the training curricula.

Conclusions: Unique study developing a model of CS based on the challenges of the PHNS in Ireland which could be adopted by other nursing contexts and countries.

021. 'Strategy-as-Practice' by Personnel in Hospitals: A Scoping Review

Dr Negin Fouladi¹, Ms. Nedelina Tchangalova², Ms. Elizabeth Millwee¹, Ms. Damilola Ajayi¹, Mr. Abdu Wakil Cyeeef Din¹, Ms. Gabriela Mulhall¹, Mr. Nii Amon Amon-Kotei¹, Ms. Maryam Hashmi¹, Dr. Brad Schwartz¹, Mr. Brendan Jones¹, Ms. Lyndsey Griffin¹, Ms. Moboluwape Adeoti¹, Prof. Kate Frazer³, Prof. Thilo Kroll³, Ms. Carolyn Donohoe⁴
¹School of Public Health, University of Maryland, College Park, United States, ²STEM Library, University of Maryland, College Park, United States, ³School of Nursing Midwifery and Health Systems, University College Dublin, Dublin, Ireland, ⁴Nursing and Midwifery Board of Ireland, Dublin, Ireland

Background: Globally hospitals face growing demands with increasing patient acuity compounded by workforce challenges, balancing finite resources and responding to strategic developments. Strategizing in organisations is an active process of sensing, planning, implementing and evaluating strategy. It is recognised that there is a disconnection between strategic planning and implementation, however, little is known about how organisational context influences the strategic process or how hospital personnel engage in strategic activities.

Study Aims: The aim of this review was to map the extent and breadth of strategy-as-practice peer-reviewed literature relating to hospital personnel and establish how strategizing or 'strategy-as-practice' is described in hospital settings, how it is used and what gaps exist.

Methods: Four databases (Business Source Complete, CINAHL, PsycINFO through EBSCOhost, PubMed) were searched from January 1st, 2018, to June 27th, 2023. All study designs were included, language restricted to publications in English. Records were independently screened for eligibility, followed by full-text review. Reporting follows PRISMA-ScR guidelines.

Results: 4719 unique records were identified, and 45 full-text papers were included. Preliminary evidence from 17 countries is reported: 27.8% of studies (12/45) report evidence from the USA. All study designs are reported. Few studies (n=4) provided a specific definition of strategizing. 53.3% (24/45 studies) report multidisciplinary team perspectives, with only three studies including patients' perspectives. Flexible approaches are critical to adopting.

Implications: Current evidence shows that when hospital personnel strategize in practice, they use a combination of planning processes and varying quality improvement tools and methodological approaches.

Conclusion: Understanding and operationalising strategy in a hospital setting is critical to maintaining organizational adaptability and improving performance and quality of care. Future research should focus on robust studies with longitudinal follow-up to understand the sustainability of

strategizing in hospital settings and how it continues to meet the growing demands for services and activities.

O22. Where are Our Voices in Rare Disease Research? - Locating Children & Young People as Active Contributors in Rare Disease Research by establishing the RAIN Children Research Advisory Group (CRAG)

Assoc. Prof. Suja Somanadhan¹, Ms Melissa Kinch¹, Professor Amy Jayne McKnight²

¹University College Dublin, Dublin, Ireland, ² School of Medicine, Dentistry and Biomedical Sciences, Queen's University Belfast, Belfast, UK

~8,000 conditions may be classified as rare diseases (RDs), with 70% of these conditions originating in childhood and 30% of children passing away before their fifth birthday. Fortunately, RD research has experienced progressive advancement in recent decades, revolutionising health and social care for children and families living with RDs. The emergence of novel diagnostic procedures, improved treatment from advanced clinical trials, and an enriched understanding of lived experience have propelled our understanding of RDs and, ultimately, highlighted the substantial unmet needs and challenges that children and families face daily when living with an RD.

Methods: As most RDs originate in childhood, it is unsurprising that RD research has been directed at this cohort. However, regrettably, research in the RD field is often undertaken on or for children and young people living with RD rather than with them. This poster describes the development of a Children/Young Person Rare Disease Research Advisory Group, detailing its establishment and importance as a first of its kind on the Isle of Ireland.

Conclusion: The RAIN CRAG represents the voices of Children and Young People living with RD across Ireland. It provides young people with a platform to share their voices and perspectives on research that concerns them.

O23. Enhancing the Role of Special Needs Assistants in Irish Inclusive Education: A Collaborative Approach between Education and Healthcare

Assoc. Prof. Suja Somanadhan¹, Dr Phyllis Clegg², Prof William Kinsella², Mr Liam Fogarty², Dr Kate Carr-Fanning², Dr Haichao Xie²

¹UCD School of Nursing, Midwifery and Health Systems, Dublin, Ireland, ² UCD School of Education, Dublin, Ireland

Background/Aim: Special Needs Assistants (SNAs) play a crucial role in the Irish inclusive education system, yet limited research focuses on this vital group within the school support system. This abstract discusses the significance of the National Training Programme for SNAs, developed collaboratively between the School of Education and the School of Nursing, Midwifery, and Health Systems at University College Dublin (UCD), in addressing the learning needs and clarifying the role and profile of SNAs.

Method: A multi-method approach was employed, drawing on data from two cohorts (n=1,432) of students enrolled in the online Diploma for SNAs at UCD from 2020 to 2022. Students completed pre-enrolment and post-completion questionnaires, focusing on their education level, role, training needs, engagement, and satisfaction with the course.

Results: Quantitative analysis revealed high levels of satisfaction, perceived impacts on professional practice, and positive ratings for the quality of online learning modules. Qualitative data from the post-completion questionnaire highlighted themes of empowerment and enhanced role recognition among students, indicating the course's positive impact. Additionally, students reported perceived challenges in their learning journals, such as difficulties in implementing new strategies in the classroom and managing complex student needs.

O24. "Won't somebody please think of the children": Are we ignoring 15 to 17 year olds in health research and health care?

Mr Philip James¹, Dr. Michael Nash¹, Professor Catherine Comiskey¹

¹Trinity College Dublin, Dublin, Ireland

Aim and background: The authors completed a systematic literature review on barriers and enablers to under 18s accessing substance use treatment. Reviewing research against the inclusion/exclusion criteria presented challenges due to the diverse and arbitrary age categories used in research samples. This presentation illustrates these arbitrary age categories and the effect they have on research and practice.

Methods: Six databases were searched (CINAHL, EMBASE, ERIC, MEDLINE, PsycINFO and Web of Science) in April 2022. Searched terms were based on population (under-18s), treatment (for SU), access (healthcare access/referral) and barriers or enablers, using subject terms where available. Articles were imported to Covidence and 3,823 abstracts were screened and 161 full texts were reviewed by two reviewers. As this was secondary use of published data ethics approval was not sought.

Findings: Initially 21 articles were included as they met the criteria of reporting on under 18s. Following discussion it was decided to include 6 other studies which included articles on populations aged 18 and under as it was deemed that 18-year-olds are largely similar to under 18s as they typically live with parents and are in school. Thirty-five studies were excluded as they mixed findings related to teenage children with adults aged up to 50.

Ireland has considerable challenges in providing child and adolescent mental health services. Blurring of the child-adult categories limits services' ability to apply research findings in practice. Furthermore, Government and service policies reflect this confusion with proposals to treat 25 year olds in CAMHS.

Conclusion: Under 18s are children and including them with adults, in research or practice, dilutes their experience and does them a disservice. Health services policy needs to consider how to manage the dichotomy between children and adults. In practice, applying evidence based findings to 15-17 year olds is particularly challenging.

O25. Empowering Women in the Tanzania Healthcare System: Facilitators and Barriers to Implementing a Dual Mentorship Intervention Supporting Leadership and Career Development.

*Dr Jacqueline Harley¹, Dr Doreen Mucheru², Prof Henry Abraham Molle³, Dr Anosisye Kesale⁴, Dr Brynne Gilmore⁵, **Prof Eilish McAuliffe⁶***

¹University College Dublin, Belfield, Ireland , ²University College Dublin, Belfield, Ireland , ³Mzumbe University, Mbeya Campus College, Tanzania , ⁴Mzumbe University, Mbeya Campus College, Tanzania , ⁵University College Dublin, Belfield, Ireland , ⁶University College Dublin, Belfield, Ireland

Background: Despite comprising 70% of the global health workforce, women remain underrepresented in leadership due to obstacles such as the gender pay gap, limited career advancement opportunities and entrenched gender discrimination. In Tanzania's health sector, women make up 81.4% of the nursing profession but lag behind in medical specialty and leadership roles. Although the government has introduced strategies and policies to address gender imbalance, more action is needed at an organisational level.

Study Aim: The Gendered Leadership Advancing Systems and Structures (GLASS) project aims to address barriers hindering women's advancement into leadership within the Tanzanian health sector. Implemented in partnership with Mzumbe University, the study focuses in-part on mentorship as a pivotal intervention to enhance leadership competencies and promote career advancement for female health professionals.

Methods: A distinctive feature of the programme is its 'dual' mentorship, pairing each mentee with a male and female mentor. This approach acknowledges the value of female mentors for support and career guidance, and male mentors for networking and advocacy. Integrated with leadership training, dual mentorship aims to cultivate a comprehensive approach to professional development.

Lessons Learnt: Facilitators for dual mentorship include a structured mentoring programme (adapted from HSE Nursing mentorship) and the strategic partnership with Tanzanian government which has enhanced reach. Organisational 'buy-in' and national policy changes advocating for increased leadership representation among women have also bolstered this approach. Conversely, barriers including establishing a comprehensive mentor database, pairing mentors and mentees and translating mentorship guides into the native language have delayed the programme's implementation.

Conclusion: Dual mentorship pairs women leaders with a male and female mentor for support, networking, advocacy and promotion. Despite implementation barriers, this novel approach aims to nurture and

empower female healthcare professionals, sensitise the organisation's decision-makers to the barriers women encounter and cultivate an inclusive healthcare leadership landscape in Tanzania.

O26. The psychosocial implication of childhood constipation on the children and family: A scoping review.

Mrs Yvonne McCague^{1,2}, Dr. Suja Somanadhan², Dr. Ike Okafor⁴, Mr. Diarmuid Stokes³, Dr. Eileen Furlong²

¹HSE Dublin Mid-Leinster, Mullingar, Ireland, ²UCD School of Nursing, Midwifery and Health Sciences, Dublin, Ireland, ³UCD, Dublin, Ireland, ⁴Children's Hospital Ireland, Dublin, Ireland

Background: Constipation is a common problem in childhood that has significant psychosocial implication on the quality of life of children and their families. Functional constipation (FC) has no known underlying pathology but can be caused by lifestyle, psychological, and behavioural factors. It can cause emotional, psychological, emotional distress and worry for children and their families. This scoping review aims to answer the research question, "What has been reported about the psychosocial implication of childhood constipation among children and their families?"

Methods: The methodology for this scoping review was guided by the six stages of Arksey and O'Malley Framework and the updated and refined version Peters et al. (2022). The process and reporting followed the PRISMA-ScR guidelines. The Population, Concept and Context (PCC) framework was employed to guide the development of inclusion criteria and the search strategy for this scoping review. Systematic literature searches were conducted in PUBMED, CINAHL, ASSIA, PsycInfo and Cochrane Library databases. The protocol was accepted for publication by HRB Open Research.

Results: The search retrieved 2819 articles, which underwent title and abstract, followed by full-text screening. A total of thirty articles were included for data extraction and quality appraisal to promote trustworthiness and methodological rigour. The summary of data is presented using the PAGER Framework. The three key patterns that emerged from the analysis were the psychosocial implication of childhood constipation on children, on their parents and the implication of increasing duration of symptoms.

Conclusion: There is a strong consensus in the current literature that childhood constipation has a significant effect on the HRQOL of children and their parents' lives. It is imperative that healthcare professionals incorporate the psychosocial needs of children and their parents in their provision of care. A major gap identified in this review is the absence of studies from an Irish perspective.

O27. Interdisciplinary education in cardiorespiratory care through simulation.

Assoc. Prof. Tara Cusack¹, *Ms Lara Gillespie*², **Ms Siobhán Brereton**²

¹UCD School of Public Health, Physiotherapy and Sports Science, Dublin, Ireland, ²UCD School of Nursing, Midwifery and Health Systems, Dublin, Ireland

Background/Aim: Ireland's clinical education capacity for the health and social care professions is facing pressures, exacerbated by a 33% vacancy rate across healthcare profession posts. With the government aiming to increase healthcare students in the education system there is a need for innovative clinical education methods. The aim of this project was to co-design technology assisted interdisciplinary learning and simulation, with key stakeholders to improve sustainable clinical education.

Method: A World Cafe methodology was used to co-design technology enhanced simulation. Participants included graduate entry physiotherapists, dieticians and graduate nurses specialising in cardiology, together with patients, academics, clinicians and educational technologists

Each group in the co-design workshop included students, academics and clinical faculty, an educational technologist and a patient. One individual remained at each table recording the work of each group while the remainder rotated to a new table. Table 1 concerned designing the technology enhanced online pre-learning element, Table 2 designed an acute cardiorespiratory scenario and Table 3 designed a community-based cardiorespiratory scenario. The discussions were analysed using thematic analysis. Ethical approval was granted by UCD Research Ethics Committee.

Results: Three key themes emerged following the analysis: (1) The Importance of communication, (2) Straightforward information sharing, (3) Patient Centred approach. Patients' desire to be heard and practitioners' intent to enhance their communication skills in clinical settings were evident. The themes framed the development of the pre learning and the final scenarios allowing each team member to apply and share their skills and knowledge. The technology enhanced pre learning was designed together with two interdisciplinary scenarios.

Conclusions: The findings highlight the significance of effective communication and clear information sharing in healthcare, and how simulations should be designed to allow students to develop this. The workshop not only facilitated reflection but also fostered students' skills preparing them for diverse clinical interactions.

O28. The effect of midwifery staffing on the prevalence of spontaneous vaginal birth – a target trial emulation

Mrs Luisa Eggenchwiler^{1,2}, Prof Dr Giusi Moffa³, Prof Dr Valerie Smith⁴, Prof Dr Michael Siimon^{1,2}

¹Department Public Health, Institute of Nursing Science, University of Basel, Basel, Switzerland, ²Chief Medical and Nursing Office, University Hospital Basel, Basel, Switzerland, ³Department of Mathematics and Computer Science, University of Basel, Basel, Switzerland, ⁴School of Nursing

Background: Studies have suggested that midwifery staffing is associated with the proportion of spontaneous vaginal births. However, due to organisational and ethical considerations, randomised controlled trials are not possible to establish a causal link. To be able to infer cause and effect from observational data, a hypothetical pragmatic randomised trial, a target trial, can be emulated.

Aim: To determine the effect of midwifery staffing on spontaneous vaginal birth using observational data.

Methods: The causal question of this target trial is to determine the effect of 100% one-to-one midwifery care during labour on the prevalence of spontaneous vaginal birth compared to 50% of one-to-one midwifery care. The target trial is emulated with routine hospital data from one tertiary hospital from 01 January 2019 to 31 December 2022. The exposure – midwifery staffing – is defined as the proportion of one-to-one care during active labour. All women in active labour are eligible to be included. Women with a planned caesarean section, breech birth, multiple pregnancy and stillbirth will be excluded. Women assigned to each staffing exposure are assumed to be comparable conditional on baseline covariates. We consider hypertensive disorders, diabetes, gestational age, parity, maternal age, country of birth and pain medication (epidural) as confounding variables and therefore adjust for these with inverse probability weighting. We use logistic regression models to calculate the total effect based on the intention-to-treat policy. Ethical approval to access the routine hospital data has been granted by the local ethics committee.

Results: Analyses are in progress, and results will be available for presentation.

Conclusion: This analysis is being conducted with routine hospital data and can be used as a blueprint for further research of causal links between nurse and midwifery staffing and outcomes, for example the effect of staffing on the rate of epidural use.

O29. Exploring the knowledge, recognition and management of delirium amongst nursing home staff.

Ms Susan Mcgrory¹, Dr Marie O'Neill¹, Dr Paul Slater¹

¹Ulster University, Derry, United Kingdom

Background: Research into nursing knowledge of delirium has revealed a lack of adequate understanding in a variety of settings. The negative impacts of delirium on older adults are well documented, and it is recognised that residents of nursing homes are a high-risk group. Little research so far has explored the knowledge of staff and care processes for management of delirium within nursing homes.

Study Aim: This study aimed to explore the knowledge of delirium and care processes in place to support residents that may have delirium. **Methods;** An exploratory descriptive qualitative design was adopted, with semi-structured interviews conducted with 20 participants across five nursing homes. Data was analysed using Reflexive Thematic Analysis (Braun and Clarke, 2022).

Results/Lessons Learned/Highlights: The findings revealed limited knowledge of delirium within the homes, with available clinical guidelines not used. Three themes were developed from the data; 1. It's infection isn't it?; knowledge of delirium; 2. Their wee ways; knowing the residents and 3. Doing our own thing; management of delirium. Whilst there was a lack of knowledge specific to delirium identified, the close relationships staff developed with residents was evident, meaning that staff identified changes in physical and mental health in residents quickly.

Conclusions/ Implications for Clinical Practice: There is a need to develop appropriate training to ensure care for delirium is based on evidence based clinical guidelines to ensure quality of care and optimal outcomes for residents.

O30. The impact of self-reported burnout and work-related quality of life on nurses' intention to leave the profession during the COVID-19 pandemic; a cross-sectional study

Ms Susan Mcgrory¹, Dr John Mallett¹, Dr Justin MacLochlainn¹, Professor Jill Manthorpe², Professor Jermaine Ravalier³, Dr Heike Schroder⁴, Dr Denise Currie⁴, Ms Patricia Nicholl⁴, Dr Rachel Naylor¹, Professor Paula McFadden¹

¹Ulster University, Derry, United Kingdom, ²King's College, London, United Kingdom,

³Buckinghamshire New University, High Wycombe, United Kingdom, ⁴Queen's University, Belfast, United Kingdom

Background: The challenges of maintaining an effective and sustainable healthcare workforce include the recruitment and retention of appropriately skilled nurses. COVID-19 exacerbated these challenges but they still persist beyond the pandemic.

Study Aim: This study explored the impact of work-related quality of life and burnout on reported intentions to leave a variety of healthcare professions including nursing.

Methods: This cross-sectional study collected data at five time-points from November 2020 to February 2023 via an online survey. The validated measures used included the Copenhagen Burnout Inventory and Work-Related Quality of Life (WRQoL) scale; with subscales for Job-Career Satisfaction General Wellbeing, Control at work, Stress at work, Working conditions and Home-work interface.

Results/Lessons Learned/Highlights: Findings show that 47.6% of nursing respondents (n=1780) had considered changing their profession throughout the study period, with the 30–39-year age group most likely to express intentions to leave. Regression analysis revealed that for WRQoL, lower general wellbeing and job-career satisfaction scores predicted intentions to leave when controlling for demographic variables (p<.001). When burnout was added to the regression model, both work-related and client-related burnout were predictive of intentions to leave (p<.001).

Conclusions/ Implications for Clinical Practice, Policy, Research (where relevant): These findings highlight that significant numbers of nurses considered leaving their profession during and shortly after the pandemic and the need for interventions to improve nurses' wellbeing and reduce burnout to improve their retention.

O31. The PARC Project (Positive Advanced Recovery Connections)

***Ms Ann Cunningham**¹, Ms Marion Pink*

¹Health Service Executive, Bray, Ireland, ²University College Dublin, Belfield, Ireland

Background: The PARC Project (Positive Advanced Recovery Connections) was a business case for advanced practice to integrate the primary and secondary services to increase access to the mental health services. Mental Health Registered Advanced Nurse Practitioner (RANP) specialist clinics are accessed by General Practitioner (GP) referral only. The consultant psychiatrist also diverts referrals to the RANP that are not suggestive of a severe and enduring mental health diagnosis. The RANP clinics provide full episodes of care and are supported by consultant psychiatry via clinical supervision & governance, Mental Health Nursing (MHN) via access to psychosocial interventions and the Community Mental Health Team (CMHT) via expert case consultation where required. The RANP clinics allow the consultant psychiatrists to discharge patients who do not have a severe and enduring mental health diagnosis to primary care and they can access interventions through PARC from there.

Methods (Key Performance Indicators):

1. RANP referrals via GP
2. Access to mental health care pre and post
3. CORE OM – measure psychological distress pre and post intervention.
4. Thematic Analysis on co - produced qualitative feedback form
5. Review mild to moderate caseload in secondary care
6. Review incidents

Results:

1. GP Referrals = 83% increase in direct GP referrals to RANP in year three
2. Waiting Times = 8 days for assessment and intervention
3. Quantitative Outcomes: CORE OM = Statistically significant improvement
4. Qualitative Outcomes: Positive, appropriate themes, no complaints and 100% recommended
5. Reduction of mild to moderate diagnosis in secondary care – 50% to 23%
6. No incidents over 3 years

Conclusion: The PARC Project and ANP full episodes of care has allowed the RANP to work on the recommended shared care approach with several agencies and has enhanced the access and quality of care provided to the patient.

O32. What Matters Most Contributes to Nurse Leader Engagement and Wellness

Dr Deirdre O'Flaherty^{1,2}

¹Hunter-Bellevue School of Nursing, New York, United States, ²New York Harbor Veterans Administration Hospital, New York, United States

Background/Aim: The purpose of this study was to describe relationships between structural empowerment, psychological empowerment, and engagement among nurses in leadership positions. Discovering what matters most to nurse leaders impacts the work environment while acknowledging the value they contribute to outcomes is meaningful.

Objectives: Empowerment and engagement are essential elements in fostering quality and decreasing turnover in nursing leadership positions in acute care hospitals. Creating a culture that engages and empowers staff, supports initiatives that sustain positive outcomes and work life balance is a key driver in retaining nursing leaders. Discussion of effective strategies to support wellness, resilience, and meaningful recognition.

Method: A survey of 75 Nurse Leaders at a nursing management and leadership conference was conducted using the Conditions of Work Effectiveness, Psychological Empowerment Instrument, and the Utrecht Work Engagement Scale. Pearson correlation coefficients and multiple regression analysis were used to determine relationships between demographic data and study variables. We previously studied and analyzed Clinical Nurses' perceptions of structural psychological empowerment and engagement. Additional research gleaned factors contributing to nurse resilience.

Results: Overall, nurses in leadership positions had high perceptions of psychological empowerment which predicts engagement.

Conclusion: Results show positive correlations between empowerment and managers perception of psychological empowerment, this compares with other studies that show the impact of professional practice on engagement. Amid a global nursing shortage, realizing what matters most to nurse leaders and how their work environment contributes to wellness, quality of work life and engagement, known factors in healthcare and workplace satisfaction. These results are important as Psychological Empowerment has shown to predict engagement. Strategies to support resilience, wellness and meaningful recognition are key to a healthy environment.

O'Flaherty, D. & Garcia-Dia M, J. Structures, Processes, and Organizational Goals, Resiliency Chapters 8 & 12

Nursing Leadership and Management Foundations for Effective Administration 2023 Springer Publishing.

O33. Barriers and facilitators to addiction recovery amongst people experiencing homelessness in Ireland: a qualitative investigation

Ms Carolyn Ingram¹, Dr Conor Buggy, Dr Carla Perrotta

¹UCD School Of Public Health, Physiotherapy, And Sports Science, Dublin 4, Ireland

Background: In Ireland, and across Europe, there is a lack of data looking at how people experiencing homelessness (PEH) would like their own healthcare, particularly as it relates to addiction recovery. This study aimed to describe barriers and facilitators to recovery from the perspectives of PEH attending an urban primary care and addiction clinic in Ireland.

Methods: As part of a larger community health needs assessment, data were drawn from ethnographic observations and interviews with 38 participants from October 2022 to April 2023. 60 hours of field note data were collected, anonymised, and analysed using inductive thematic analysis (Research Ethics Reference: HREC LS-22-42-Ingram-Perrotta).

Results: Participants identified four stages of recovery: seeking treatment, reaching treatment, completing treatment, and sustaining recovery. Primary facilitators (or barriers, in the case of their absence) to successful progression through the four stages involved safe and stable housing, social support including peer support, meaningful activities, improved mental health and well-being, and satisfaction with healthcare services/providers. Long-term opioid substitution treatment was mentioned as both a barrier and facilitator to sustained recovery, indicating that abstinence was not everyone's ultimate goal. Primary catalysts for relapse amongst participants in recovery related to inadequately addressing the drivers of addiction during treatment, experiencing one or a series of traumatic events, and encountering increased stress associated with added responsibilities.

Conclusions: Addiction treatment strategies specific to PEH should give strong consideration to the structural, internal, and social facilitators identified as part of this study while still leaving freedom for individuals to define and be supported in achieving their personal recovery goals. Capacities and skills for coping with relapse triggers like bereavement and stress should honed and strengthened throughout addiction treatment.

O34. Action Research to Develop an All Island Graduate Children's Cardiac Care Programme to Support an Expanding Service

Dr Claire Magner¹, Ms Margo Byrne¹, Ms Anne Marie Cullinane², Ms Caroline Kelly², Prof Colin McMahon², Ms Katie Morris², Ms Carmel O'Donnell², Assoc Prof Timothy Frawley¹, Dr Rita Smith¹, Assoc Prof Mary Casey¹

¹University College Dublin, Dublin, Ireland, ²Children's Health Ireland, , Ireland

Background: Congenital heart disease (CHD) is the leading cause of mortality from non-communicable diseases in the <20 age group worldwide. This has implications for service provision, as children with CHD often require high-risk invasive procedures including cardiac catheterisation and/or cardiac surgery. Despite advances in surgery, diagnostics and care practices, increasing patient acuity and complications related to surgical anatomy and physiology remain a significant challenge.

A masters level education programme to support quality care and service provision was heretofore not available for HCPs providing children's cardiac care. Since establishment of the AICHDN, advanced cardiac procedures are provided for children North and South of the Irish border, in the centre for paediatric cardiology, Children's Health Ireland at Crumlin. An 'All Island' Graduate Diploma in Children's Cardiac Care was proposed to support this expanding service across the island of Ireland.

Methods: An action research approach was used to develop a master's level programme in children's cardiac care. Fink's Integrated Course Design was chosen to design the curriculum and develop the programme. This 'Backward Design' model commences with a vision of the ultimate graduate and endeavours to design a curriculum to realise this vision.

Results: The action research pre-step included a learning needs analysis, and review of guiding policies and international best practice. The 'Construction' phase used Fink's Integrated Course Design to develop programme learning outcomes, specified learning, assessment and feedback strategies. 'Planning Action' involved navigating the logistics of delivering a programme across two separate jurisdictions, while 'Taking Action' saw recruitment and registration of the first programme students. A comprehensive evaluation process included a survey of programme graduates, and engagement with stakeholders and service users.

Conclusion: Action research was successfully used to design, implement and evaluate a specialist 'All Island' education programme. Ongoing evaluation will contribute to the development and responsiveness of this programme.

O35. Undertaking a realist review to facilitate the exploration of the contexts and mechanisms that enable the inclusion of measures of environmental sustainability outcomes in design of Lean healthcare improvement interventions.

Ms Elaine Shelford Mead¹, Prof Martin McNamara¹, Dr Seán Paul Teeling¹

¹University College Dublin, Dublin, Ireland

Background/Aim: Health care makes a significant contribution to the social, economic and environmental benefits of communities, but often at high cost with an increasing detriment to the environment. Lean is a quality improvement approach to eliminate steps that do not add value from the perspective of the customer, (non-value-add NVA), to improve the flow of people, information, or goods. Lean thinking is evolving with a more holistic approach with the potential to encompass environmental sustainability outcomes. This presentation describes part of the design of a realist inquiry into the contexts and mechanisms enabling the inclusion of environmental sustainability measures in the design of Lean healthcare improvement interventions to deliver high-quality care.

Method: Realist research looks at how and why things work and when, for whom, and in what circumstances an intervention is, or is not, effective. This approach is used to explore Lean as a quality improvement intervention for removing non-value-added waste in complex healthcare environments, and the consequences of healthcare delivery on population and planetary health.

Results/Highlights: The cycle of developing programme theories, data collection, data analysis, and iterative theory testing within complex healthcare settings and the refinement of candidate programme theories by an expert reference panel will be discussed, leading to the development of initial programme theories, tested through realist review and evaluation. Significant research has been published on the impact of climate change on population health, with less on environmental impacts of healthcare delivery, despite contributing over 4% of world carbon emissions. Healthcare system pressures may have resulted in limited measurable outcomes relating to environmental protection elements.

Conclusions: The findings of this realist review support an understanding of barriers and facilitators to the inclusion of environmental sustainability goals in Lean interventions, representing a departure from traditional systematic review methodologies and providing a robust platform for realist evaluation.

O36. Support needs of East Asian migrant family caregivers in a host country: A Scoping Review

Ms Wenyi Tang^{1,2}, *Dr Ruth Ryan*^{1,2}, *Dr Irene Cassidy*^{1,2}, *Prof Stephen Gallagher*^{2,3}
¹Nursing and Midwifery Department, University of Limerick, Limerick, Ireland, ²Health Research Institute, University of Limerick, Limerick, Ireland, ³Centre for Social Issues, Department of Psychology, University of Limerick, Limerick, Ireland

Aim: This scoping review critically examines the characteristics, key concepts, and themes surrounding the support needs of East Asian Migrant (EAM) family caregivers in the host country.

Method: A scoping review of the existing literature using the Joanna Briggs Institute (JBI) framework. A comprehensive search strategy to identify relevant articles by 5 databases CINAHL, PsycINFO, Scopus, MEDLINE, and Web of Science published between 2012 and 2023 were analysed.

Results: In total, 26 studies fulfilled the inclusion criteria in this scoping review. Among the studies, qualitative research dominated, followed by quantitative studies, and mixed-methods studies. This study highlighted the diverse support needs spanning cultural sensitivity, education and training, and social support, highlighting significant gaps in the availability and accessibility of culturally and linguistically appropriate healthcare services. The analysis underscores the demand for healthcare providers to develop cultural competencies and explores the potential of digital interventions such as using mobile phones and culture specific applications such as 'WeChat' as a means to deliver culturally sensitive support.

Conclusion: The findings reveal a pressing need for customized, culturally sensitive, and linguistic interventions to support EAM family caregivers in their role of caregiving while in a host country. It is imperative for healthcare providers, policymakers, and community organisations to develop conscious of cultural humility to ensure the delivery of cultural sensitive support. By doing so, it not only supports EAM caregivers in their caregiving roles but cultivates a healthcare environment that is compassionate, effective, and truly reflective of the diverse populations it serves.

Keywords: Family caregivers, Migrant, East Asian, Support needs, Scoping review

O37. An exploratory review of Patient and Public Involvement (PPI) reporting in maternal and neonatal clinical trial reports.

Ms Kathleen Hannon^{1,2}, *Prof Déirdre Daly*^{1,3}, *Prof Valerie Smith*^{2,4}

¹Trinity College Dublin, Dublin, Ireland, ²HRB-TMRN (Health Research Board - Trials Methodology Research Network), Galway, Ireland, ³Trinity Centre for Maternity Care Research, Dublin, Ireland, ⁴University College Dublin, Dublin, Ireland

Introduction: A lack of Patient and Public Involvement (PPI) reporting in published research can limit our knowledge on how PPI is currently conducted. The aim of this review was to explore the frequency of PPI reporting in published maternal and neonatal trials.

Methods: Maternal or neonatal trial reports published in nine academic journals between 2017 and 2022, and the trial's associated protocol if available, were included. A search of the database SCOPUS was conducted in June 2023, and compared to the results from a manual search of the online archives of each journal. The included trial's published protocol was sought. The trial protocol and the main trial report were screened in full for PPI information.

Results: The SCOPUS search retrieved 22,399 citations, of which 354 trial reports and 164 associated trial protocols, were included in the analysis. In total, 50 of the 354 trials (14%) reported PPI activity. Most trials (77%, n=271) did not report if PPI had or had not been implemented, while 8% (n=29) stated explicitly that PPI did not occur. It could not be determined if PPI had occurred in the four remaining trial reports, based on the information provided. Of the 50 trials that reported PPI, 21 trials were in the UK (42%), and 17 trials (34%) were funded by the UK's National Institute for Health and Care Research. PPI contributors were trial steering committee members in 18 trials (36%). In 19 trials, PPI contributors were individuals associated with consumer-led, advocacy, or non-profit organisations (38%). The BMJ had the highest PPI reporting (50%) of included journals.

Conclusion: Reporting of PPI in maternal and neonatal trials varied widely in occurrence and in terms of the depth of information provided. PPI reporting guidelines in journals could help to improve the frequency and quality of PPI reporting.

O38. Applying Interpretative Phenomenological Analysis to Understand the Experience of Digital Health

Dr Andrew Darley¹, Dr Eileen Furlong

¹University College Dublin, Dublin, Ireland

Interpretative phenomenological analysis is uniquely positioned to enable health researchers and practitioners to gain a rich understanding of the psychosocial experiences of people living with health conditions and their family caregivers. The majority of research in this field pertains to acceptability, usability and effectiveness of supportive technology in the management or treatment of health conditions. Acknowledging the ever-growing development and application of digital health technologies to support people living with health conditions, the meaning of such technologies in the lives of those using them has been overlooked in the evidence-base. This article offers methodological reflections in addressing this gap using interpretative phenomenology analysis to understand the lived experiences and psychosocial meaning of digital health during cancer treatment. While the methodology has scarcely been applied to the topic, the article also describes the practical process of navigating positionality, methodological considerations and ethical issues using an innovative longitudinal and multi-perspective approach to explore the impact on family and how their relationship changed over time. The opportunity IPA presents in contributing to novel recommendations for practice, policy and future research in the context of digital health is described. This article signals the appropriateness and applicability of the interpretative phenomenological analysis to explore the deeper meaning of using digital health technologies to promote both their therapeutic effectiveness and meaningfulness in the personal lives of people living with health conditions and their family caregivers.

O39. Care bundles for use in maternity care: A scoping review

Prof. Valerie Smith¹, Dr Theo Ryan²

¹University College Dublin, Dublin, Ireland, ²Trinity College Dublin, Dublin, Ireland

Background/Aim: Care bundles are a set of at least three evidence-based healthcare interventions that are delivered together in a clinical care episode, consistently. The premise underpinning care bundle use is that better health outcomes can be achieved when the set of interventions are implemented together rather than on their own and variably. Although widely used in some health care areas, care bundle use in maternity care appears relatively recent. We conducted a scoping review to identify care bundles that have been developed, evaluated, or implemented in maternity care, and for what clinical conditions.

Methods: The JBI Manual for Evidence Synthesis, Scoping Reviews guidance was used. MEDLINE, CINAHL, Embase, MIDIRS, and Epistemonikos were searched from January 2000 to October 2023. Records that reported on the development, evaluation, or implementation of a care bundle for women during the perinatal period as the intended or actual recipients of care, in any maternity setting or geographical location, were included.

Results: 146 records, from 20 countries, were included. Most originated in the USA (n=69), and published in the last five years (n=95, 65%). Eleven categories of clinical conditions were identified. These were obstetric haemorrhage (n=28), surgical site infection (n=28), perineal trauma (n=21), sepsis (n=14), stillbirth (n=9), hypertension (n=8), safe reduction of caesarean section (n=8), enhanced recovery after caesarean (n=3), placenta accrete (n=3), perinatal anxiety or depression (n=3), and 'other', which contained 21 records reporting on care bundles for single conditions. Elements included in the bundles varied, with minimal overlap of elements in some bundles designed for the same clinical condition.

Conclusion: For some clinical conditions, few care bundles exist, for others, however, several care bundles have been developed, but the elements in many of these lack congruency. This leads to non-standardisation of maternity care practices internationally. A standardised approach to care bundle development is required

O40. Testing a brief health promotion intervention in a community mental health population

*Prof. Corina Naughton¹, **Ms Aoife O Leary**, Dr Maria O Malley, Dr Elaine Dunne, Ms Miriam Lynch, Ms Liis Cotter*

¹University College Dublin, Dublin 4, Ireland

Background: Lack of age-attuned health promotion embed in olde age mental health may contribute to increased morbidity and mortality. We aimed to test transferability and acceptability of a brief health promotion intervention, designed for general practice, to clients in community Older Age Mental Health Services.

Methods: A feasibility, one group pre-post design involving people aged 65 years with a non-cognitive mental health condition. The intervention (15-20 minutes), delivered by an advanced nurse practitioner during scheduled mental health consultations, consisted of advice on exercise and protein intake plus pictorial information leaflets. Outcome measured were recruitment and retention rates, intervention acceptability, change in physical performance: SARC-F (Sarcopenia), clinical frailty scale (CFS), global physical health scale (GPHS) and mental health (2-items). Statistical analysis involved descriptive statistics (medians) and non-parametric Wilcoxon signed ranks test (paired data).

Results: Thirty clients met inclusion criteria, the recruitment rate was 66% (20/30) and retention rate was 95% (19/20) at 3-month follow-up. Participants median age was 76 years and 60% were female. Adherence to the intervention was >80% (17/20). There was a trend toward improved scores in GPHS (medians 16 vs 18, $p=0.10$), CFS (2.5 vs 2.0, $p=0.32$) and improvement in overall mental health (3 vs 4, $p=0.002$) and mood in last seven days (3 vs 4, $p=0.002$).

Conclusion: The intervention was transferable and acceptable to older age mental health population with good intervention adherence. There may be a positive impact on physical and mental health out which requires testing in a fully powered randomised controlled trial.

O41. Patient perspective on observation methods used in Seclusion room in an Irish Forensic Mental Health Setting: a qualitative study

***Dr Shobha Rani Shetty**¹, Ms Shauna Burke², Mr David Timmons², Prof Harry G Kennedy^{3,4}, Ms Mary Tuohy², Prof Morten Deleuran Terkildsen^{4,5}*

¹UCD School Of Nursing Midwifery And Health Systems, Dublin, Ireland, ²National Forensic Mental Health Service, Portrane, Dublin, Ireland, ³Trinity College Dublin, Ireland, dublin, Ireland, ⁴Aarhus University, Denmark, Netherlands, ⁵Department of Clinical Medicine, Faculty of Health, Aarhus University, Denmark, Netherlands

Background / Aim: Direct observation, continuous observation and video monitoring are used in observing patients in seclusion. This study aims to explore patients' experience of different methods of observation used while the patient was in seclusion.

Methods: A retrospective phenomenological approach, using semi-structured interviews was conducted. Ten patients with experience of being observed in the seclusion room were selected using a purposive sampling technique. Colaizzi's descriptive phenomenological method was followed to analyse the data.

Results: Patients found communicating via the viewing panel (small window on the seclusion door) relieved their feeling of isolation and provided opportunities for engaging in meaningful activities. The camera was considered essential in monitoring behaviour and promoting a sense of safety. The mental health services must strive to prevent seclusion and every effort should be made to recognise the human rights of the patient.

Implications for Clinical Practice: Patient education is paramount. Providing prior information to patients using a co-produced information leaflet might reduce their anxiety and make them feel safe in the room. The study emphasized a need to engage patients in meaningful activities and proper documentation on engagement with patients to provide consistent and individualised care in seclusion. More focus should be placed upon providing communication training to nurses to strengthen their communication skills in caring for individuals in challenging care situations. To uphold patients' rights to privacy and dignity, the mental health services may consider pixellating the camera in the seclusion room.

Conclusions: The overarching goal is to prevent seclusion. However, when seclusion is used as a last resort to manage risk to others, it should be done in ways that recognize the human rights of the patient, in ways that are least harmful, and in ways that recognize and cater to patients' unique needs.

O42. Including Inclusion Health? Voices from the margins

Ms Cora Appelbe¹, [Ms. Mairéad Loftus](#), [Ms. Annette Cuddy](#)

¹Centre For Nursing And Midwifery Education Mayo/Roscommon (HSE), Castlebar, Ireland

Background/Aim: Continuous professional development is an inherent part of healthcare. An educational need related to vulnerable and underserved populations was identified by clinical stakeholders. Following a review of the literature, it was identified that there was an educational need in the area of inclusion health. The aim was to raise awareness of the impact of the structural and social determinants of health and inequality for underserved populations.

Method: The methodology is underpinned by the HSE Change Management Framework (2023). Culture is shaped by people and by our behaviours; it impacts everything we do. Consultations were held with subject matter experts i.e. government, health service and non-government organisations (NGO's). A two tier educational approach was designed entitled 'Including Inclusion Health? Voices from the margins': (1) five part webinar series (2) podcast series. This approach will enable flexibility (Merhi 2015) and consideration of the subject matter more deeply. Evaluation by SMART survey.

Results: Five part webinar series delivered Q1 2024 (n=575); Regional and national attendees. Interprofessional and interagency attendees. Recordings made available on HSEland. The topics included: Inclusion Health; Addiction/Homelessness/ Poverty; Intercultural Health/ Traveller & Roma Health; Disability/ LGBTQI+; Domestic violence/Coercive Control.

The webinar series created an opportunity for policy makers, healthcare professionals and NGO's to illuminate the challenges for underserved and vulnerable populations in the Republic of Ireland; in the context of the global environment. After attending the webinar series participants rated their knowledge as excellent/very good (70% mean). 99% rated the webinars as excellent/very good.

Conclusion: Culture change comes from a place of understanding: from listening, learning and being present (Department for Education UK, 2023). The webinar series raised awareness of the impact of the structural and social determinants of health and inequality for underserved populations. The podcast series will allow healthcare professionals to consider the content more deeply.

O43. Cardiovascular disease risk assessment in patients with rheumatoid arthritis: A scoping review

Ms Louise Murphy^{1,2}, *Dr. Mohamad Saab*², *Dr. Nicola Cornally*², *Dr. Sheena McHugh*², *Dr. Patrick Cotter*²

¹*Cork University Hospital, Wilton, Ireland,* ²*University College Cork, College Road, Ireland*

Background: Patients with rheumatoid arthritis (RA) have an increased risk of developing cardiovascular disease (CVD). Identification of at-risk patients is paramount to initiate preventive care and tailor treatments accordingly. Despite international guidelines recommending all patients with RA undergo CVD risk assessment, rates remain suboptimal. Furthermore, CVD risk assessment delivery, beyond the use of a composite measure has not been well defined. The objectives of this review were to map the strategies used to conduct CVD risk assessments in patients with RA in routine care, determine who delivers CVD risk assessments, and identify what composite measures are used.

Method: The Joanna Briggs Institute methodological guidelines were used. A literature search was conducted seeking studies reporting CVD risk assessments in patients with RA, in any setting, as part of routine care. Searches were conducted in bibliographic and grey literature databases, trial registries, medical clearing houses, and professional rheumatology organizations. Findings were synthesized narratively. A total of 3,243 sources were identified from which 12 eligible studies were included.

Results: Strategies reported in this review used various system-based interventions to support the delivery of CVD risk assessments in patients with RA, operationalized in different ways, adopting two approaches: (a) multidisciplinary collaboration, and (b) education. Various composite measures were cited in use, with and without adjustment for RA.

Conclusion: Results from this review demonstrate that although several strategies to support CVD risk assessments in patients with RA are cited in the literature, there is limited evidence to suggest a standardized model has been applied to routine care. Furthermore, extensive evidence to map how healthcare professionals conduct CVD risk assessments in practice is lacking. Research needs to be undertaken to establish the extent to which healthcare professionals are CVD risk assessing their patients with RA in routine care.

O44. A mixed method study of nurses' and midwives' 'double duty caregiving' roles and the impact on practice and policy in Ireland.

Ms Emma O'Hart¹, Dr Ciara White, Prof Anne Matthews

¹Dublin City University, , Ireland

Background/Aim: This research explores the "double-duty caregiving" phenomenon among nurses and midwives in the Republic of Ireland. Double-duty caregiving pertains to healthcare professionals undertaking caregiving responsibilities in their personal and professional lives.

Method: This research uses an explanatory sequential mixed method design with two phases. Phase One is a survey, and Phase Two is a semi-structured interview. The rationale for using explanatory sequential mixed methods is to allow quantitative data collection to quantify the incidence of DDC. The qualitative phase then further analyses participants' views in more depth.

Results: Phase One of this research is complete, and analysis is underway. Some initial findings suggest that 95% of double-duty caregivers are female, with approximately 60% looking after a parent or parents, with a mean age of 46. Phase Two, semi-structured interviews will be conducted over the next few weeks.

(Results are pending and will be available at this conference time)

Conclusion: The justification for undertaking this research project is undeniably evident. The demographic shift towards an ageing society and rising demand for healthcare services underscores the urgency to examine the concept of 'Double-Duty Caregiving' among nurses and midwives in the Republic of Ireland. Nurses and midwives face significant recruitment and retention challenges, compounded by their predominantly female composition, which often entails simultaneous caregiving roles in both personal and professional capacities. Although existing studies suggest that a substantial proportion, ranging from 30% to 50%, of nurses and midwives engage in double-duty caregiving, this phenomenon warrants dedicated investigation within the context of the Republic of Ireland.

O45. The Assisted Decision Making (Capacity) Act 2015 in Action: Ireland East Hospital Group Marks 1 Year Milestone

[Ms AnnMarie Kilgannon¹](#), **[Ms Amanda Casey¹](#)**

¹*Ireland East Hospital Group, Dublin 8, Ireland*

Background: In Ireland, the Assisted Decision Making (ADM) (Capacity) Act 2015 was enacted in April 2023. The Act supports a new progressive rights-based system of supported decision making that requires all healthcare staff to make some changes in their clinical practice. The Health Service Executive (HSE) developed an implementation plan to support organisations to meet the legislative requirements of the Act.

Methods: Assessing implementation progress across ten acute hospital sites using the HSE Implementation Framework (HSE, 2015). Progress was evaluated across seven thematic areas: Operational Implementation, Communication Strategy, Learning Strategy, Alignment of Current Operational Approaches, Quality and Compliance, Risk Consideration and Resources.

Results: Significant progress has been made across all seven domains with strong engagement from all sites. Acknowledging variation is important given the breadth of services provided across these hospitals. Implementation is an ongoing process given the cultural changes needed, the resource implications and the interplay with external stakeholders.

Conclusions: Further development in key areas includes tailoring education to suit the specific needs of individual units within hospitals and embedding this education into existing education programmes. It is crucial to monitor resource requirements and adapt to regulatory requirements to ensure compliance. Moving forward sustained efforts will be necessary to embed the principles of supported decision making firmly within healthcare delivery, ultimately promoting dignity and autonomy for all patients.

Reference: Health Service Executive (2015) HSE Implementation Framework. <https://www.hse.ie/eng/about/who/national-office-human-rights-equality-policy/assisted-decision-making-capacity-act/assisted-decision-making-resources/final-hse-assisted-decision-making-capacity-act-implementation-plan.pdf>

O46. Organisational culture and readiness for evidence-based practice in the Kingdom of Saudi Arabia (KSA): A pre-experimental study.

[Dr Joanne Cleary-holdforth¹](#), [Dr. Therese Leufer¹](#)

¹Dublin City University, Dublin 9, Ireland

Background: Nurse shortages and a reliance on a transient nurse workforce have long been a challenge in the Kingdom of Saudi Arabia (KSA). Developing a home-grown nurse workforce is a key objective of the KSA Government and EBP offers a mechanism to address this. EBP implementation is heavily reliant on the prevailing organizational culture. Establishing the organizational culture and readiness for evidence-based practice is crucial for sustainable evidence-based practice implementation.

Study Aim: To determine postgraduate nursing students' perceptions of the organisational culture and readiness for evidence-based practice (EBP) of their workplaces in the KSA.

Methods: A pre-experimental pilot study involving postgraduate nursing students undertaking an MSc in Nursing: Advanced Practice programme, collected data at three different points. As part of this, a questionnaire measuring organizational culture and readiness for evidence-based practice was administered twice.

Results: Results demonstrated improved participant perceptions of the organizational culture and readiness for evidence-based practice of their workplaces between the first ($M = 76.58$, $SD = 19.2$) and second ($M = 92.10$, $SD = 23.68$) data collection points, indicating moderate movement towards a culture of evidence-based practice. Strengths, challenges, and opportunities for improvement were identified.

Implications for Clinical Practice/Policy: This study established participants' perceptions of the organizational culture and readiness for evidence-based practice of their workplaces, providing a unique understanding of the context-specific strengths, opportunities, and challenges to EBP implementation in healthcare organisations in the KSA for the first time. This offers exceptional insight into context-specific strategies that can be embedded to advance EBP in health care organizations.

Conclusion: This study demonstrated the importance of promoting an environment conducive to EBP and putting in place the necessary resources to support evidence-based practice implementation. Nurse managers can play a central role in this.

O47. The Effects of Interprofessional education on healthcare students' attitudes towards interprofessional collaboration

*Dr. Joeri Vermeulen, Prof. Ronald Buyl, Prof. Ives Hubloue, Dr. Sofie Pauwels, Dr. Marc Diltoer, Dr. Lara Stas, Ms. Merjem Ouelhadj, Ms. Elke Moortgat, **Prof. Maaïke Fobelets**¹*
¹Vrije Universiteit Brussel, Jette, Belgium, ²Erasmushogeschool Brussel, Jette, Belgium

Background: The beneficial influence of interprofessional education on students' attitudes towards interprofessional collaboration has been established through multiple studies. Nevertheless, a limited number of studies evaluated the interprofessional education effects across more than two disciplines. Therefore, further investigation on the impact of interprofessional education across diverse healthcare disciplines on students' attitudes towards interprofessional collaboration is needed.

Study Aim: To evaluate the impact of an interprofessional education intervention on the attitudes of medical, nursing, and midwifery students towards interprofessional collaboration.

Methods: The interprofessional education intervention includes that students are randomly assigned to heterogeneous teams, aiming to address realistic and authentic topics such as Basic Life Support and Advanced Life Support. After completing a session, students rotate to another scenario, with all participants engaged in four scenario-structured simulation sessions. A pre and post-test evaluation of students' attitudes regarding interprofessional collaboration using the Interprofessional Education Perception Scale. The gathered data underwent descriptive analysis and paired sample t-test analysis, to identify differences in pre-test and post-test changes

Results: Significant differences in competence and autonomy, and perception of collaboration before and after the interprofessional education intervention were observed. Medical, nursing, and midwifery students scored higher in the post-test evaluation. This increase in positive attitude was consistent across age, gender, and educational backgrounds. Students collectively acknowledged the educational value of the interprofessional collaboration intervention and voiced strong support for their continued integration.

Conclusions: This study emphasizes the necessity of implementing dedicated interprofessional education pathways and integrating these principles into healthcare curricula from an early stage. Moreover, the study highlights the pressing need to address the existing gaps in interprofessional education, while offering actionable recommendations for future research and practice.

O48. The contribution of EBP to the healthcare goals of the “Saudi 2030 Vision”: A time-series study on EBP beliefs and EBP implementation in the Kingdom of Saudi Arabia (KSA).

Dr Therese Leufer¹, Dr Joanne Cleary-Holdforth¹

¹*Dublin City University, Dublin, Ireland*

Background: The KSA 2030 Vision aims to reduce the reliance on ex-pats in the workforce, including nursing. Preparation of Saudi nurses to deliver high quality care based at advanced practice level is crucial. EBP is a key competency for advanced practice. A specifically-tailored EBP module on an MSc in Nursing: Advanced Practice program, jointly developed by an Irish and Saudi university, was embedded to support advanced practice among Saudi nurses and promote EBP capacity.

Study Aim: To evaluate the impact of the afore-mentioned EBP module on students’ EBP capability.

Methods: A time series study, conducted over a 15-month period, collected data three occasions from the same participants: immediately before the module (Time 0), three months after the module (Time 1) and twelve months after Time 1 (Time 2).

Results: Findings revealed that the EBP module improved participants’ EBP beliefs and implementation. Participants reported positive beliefs about EBP at all 3 data collection points (M = 57.4 SD = 7.0; M = 62.54 SD = 7.21; M = 55.31 SD = 15.81, respectively). EBP implementation was low before the module but improved thereafter (M = 15.14 SD = 11.9; M = 27.64 SD = 14.35; M = 25.9 SD = 20.43).

Implications for Clinical Practice/Policy: This study contributes to the global discourse on how best to inculcate EBP capability among nurses. It demonstrates that short intensive EBP modules can improve EBP knowledge and beliefs, resulting in improved EBP implementation in practice. Regular EBP updates in the workplace will be integral to maintaining EBP competence.

Conclusion: This study contributes to growing a cadre of EBP champions who, as well as promoting EBP, will also be more capable of assuming healthcare leadership roles within the KSA. They have the real potential to contribute actively to achieving the goals of the KSA 2030 vision.

O49. Reimagining the Child and Family Health Needs Assessment for Public Health Nurses in response to the changing needs of the child, family and the Public Health Nurse

[Ms Sinead Lawlor¹](#), [Ms Mairead Loftus¹](#), [Ms Jacqueline](#)

Background: The Child and Family Health Needs Assessment Framework (CFHNA) is an element of Public Health Nurses assessment and ongoing engagement with families where there are an unmet needs or additional needs identified. the framework focuses on three key areas supporting the PHN in identifying risk and protective factors for families:

1. parenting capacity
2. child developmental needs
3. family and environment issues.

As part of this project, the guidance and education for PHNs in the application of the CFHNA to practice was reviewed in terms of a changing modern society and the growing understanding of the impact of trauma on children.

Project Objectives:

- Review CFHNA in the context of mother's health and wellbeing, early childhood development and the impact of adversity on children and families.
- Examine the importance of early intervention, providing right support at the right time for the child and family.
- Review sharing of information with relevant services and TUSLA Response Pathways
- Review the guidance to PHNs on a standardised approach to undertaking a CFHNA in the PHN Service

Outcomes

- Updating of the guidance to PHNs on a standardised approach to undertaking a CFHNA in the PHN Service,
- Revision and development of the resource pack for PHNs
- Development of 3 National blended education programmes
- CFHNA for PHNs (over 2000 nationwide)
- CFHNA for PHN Students (HEIs - UCD UCC UG)
- CFHNA Facilitator Education Programme (Over 100 CFHNA Facilitators trained up to deliver the programme to all frontline PHN staff)
- Facilitators delivering workshops with TUSLA colleagues to PHNs empowering their care delivery for children and families.
- Positive networking and relationship building taking place providing a platform for developing collaborative quality improvement initiatives into future

- Development of templates for court reports and case conferences for use by PHNs

ABSTRACT POSTER PRESENTATIONS

PO26. Really Thrilling Location System (RTLS Real-Time Location System) adds Value to Hospital Nurses

Dr Deirdre O'Flaherty^{1,2}, Linda DiCarlo³

¹Hunter-Bellevue School of Nursing, New York, United States, ²New York Harbor Veterans Administration Hospital, New York, United States, ³Lenox Hill Hospital Northwell Health, New York, United States

The learner will be able to: understand the usage of an RTLS system in asset management, and how nursing engagement, interdisciplinary collaboration drive value, increase satisfaction and safety, save time and money.

While this application may not be feasible for all organizations, empowering nurses to engage with other disciplines, focus on identifying issues, propose workflows, implement, and evaluate solutions to make the best use of their valued time is.

Methods: RTLS is used in Health Care facilities for asset management. It requires the attachment of a mobile tag which transmits wireless signals to track and manage the movement of assets in real time. The pilot was initiated in collaboration with nursing, biomed, and IT to gather user feedback about RTLS in an acute care hospital.

Results: Literature review shows that RTLS can save more than 90 minutes in locating devices, we experienced comparable results. Nursing staff were less frustrated as they no longer had to leave the unit searching for equipment. The impact was a reduction in capital equipment purchase and deployment since said equipment was easily locatable. Staff feedback during administrative rounds was a valued pilot, it saved time and they are "thrilled" that their voices were heard.

Conclusions: RTLS lends to appropriate utilization of nursing resources and manpower to locate assets. Its implementation contributed to a safe environment. This initiative demonstrated to our clinical nurses that their time is valued and caring for the patient at the bedside is the priority for delivering quality care. Partnership forged with our team members was the key to our success. Additional safety features and merit included quick location of recalled equipment, locating devices requiring annual maintenance, finding equipment quickly to prevent hoarding, and monitoring inventory, return of rental equipment and cost saving.

PO03. Empowering Mental Health Nurses: Strategies, Challenges, and Measurement

Mr Rajinikanth Maruthu², Mr Cormac Walsh¹, Mr Binu Upendran³, Mr Martin Harford⁴, Ms Jennifer Gilbert⁵

¹Cormac Walsh, Area Director of Nursing, HSE, Dublin South East Mental Health Services, Dublin, Ireland, ²Rajinikanth Maruthu, Assistant Director of Nursing, HSE, DSEMHS, Dublin, Ireland, ³Binu Upendran, Assistant Director of Nursing, HSE, DSEMHS, Dublin, Ireland, ⁴Martin Harford, Assistant Director of Nursing, HSE, DSEMHS, Dublin, Ireland, ⁵Jennifer Gilbert, Assistant Director of Nursing, HSE, DSEMHS, Dublin, Ireland

Background/Aim: Mental health nurses' empowerment is crucial for delivering high-quality care to individuals with mental health challenges and promoting positive outcomes within the healthcare system. The aim is to explore strategies, challenges, and measurement of empowerment among mental health nurses in Ireland.

Results: Mental health nurses play a pivotal role in providing care and support to individuals experiencing mental health challenges. In this comprehensive overview, we delve into the various dimensions of mental health nurses' empowerment, its importance in the Irish healthcare system, key concepts, barriers, strategies for empowerment, and methods of measurement. Drawing from empirical evidence and scholarly literature, this poster aims to provide insights into empowering mental health nurses in Ireland and fostering a supportive work environment prioritizing patient well-being. Empowerment enhances care quality, challenges stigma, facilitates community-based care, boosts job satisfaction, and promotes recovery-oriented care. Empowering environments foster trust, growth, autonomy, recognition, collaboration, well-being, and safety. Disempowering ones lack support, opportunities, autonomy, recognition, resources, collaboration, and prioritize well-being and safety. Surveys, interviews, observation, performance metrics, organizational assessments, and comparative analyses can measure empowerment comprehensively.

Conclusion: Empowering mental health nurses is crucial for improving patient care, organizational outcomes, and nurses' well-being. Addressing barriers and implementing empowering strategies can create a supportive work environment that enhances nurses' empowerment and promotes mental health and well-being in society. Efforts to empower mental health nurses in Ireland are vital for advancing the profession and addressing the complex needs of individuals with mental health challenges.

PO08. Interprofessional Collaboration Optimizes Care, Quality Outcomes, Patient and Staff Satisfaction

Dr Deirdre O'Flaherty¹, Ms Emily Krol³, Linda DiCarlo³

¹Hunter-Bellevue School of Nursing, New York, United States, ²New York Harbor VA Hospital, New York, United States, ³Lenox Hill Hospital Northwell Health, New York, United States

Background/Aim: Clinical pathways provide a way to standardize care that results in the best possible outcomes. Studies have found that pathway implementation decreased hospital complications, improved professional documentation, contributed to cost savings, while increasing patient and staff satisfaction. An interprofessional team collaborated on standardizing plans/pathways that could be utilized for same procedures for patients admitted on either the neurosurgical and/or orthopaedic service to streamline processes. The added benefit was enhanced communication and optimized care.

Objectives:

- 1.) Review the concept of Clinical Pathways, Enhanced Recovery Protocols in Post Operative Management.
- 2.) Discuss Evidence-Based Practices that improve staff and patient outcomes, augment quality and safety, and contribute to Interprofessional Collaboration.

Methods: Nurses, caring for patients from both neurological and orthopaedic services with like procedures admitted to the same unit brought forward suggestions to standardize electronic orders. These recommendations were appreciated by both service lines recognizing the potential and prompted a collaborative initiative. Stakeholders from service lines including nurses in clinical, advanced practice and leadership roles and our interprofessional colleagues from key discipline's formed a working group. The goals were to: Develop Clinical Pathway protocols among multiple orthopaedic and neurosurgical teams with the intention to attenuate the stress response associated with surgery, hasten recovery, decrease length of stay, minimize complications, and manage post operative pain. Additionally, to strengthen interdisciplinary and interdepartmental collaboration to streamline care coordination. Replace traditional perioperative care with evidence-based practice clinical pathways and, evaluate the impact that enhanced recovery protocols and Clinical Pathways have on improving patients' experience and staff engagement.

Conclusion: Implementation has revealed that patient optimization, prehabilitation, clinical pathways, patient education, and standardization of care results in best outcomes; increased patient satisfaction and staff engagement, decreased LOS and readmissions.

PO11. Developing and testing a novel eLearning resource for health and social care professionals to deliver family-centred supportive care when an adult with significant caregiving responsibilities for children is at end-of-life

Ms Sarah Sheehan¹, Dr Carla O'Neill¹, Dr Amanda Drury², Prof Tanya McCance³, Dr Jeffrey Hanna^{3,4}, Prof Cherith Semple^{3,4}

¹University College Dublin, Dublin, Ireland, ²Dublin City University, Dublin, Ireland,

³Ulster University, Belfast, UK, ⁴South Eastern Health and Social Care Trust, Dundonald, UK

Background: Health and social care professionals (professionals) are often unsure if, when, and how best to support adults at end of life with cancer who have a significant caregiving responsibility for children, <18 years. The aim of this project was to plan, develop and test an evidence-based, theory-driven eLearning resource to equip professionals with the skills and strategies on how best to support this population.

Methods: Guided by the 'Person-based approach', the planning and development phases of the resource prototype combined evidence from the literature, a steering group, logic model and a face-to-face educational intervention. The prototype was usability tested and modified with a range of professionals (n13) using three iterative cycles of 'think-aloud' interviews. Individual feedback was captured from subject and digital experts, and bereaved adults and children.

Results: Co-produced educational video resources were integrated, and an evidence-based communication framework was adapted for utilisation within the resource. Importantly, 'think-aloud' interviews identified some content delivered in a face-to-face intervention was not appropriate for the eLearning resource. Alongside navigational issues, modifications were made to the content and 'look and feel' of the prototype during the testing phase. Feedback from subject and digital experts, and individuals with lived experience yielded complementary insights to the resource.

Conclusions: Aligned to the 'Person-based approach', the systematic and iterative process, as well as involvement of end-users in all aspects, optimised a novel resource that maximises relevance, appropriateness and applicability. During optimisation of digital health interventions, it is important to extend involvement beyond end-users (professionals) and include those who will be impacted by its use in practice (adults and children). The resource has the potential to promote professionals' provision of family-centred cancer care at end of life. There is a need to evaluate the intervention to explore its acceptability and usability in practice.

PO13. Postural Orthostatic Tachycardia Syndrome and Wellbeing: A Qualitative Study

Ms Lauren Sullivan¹, *Dr. Laura Coffey*²

¹Maynooth University, Maynooth, Ireland, ²Maynooth University, Maynooth, Ireland

Background: Postural Orthostatic Tachycardia Syndrome (POTS) is a debilitating chronic condition primarily affecting women, with symptoms including syncopal episodes, high heart rate, low blood pressure, dizziness, fatigue, and chronic pain. Despite the growing prevalence of POTS in recent years due to its association with long Covid, it remains poorly understood, and awareness of this condition among health professionals is limited. As a result, many individuals with POTS attend multiple doctors before their symptoms are taken seriously and often find it difficult to obtain a diagnosis. Little is currently known about the psychological and social impacts that living with POTS has on those affected. The aim of this qualitative study is to explore how living with, and seeking healthcare for, POTS affects people's physical and psychosocial wellbeing. **Method:** Semi-structured interviews will be conducted online via Microsoft Teams with i) individuals with POTS and ii) POTS specialists regarding their healthcare experiences and psychosocial wellbeing. Interviews will be recorded, transcribed, and analysed using reflexive thematic analysis (Braun & Clarke, 2019). **Results:** This research is currently ongoing. **Conclusions:** It is hoped that the findings will further our understanding of how living with POTS impacts people's wellbeing, leading to increased awareness of this condition among health professionals and improvements in patient care to better support individuals with POTS both emotionally and physically.

PO14. Assessing Functional Status of Children and Young People Living with Rare Diseases in Ireland: Findings from the RAIN National Survey

*Assoc. Prof. Suja Somanadhan¹, Associate Professor Valerie Boebel Toly³, Dr Helen McAneney⁴, Ms Melissa Kinch¹, Prof Amy Jayne McKnight⁵, Professor Thilo Kroll¹
¹University College Dublin, Dublin, Ireland, ²School of Medicine, Dentistry and Biomedical Sciences, Centre for Public Health, Queen's University Belfast, Belfast, UK, ³Frances Payne Bolton School of Nursing, Case Western Reserve University, Cleveland, USA, ⁴School of Medicine, University Ulster, , UK, ⁵ School of Medicine, Dentistry and Biomedical Sciences, Queen's University Belfast, Belfast, UK*

Background: Rare diseases of genetic origin pose significant challenges to individuals and families, impacting physical, intellectual, and emotional development. In Ireland, where rare diseases affect 1 in 17 individuals, the RAIN All Ireland Rare Disease Interdisciplinary Research Network (RAIN) conducted a national survey to investigate the functional status and Quality of Life (QoL) of children and young people living with rare diseases and their families' day-to-day management of them.

Aim: This study aimed to address the unmet needs of this population and evaluate their functional status.

Methodology: A web-based survey was utilised to collect data from 77 eligible participants across Ireland and potentially internationally. Most respondents were female (94%), and 78% reported attending hospital visits 4-9 times yearly. Functional status was assessed using the Functional Status II-Revised (FSII-R) instrument, designed to measure the functional health status of children with chronic physical disorders. The mean percentage of the total possible score across all ages was 80.828 (SD+/- 18.46), with varying scores observed across different age groups.

Conclusion: Using standardised instruments like FSII-R enhances understanding of functional severity and its relationships with factors like depression, normalisation, and family functioning. These findings contribute valuable insights into the lived experiences of children and young people with rare diseases. They underscore the importance of tailored support services and interventions to improve their QoL and well-being.

PO15. Postural Orthostatic Tachycardia Syndrome and Psychosocial Wellbeing: A Mixed Methods Systematic Review

Ms Lauren Sullivan¹, Dr. Laura Coffey²

¹Maynooth University, Maynooth, Ireland, ²Maynooth University, Maynooth, Ireland

Background: Postural Orthostatic Tachycardia Syndrome (POTS), a form of dysautonomia, is a debilitating chronic condition primarily affecting women, with symptoms including syncopal episodes, elevated heart rate, low blood pressure, dizziness, fatigue, and chronic pain. Although there has been a proliferation of research interest in POTS in the last few years, the psychosocial sequelae of this condition remain significantly under-researched. The aim of this mixed methods systematic review is to synthesise the current evidence regarding psychosocial wellbeing in adults with POTS. **Method:** Five databases (MEDLINE, PsycINFO, EMBASE, CINAHL, Web of Science) were searched for eligible articles in November 2023. Studies were included if they presented primary data on at least one indicator of psychosocial wellbeing collected using a standardised measure from a sample of adults with a clinical diagnosis of POTS and/or involved a qualitative exploration of living with this condition. 80 articles were identified, of which 16 were deemed eligible for inclusion. The quality of included articles were evaluated using the Mixed Methods Assessment Tool. A parallel-results convergent synthesis is planned; qualitative and quantitative evidence will be analysed and presented separately, with their integration occurring during the interpretation of results. **Results:** This review is currently ongoing. **Conclusions:** It is anticipated that furthering our understanding of what it is like to live with, and seek treatment for, POTS, and its impact on wellbeing will help to improve the quality and direction of research on this condition, inform the development of interventions addressing the psychosocial needs and quality of life of individuals with POTS, and raise awareness of this condition among healthcare professionals and policymakers.

PO16. The development of a multidisciplinary nurse-led service for the Nipple-Areola Complex tattooing after breast cancer surgery

Dr Deborah Maselli¹, Dr. Martina Torreggiani¹, Dr. Monica Guberti¹

¹AUSL-IRCCS of Reggio Emilia, Reggio Emilia, Italy

Background: The Nipple-Areola Complex (NAC) tattooing is a safe, nonsurgical reconstruction technique that restores the skin's appearance by introducing resorbable pigments into the dermis. The service is not always easily accessible for women, considering its significant costs. The project aims to implement a nurse-led clinic that provides this intervention free of charge. We report on the development and piloting of this service.

Method: The Medical Research Council's framework for developing complex healthcare interventions was followed. According to the results of a literature review (phase 1.a) and the context analysis (phase 1.b), an initial intervention was planned (phase 1.c). The plan was tested in a small-scale pilot (phase 1.d). A mixed-method study will evaluate the implementation of this intervention (phase 2).

Results: The Breast Unit and the Research departments were engaged; three nurse-tattooists were selected; the informative material was created and shared with patients, families and local associations, involving them actively. Finally, the setting and the materials were defined. A monthly schedule of activities was set: patients with the indication for NAC tattooing were contacted by the nurse case manager. Each treatment involves 3-4 sessions, 30-40 days apart, in an ambulatory setting. It consists of NAC shaping and tattooing with a dermographer and sterile needles. The "ARCADE" clinic started its activities in January 2023: 44 women completed the treatment successfully in one year. The activities varied according to new requests and the follow-up sessions (N = 73). 124 tattoos were performed on 51 planned afternoons. The cost of the materials was estimated at 50 euros for each one-hour tattoo. One minor complication (local erythema) occurred: the procedure was immediately interrupted, and the patient was referred to the dermatologist.

Conclusions: Implementing free-of-charge multidisciplinary nurse-led clinics might provide this treatment with reduced cost and waiting time, ensuring patient safety and quality of life.

PO17. Prioritising Equity Diversity and Inclusion (EDI) in User Experience (UX) Testing of a Mental Health Screening App for Children

Ms. Anne Coffey¹, Dr Alfonso Rodriguez Herrera^{1,2}, Ms Pauline Carroll^{1,2}, Prof Aisling Mulligan¹

¹University College Dublin, Irish, Ireland, ²St Luke's General Hospital, Kilkenny, Ireland

Background: Effective mental health apps for children require strong UX testing to ensure they meet children's needs. Recruiting diverse participants in health research is challenging. Ethical considerations and child safety are crucial. This study addresses these challenges with a multifaceted recruitment strategy prioritising EDI principles.

Study Aim: Assess the effectiveness of culturally sensitive recruitment materials designed to encourage diverse child and family participation in a UX study evaluating a mental health screening app (4-17).

Methods:

- Collaboration with clinicians to onboard a broad representation of the target population through purposive sampling.
- Development of age-appropriate, plain English, Patient Information Leaflets (PILs) aimed at age groups (4-7, 8-13, 14-17) featuring child-friendly illustrations reflecting diverse backgrounds.
- Creation of recruitment posters mirroring the PILs, with images of children from various ethnicities.
- Production of a short recruitment video showcasing diverse families

Evaluation: We plan to assess the effectiveness of this EDI-focused recruitment strategy in attracting a representative sample of families. We hypothesise that using inclusive imagery and media in accessible formats will increase participation from underrepresented demographics. This study aims to contribute to the limited research on recruitment strategies that prioritise children's understanding and participation in mental health studies.

Implications for clinical practice: We anticipate that the collaborative recruitment strategy, purposive sampling, and culturally sensitive PILs and media will lead to a more representative sample population in the UX study. This potentially strengthens the generalisability of the findings and could contribute to the development of a mental health app that is accessible and user-friendly for diverse children and families.

Conclusions: This study has the potential to provide valuable insights into the effectiveness of culturally sensitive recruitment strategies for UX studies in children's mental health. Future research is needed to explore the long-term impact of such strategies on participant retention and engagement.

PO18. What Makes A Home: Co-developing a peer-led evaluation of a novel supported accommodation model

Dr Andrew Darley¹, Mr. Christopher Duffy², Dr Kate Frazer¹, Dr Nancy Bhardwaj¹, Ms. Oonagh Doyle², Prof. Thilo Kroll¹

¹University College Dublin, Dublin, Ireland, ²Dundalk Simon Community, Dundalk, Ireland

Background/Aim: Homelessness is a global challenge impacting many population groups including adults, families and children with prevalence estimates around 1%. In Ireland, the prevalence of homelessness increases with over 13,000 people reported officially as homeless. The lack of available housing continues to increase waiting lists and precarity for this marginalised group. A collection of accommodation is available mostly aimed at single adults with limited temporary accommodation for families; however, little is known about the impact of living in particular temporary accommodation on the ability to exit homelessness or live independently. This study is a Patient and Public Involvement (PPI) led study co-designed in partnership with a homeless charity to establish the feasibility of one type of accommodation and its impact on the lives of previous residents and key stakeholders.

Method: This is a co-created study funded by UCD PPI seed funding in 2022 and has used a partnership approach since the development of the proposal. A study steering committee was developed and a study working group was formed. Initial meetings were held monthly during 2023. A partnership approach was used in the recruitment of participants for the study. Interviews were facilitated locally and additionally, visits were provided to the research team to two types of accommodation provided by the PPI partner.

Results: Nine individual interviews have been conducted with previous residents (n=4) and key stakeholders (n=5). A PPI-led workshop was held in February 2024 to present preliminary findings from triangulated data and to identify priorities and next steps for funding and advocacy.

Conclusion: This is the first study to assess the feasibility of a type of accommodation from the perspective of residents and key stakeholders. Evidence from this study will be used in developing future services and advocating for further funding.

PO19. Guiding rare disease research: A novel PPI approach to build on the existing strength of patient advocate contributions

***Dr Cassandra Dinius**^{4,2}, **Mr Jack Kiernan**¹, Prof Rachel Crowley^{4,3,5}, Dr Avril Kennan², Prof Cormac McCarthy^{4,3,5}, Dr Sarah Delaney², Mrs Suzanne McCormack⁴*

¹Member of AMC Ireland & Family Carers Ireland, Mullingar, Ireland, ²Health Research Charities Ireland, , Ireland, ³University College Dublin, , Ireland, ⁴Rare Disease Clinical Trial Network, , Ireland, ⁵St Vincent's University Hospital, , Ireland

Background: There are multiple obstacles to enhanced Rare Disease (RD) research including limitations on resources, constrained investigator time, lack of clarity on specific patient population numbers and eligibility, and poor public and patient awareness of ongoing research or potential trial involvement.

Aim: Through significant PPI engagement, people impacted by RD will inform the prioritization and conduct of studies. This approach expands the involvement of patients, their families and members of the public in RD research to optimise recruitment, retention and relevance of research outcomes to patient priorities.

Methods: A novel partnership to build on the existing strength of patient advocate contributions to RD research. A PPI liaison officer is embedded between the RDCTN and HRCI to ensure a patient-centred approach and to support PPI activities for clinical research groups. The role facilitates a patient advocacy group, patient workshops, maintains social media presence and is responsible for communicating the activities of the network to the wider RD patient community.

Results: This novel role is ongoing with highlights of increased patient engagement and social media presence. A conference held on RD Day demonstrated enhanced understanding of RD through patient focused research. Early results emphasise a patient-centred approach for the carer and the family, flexibility, communication and capacity building. Contributors highlight lack of available supports and structures as well as need to demystify clinical trials.

Implications: More research for previously neglected populations and increased opportunity for investigator-initiated trials.

Conclusions: Work is ongoing, across the grant a number of workshops have been planned to generate further advocacy for patient-focused outcome measures (identification of existing suitable measures or development of new ones) and to incorporate patient and public feedback on RD research. Contributors request enhanced advocacy, awareness and collaboration between RD stakeholders to enhance outcomes for future RD patients.

PO20. Spousal Dementia Carers in the Co-Production and Co-Facilitation of a Carers Transition Group (CTG): A tool to improve outcomes for spousal carers?

Ms. Alyssa Rychtarik¹, Ms. Alyssa Rychtarik¹

¹Mental Health Service For Older Persons, Carew House, St. Vincent's University Hospital, Hse Community Health Care East, Dublin , Ireland

Background: An estimated 55,000 people are living with dementia in Ireland. During 2010, carers (family and friends) provided an estimated 81 million care hours. The moment in which one's spouse enters LTC is an emotionally turbulent one, marked by existential conflict and ambiguous loss for spousal dementia carers.

Aim: To improve the overall functioning of the CTG, which seeks to strengthen emotional well-being, improve understanding of dementia, connect to available resources and prevent complicated grief of spousal dementia carers whose partner is currently or about to enter LTC.

Methods: Collaboration with a carer with lived experience in a review of the organisation and functioning of the CTG and as a co-facilitator in the group. The carer co-facilitator reflected on several areas to improve group functioning: 1) group session communication, 2) resource selection, and 3) carer co-facilitator and staff co-facilitators' relationship.

Results/Lessons Learned/Highlights: As a result of the carer co-facilitator, sessions are every three weeks, group members receive psychoeducational resources in advance via email and hard copy, and the carer co-facilitator participates in the sessions she feels she can best contribute to. Group members are satisfied with the addition of the carer co-facilitator; a current group member has volunteered to co-facilitate the next group.

Implications for Clinical Practice: There are no current research studies that highlight the positive effects of co-production and co-facilitation with spousal dementia carers during this period of transition. Possible co-production projects with dementia carers have been identified, such as an educational pamphlet that highlights lived experiences in deciding when to transition your loved one to LTC.

Conclusions: Spousal (and family) dementia carers have the potential to improve service development and delivery in a MHSOP. The use of a carer with lived experience is an invaluable resource in the development of services and resources for this cohort.

PO21. Inclusive Pedagogy in Online Simulation-based Learning in Perioperative Nursing Education: an Experience-Based Co-Design approach.

Mrs Lisa Langan^{1,2}, Dr. Andrew Darley¹, Dr. Kate Frazer¹, Dr. Phil Halligan¹, Dr. Catherine Redmond¹, Prof. Lizbeth Goodman¹, Dr. Freda Browne¹

¹University College Dublin, Co. Galway, Ireland, ²Munster Technological University, , Ireland

Background: Online simulation-based learning (SBL) is a dynamic teaching and learning (T&L) strategy that has grown with the rapid needs of health care systems. However, it is imperative that this pedagogy is appropriately grounded theoretically putting the inclusion of all students as a main focus. Increasing educator's awareness of the need for diverse perspectives in order to respond to learner difference is the first step (NLN, 2017). A co-design method can offer a more person centred approach (Tee, S., & Üzar Özçetin, 2016). Patients have also participated in co-designs for the development of health care interventions (Hjelmfors et al., 2018), ehealth initiatives (Leorin et al., 2019), digital apps (Yuen et al., 2023), health care education (Brand et al., 2021) and nursing education (Hardie et al., 2022).

Study Aim: To use a co-design process to develop an innovative online simulation-based learning strategy for a perioperative nursing course which will incorporate best practice in inclusive pedagogy.

Methods: This study adopted a modified nine-stage experience-based co-design (EBCD) process that focuses on the user experience (PoCF, 2022). Results/Lessons Learned/Highlights

Data collection is currently in progress. Lessons learned during the EBCD process include learning from each other, evolving of individual perspectives and collaboration with widely diverse views were an asset to the development of the online simulation-based learning strategy. Implications for Clinical Practice, policy and research.

By facilitating an experience-based co-design with three groups, it aims to capture the diverse perspectives to perioperative nursing education, informing nurse educators of a novel approach to perioperative nursing education.

Further research may consider students and patients as partners in the design of online simulation approaches.

Conclusions: Educators must incorporate an inclusive thread throughout nursing curricula that responds to the diversity of the learner. An EBCD approach can be used to inform the development of nursing curricula.

PO22. Innovating Public Engagement and Patient Involvement Through Strategic Collaboration and Practice

Mr Mark Lutwama¹

¹*Nansana Division Council Headquarters Uganda, Kampala , Uganda*

Background: Public engagement versus patient and public involvement? A diverse and inclusive public involvement community is essential if research is relevant to population needs and provides better health outcomes for all.

Aims:

1. Prioritise diversity and inclusion within our contributors, audiences and approaches.
2. Innovate across engagement and involvement
3. Deliver best practice evaluation and research informing a continuous cycle of innovation and improvement.
4. Build capacity for engagement and involvement within researchers and public contributors.
5. Health inclusion of victims of forced female genital mutilation and LGBTQ+ youths living with HIV/STD'S

Methods:

1. Our approach- a cycle of engagement and involvement for professional practice.
2. Moving from research - led to community -led.
3. Outcomes and evaluation.

Results:

1. Young people involved in the project report increased personal confidence and agency within research.
2. Communities and families report greater awareness of research and research involvement.
3. Priority in diversity and community inclusive health care within public contributors was observed.
4. Researchers valued creative conversations and reported learning from the project.

Conclusion: This research outlines the approaches taken by the public programs team in parts of Uganda independently and publicly, involvement and engagement of specialists, embedded within translational health research infrastructure and delivery.

Our practice and the beginning of its evaluation lead us to believe that our way of working and model of professional practice -the cycle of engagement and involvement -is effective in addressing our vision of

embedding and joining up public involvement in a busy and fertile translational health research international eco system.

PO23. Artificial Intelligence as a means of diverting non-urgent cases from the Emergency Department: A Literature Review

Mr Kurdo Araz¹, Mr Kyhber Rabbi¹

¹*RCSI University of Medicine & Health Sciences, Dublin, Ireland*

Background: Irish Emergency Departments (EDs) are facing significant strain due to overcrowding due to many cases being non-urgent and potentially manageable by General Practitioners (GPs).¹ Non-urgent visits can potentially divert resources from critical cases, compromise patient satisfaction, and exacerbate wait times.^{2,3}

Evidence surrounding existing triaging solutions in diverting ED non-urgent cases are weak and conflicting.⁴ Given advancements in artificial intelligence (AI) assistants that have demonstrated the potential to answer patient questions, we aim to compare existing solutions to a potential AI triaging tool to determine feasibility.⁵

Methods: A literature search was conducted related to phrases such as “interventions to reduce ED waiting times” and “reducing non-urgent ED visits”. Search results were screened and data was extracted by two independent reviewers followed by a descriptive analysis.

Results/Implications: Gatekeeping through an ED fee does not significantly reduce ED visits, but decreases non-urgent visits.⁶ Pre-hospital telephone triaging serves as an alternative to diverting ED traffic, but there are mixed results since most patients end up self-referring to the ED.⁷ Diverting patients from the ED by paramedics was not effective since most patients opted to be taken to ED despite advice not to.⁸

Existing models of AI triage systems accurately divert patients to appropriate care settings, often comparable to or better than nurse-based triage.⁹ Language barriers can be mitigated through Natural Language Processing packages and access to older patients may not be an issue since 92% of Irish over-60 year-olds have internet access via their smartphones.¹⁰ Thus, AI triaging has potential to outperform current ED triage solutions in diverting non-urgent cases to the GP setting potentially saving €146 million.¹

Conclusions: Future pilot studies should implement an AI triage to assess effectiveness in diverting non-urgent ED visits to the community care setting and mitigate potential biases by real-time analysis of healthcare metrics.

PO27. Co-designing a Care Transition Tool to improve Nurse-to-Nurse Discharge Communication for Older Adults Transitioning from Acute Hospitals to Transitional Care Units within an integrated care; A Study Protocol

Mrs Olayinka Aremu^{1,2}, Prof Amanda Phelan²

¹School of Nursing, Midwifery and Health Systems, UCD , Belfield, Ireland, ²School of Nursing and Midwifery, TCD, Trinity College Dublin, Ireland

Background: The global demographic shift towards ageing populations has increased demands on acute care admissions due to age-related multi-morbidity. Research indicates that delayed discharge affects 90% of older adult patients, often due to inadequate home care services, necessitating the need for Transitional Care Units (TCUs). However, there is a gap in effective nurse-to-nurse communication tools, hindering integrated care and interdisciplinary input.

Study Aim: The aim of this study is to co-design a care transition tool to improve discharge communication practices between nurses in acute hospitals and community-based transitional care units for older adults.

Highlights from Literatures- A narrative review of the literature was undertaken:

Frameworks such as ICPOP, the HSE National Integrated Care Guidance, and the National Standard for Patient Discharge Summary) provide valuable guidance for the discharge planning process of patients from healthcare settings.

TCUs are established for patients who require a multidisciplinary assessment, a brief reablement program, or the establishment of social care arrangements before they can be discharged.

Inadequate exchange of information via the electronic health record, absence of evidence-based standards, lack of data interoperability, and insufficient communication among providers can lead to gaps in care coordination

Method: This study employs a sequential explanatory mixed-method design using Retrospective Chart Review (RCR) and a co-design approach through focus group discussions. Data will be analyzed using IBM SPSS Statistics Version 27 and NVivo 14.

Implications for Clinical Practice: Nurses play a vital role in facilitating care transitions, including discharge processes and multidisciplinary coordination. However, challenges such as fragmented healthcare systems and limited integration between hospital and community services impede efforts to improve discharge planning. Hence, the study.

Conclusion: The study aims to develop a standardised tool to facilitate decision-making for smooth patient transitions between acute hospitals and transitional care units, ultimately improving care outcomes for older patients.

PO28. Developing a Quality and Safety surveillance system: A scoping review of the literature using realist synthesis

Dr Busra Ertugrul¹, Ms Jaspreet Kaur Dullat¹, Dr. Therese McDonnell¹, Dr. Marcella O'Dowd², Prof. Eilish McAuliffe¹

¹University College Dublin, Dublin, Ireland, ²Quality and Patient Safety Directorate, Health Service Executive, Dublin, Ireland

Background: Patient harm as a result of unsafe care is an increasing worldwide health concern, and typical efforts to detect adverse events, which prioritize mistake tracking and voluntary reporting, have very poor error detection rates. In an effort to address this, some governments have built patient safety surveillance systems that aggregate and query multiple data sources to detect errors and deterioration while also highlighting best practices. Developing such systems necessitates overcoming several technological, executive, financial, political, and behavioral challenges. The process of constructing quality and safety surveillance systems is vital and needs study that allows for sharing knowledge with countries developing such systems.

Study Aim: The purpose of this study is to develop a programme theory that investigates the fundamental mechanisms and processes involved in building a quality and safety surveillance system in healthcare settings. The realist synthesis method will be used to synthesize the evidence in the literature. Initial programme theory will be developed based on a literature review, stakeholder consultations with the programme designers and developers, project meetings, the theory of change model that underpins the programme, and an understanding of systems theory to identify the context and mechanisms that cause quality and safety surveillance systems to succeed or fail in general healthcare settings. Three-phase iterative searches of PubMed, PsycInfo, Central, CINAHL, and Grey literature will be conducted. The studies in any setting and for any patient group will be included. The snowball technique will also be used to search the reference list of the related studies. The search period ranges from 1 January 2000 to 31 December 2023. Results will be reported following RAMESES and PRISMA-ScR guidelines.

Implications for Clinical Practice, Policy, Research: The developed program theories will be used by national policymakers and will guide future surveillance system development.

PO29. The Contributions of Person-Centred Cultures to the Aetiology and Management of Depressive Symptoms Among Older Adults in Nursing Homes: A Realist Review Protocol

Mr Tope Omisore¹, Dr Sean Paul Teeling, Dr Timmy Frawley

¹University College Dublin, Ireland, Dublin, Ireland, ²University College Dublin, Dublin, Ireland, ³University College Dublin, Dublin, Ireland

Background: Depression is highly prevalent among the older adults in nursing homes. While depression can be attributable to many causes, it has been reported to be associated with organisational culture and quality of care in nursing homes. Person-centredness is espoused in the regulatory standards of many nursing homes and has informed the cultures in nursing homes. However, systematic reviews of the impact of person-centred practices on depressive symptoms have yielded mixed results and the prevalence of depressive symptoms among older adults in nursing homes remains high. This review therefore aims to gather evidence whether person-centred cultures contribute to the aetiology and management of depressive symptoms among older adults in nursing homes, how, why, for whom and in what contexts?

This abstract summarises the protocol for a realist review, including the refinement of candidate programme theories (CPTs) to initial programme theories (IPTs) which will inform the review.

Method: This review will use theory-driven realist methodology. It will follow the five-step design as follows: define the scope of the review, search for and appraise evidence, extract and synthesize findings and develop narrative. Evidence will be gathered in the form of context, mechanisms and outcomes (CMOs) from both published and unpublished sources and grey literature to test and refine IPTs developed from the refinement of CPTs, with the collaboration of an expert panel. Findings will be reported according to RAMESES publication guidelines and will be shared with stakeholders and published in a peer-reviewed journal.

Conclusion: It is anticipated that this review will give an explanation in form of theories and give insight that can explain whether or not, in what way, how and why person-centred cultures contribute to the aetiology and management of depressive symptoms among older adults in nursing homes and provide guidance for the embedding of person-centred cultures in nursing homes.

PO31. Incorporating Artificial Intelligence in caring individuals with Dementia: A proposal exploring opportunities and challenges in India.

[Dr Sucharitha Shetty¹](#), [Mr Manoj T¹](#), [Ms Kshiti Shetty¹](#), [Mr Rijul Kumar¹](#)

¹Manipal Institute Of Technology, Manipal Academy of Higher Education, Manipal, India

Background / Aim: Dementia remains as the “tip of the iceberg”, particularly in developing countries with large populations. In 2019, India ranked fourth globally for dementia burden and is projected to become the second largest by 2050, after China. Technology helps dementia care, but less used in developing countries like India due to cultural diversity. However, the adoption of AI has the potential to enhance the training of caregivers and the general public to deal with dementia patients in a sensitive way.

Methods: A brief literature review showed, using Natural Language Processing (NLP)- a branch of Artificial Intelligence, for social media analysis can reveal public sentiment and tone regarding Dementia, shedding light on the stigma surrounding the condition. Studies on Dementia-related tweets have been focused on English language; exploring other languages can reveal cultural differences in dementia stigma. NLP's sentiment analysis can identify negative terms used about dementia patients, aiding deployment of anti-stigma measures like caregiver communication. A mobile app for caregivers could leverage sentiment analysis to suggest appropriate language.

Results: The proposed outcome would be that of identifying negative language which can help train caregivers to avoid triggering words or phrases that might upset patients. The mobile app with sentiment analysis could offer real-time suggestions for more positive and appropriate communication.

Implications for Clinical Practice: Analyzing a wider range of languages can provide a more complete picture of public perception surrounding dementia. This can help policymakers and healthcare professionals develop better support systems for dementia patients and caregivers.

Conclusions: Social media NLP in many languages can reveal cultural differences in dementia stigma, leading to improved support and communication.

PO32. Developing a Scaphoid Pathway Utilising a Patient Centered Informatics and Tracking System to Enhance and Expedite the Care of Patients Presenting with a Clinically Tender Scaphoid

***Ms Cora O'Connor**¹, Ms Julie O' Driscoll¹, Mr Oliver Allen¹, Ms Aoife O' Grady¹, Ms Leah Flanagan¹, Ms Sinead Loughran¹, Mr Vinny Ramiah¹, Mr Michael O' Mara¹, Ms Grainne Colgan¹*

¹Mater Misericordiae University Hospital, Dublin, Ireland

Connected healthcare aspires to a patient centered approach to ensure quality outcomes. To this end it utilises health information technology, data, health care pathways, regulation & standards and people. It must be safe, effective and secure, ensuring a high standard while reducing health care costs. (1) The use of connected healthcare in clinical change management is dependent on six criteria; governance and leadership; stakeholder engagement; communications; workflow analysis and integration; training and education; monitoring and evaluation. (2)

Occult injuries of the scaphoid bone comprise 15% of scaphoid fractures (3). It is a complex bone due to its retrograde blood supply and also because fractures are not always visible on plain x-ray. Missed fractures can lead to chronic pain and loss of function. The treatment options heretofore in our Hospital ensured all suspected scaphoid fractures were immobilised in a splint or a cast for one to two weeks until seen by the orthopaedic team where CT scanning was requested.

A clinical change management initiative was instigated by the emergency and orthopaedic consultants in 2022 in collaboration with relevant stakeholders, to provide a pathway for patients with a clinical suspicion of a scaphoid fracture that presented via the emergency department or the local injury unit in Smithfield. The aim was to ensure optimal care while expediting the use of CT scanning in the diagnosis of a fracture.

This presentation will demonstrate the use of connected healthcare within the six core elements of the clinical change management process to provide a safe and cost effective pathway for the cohort of patients presenting with a clinical suspicion of a scaphoid fracture. It outlines the importance of a robust IT system to ensure continuity of care along the patient journey and the power of collaboration between healthcare providers to improve patient outcomes.

PO33. Online Engagement for Professionals: A concept analysis

Ms Maria Hayes¹, Dr Mary Ryder¹, Dr Claire Magner¹

¹SNMHS UCD, Dublin, Ireland

Objectives: There is extensive literature from various disciplines on online learning, yet online engagement is not clearly defined in the literature. The benefit of understanding the factors influencing professionals' engagement online, is necessary to inform future strategies for enhancing collaboration, networking, and knowledge sharing in digital spaces. Therefore, it is vital to clarify the meaning of online engagement for professionals and formulate the defining attributes, antecedents, and consequences to online engagement.

Methods: Walker and Avant's concept analysis approach was used to analyse the concept of online engagement for professionals. A search of the literature was completed using the databases CINAHL, PubMed, ERIC for years 1999 to 2024; literature search included peer-review articles, full-text publications, and available in English. A total of 11 articles were reviewed, and saturation was reached.

Results: An extensive review of the literature revealed salient characteristics that reflected the most frequently used terms associated with the concept. Guided by Walker and Avant's method, five defining attributes emerged as common themes: active participation, interaction, knowledge sharing, networking, and collaboration.

Conclusions: A clarified definition was identified: the active participation and interaction of individuals within digital platforms or communities relevant to their professional fields, encompassing various activities aimed at connecting, sharing knowledge, collaborating, and building relationships with experts, peers and stakeholders through online channels.

PO34. Circular economy and environmental impact of small medical remanufacturing devices

Dr. Menada Gardalini¹, *Dr. Tatiana Bolgeo*², *Dr Roberta Di Matteo*¹, *Dr. Antonio Maconi*³

¹*Research Nurse of the Health Professions Research Unit, Research Training Innovation Infrastructure - Department of Research and Innovation – Azienda Ospedaliero-Universitaria SS Antonio e Biagio e Cesare Arrigo, Alessandria, Italy, ALESSANDRIA, Italy,* ²*Head of the Health Professions Research Study Center, Referent of the Health Professions Research Unit, Research Training Innovation Infrastructure - Department of Research and Innovation – Azienda Ospedaliero-Universitaria SS Antonio e Biagio e Cesare Arrigo, Alessandria, Italy, Alessandria, Italy,* ³*Director of Department of Research and Innovation – Azienda Ospedaliero-Universitaria SS Antonio e Biagio e Cesare Arrigo, Alessandria, Italy, Alessandria, Italy*

Background/Aim: The circular economy is a model of production and consumption that involves sharing, borrowing, reusing, repairing, refurbishing, remanufacturing and recycling existing materials and products for as long as possible. In this way, the life cycle of the products is extended, and this helps to minimise waste. Growing awareness of environmental impact and the need for sustainable practices in the healthcare sector has led to a focus on the remanufacturing of medical devices, particularly small medical devices. The study aims to investigate the possibility of implementing circular economy practices through an economic and environmental assessment of single-use medical devices.

Method: The project has been running since February 2024 in the operating theatres of the University Hospital of Alessandria. It includes three steps: an economic analysis of single-use medical devices; an analysis of the cost of the materials required, the materials consumed, the amount of materials disposed of as waste, and the cost of waste disposal for the years 2018-2019 and 2022-2023 (excluding the pandemic period when there was a decrease in surgeries); the creation of a roadmap for the transition to a circular health care system.

Results: Preliminary results from the analysis of the consumption of single-use medical devices show an increase of 7% from 2018 to 2023. At the end of the analysis, possible strategies will be hypothesised, including the transition from a linear to a circular economy applied to the hospital context to reduce the environmental impact and costs related to the consumption and disposal of single-use medical devices.

Conclusions: Analysis of the results could indicate a potential reduction in the use of new single-use devices, thereby reducing waste generation and contributing to resource conservation and reduced environmental impact.

PO36. Protecting You and Others: Community infection prevention behavior change program - mixed methods study protocol

***Assoc. Prof. Beata Dobrowolska**¹, Dr Stefania Chiappinotto², Dr Kinga Zdunek¹, Assoc. Prof. Aysel Özsaban L⁴, Aysune Bayram⁴, Prof Nevenka Kregar-Velikonja⁵, Dr Gorazd Laznik⁵, Montserrat Sola Pola³, Llúcia Benito Aracil³, prof. Alvisa Palese²*
¹Medical University Of Lublin, Lublin, Poland, ²University of Udine, Udine, Italy, ³University of Barcelona, Barcelona, Spain, ⁴Kardeniz Technical University , , Turkey, ⁵University of Novo mesto, Novo mesto, Slovenia

Background: The COVID-19 pandemic has taught us that some basic behaviors preventing transmission of respiratory infections that were expected to be normalized in daily life not only have been applied incorrectly but have also been systematically violated, putting others' lives at risk. Moreover, misinformation on social media has played a crucial role and health institutions encountered barriers in spreading scientifically founded advice. Additionally, limited access to health education has increased disparities across the world. People with low literacy have had difficulties accessing, understanding, critically appraising, and applying in daily life information delivered by health organizations. This problem is at increased relevance among the disadvantaged populations with low access to health services, low possibilities to live in good hygienic conditions and low abilities to understand information due to different barriers.

Aim: to develop evidence-based educational program to prevent transmission of respiratory infections in a group of vulnerable and disadvantaged populations.

Methods: a multi-phase international study will be conducted using mixed methods, i.e. literature review, qualitative study and intervention study using pre- and post-test. The project is implemented under the Erasmus plus program.

Results: The main activities that it will be implemented are (1) establishing a framework for developing the Community infection prevention behavior change program; (2) developing a community respiratory infection prevention-related behaviors assessment tool; (3) designing and piloting the Program; (4) implementing and sharing the program by developing a toolkit and disseminating the results with national and transnational events for stakeholders who will be included in the entire project as a Public Involvement Strategy.

Conclusions: an inclusive approach towards vulnerable individuals and cooperation with stakeholders (i.e. community nurses, NGOs working with different groups of disadvantaged populations) will allow to develop

multidimensional program including digital resources capable of promoting changes in the individual behavior to prevent respiratory infections spread.

PO37. Defining the role of the Research Nurse and Midwife: An Initiative by the Irish Research Nurses and Midwives Network

Mrs Simone Walsh¹, Ms Michelle Smyth^{1,2}, Ms Derval Reidy^{1,3}, Ms Sabina Mason^{1,4}, Ms Carole Schilling^{1,5}, Ms Pooja Varghese^{1,6}, Ms Deirdre Hyland¹

¹Irish Research Nurses and Midwives Network, RCSI Clinical Research Centre, Dublin, Ireland, ²Department of Anaesthesia and Critical Care, Beaumont Hospital, Dublin, Ireland, ³HRB Wellcome Clinical Research Facility, St James Hospital, Dublin, Ireland, ⁴Department of Critical Care, Tallaght University Hospital, Dublin, Ireland, ⁵Department of Gastrointestinal Medicine, Beaumont Hospital, Dublin, Ireland, ⁶Sponsor Office, University of Medicine and Health Sciences, Dublin, Ireland

Background: The Irish Research Nurses and Midwives Network (IRNM) was established in 2008 to provide education and advocacy for clinical research nurses and midwives (CRNM) on the island of Ireland. The IRNM are currently funded by the HRB to conduct a study focused on identifying the barriers and enablers to the recruitment and retention of CRNMs on the island of Ireland. A stakeholder engagement exercise revealed 90% of stakeholders and 80% of nurses and midwives did not understand the role of the CRNM, often confusing it with that of nurse researchers. To address this, the IRNM embarked on a mission to review and redefine the role of the CRNM, aiming to enhance understanding and recognition of their critical contributions.

Methods: A workshop was held with IRNM members to review definitions from Ireland, UK, Australia, and the US. The definition was analysed under themes including:

- Evolving Scope of Practice
- Recognition and Professional Identity
- Training and Education
- Regulatory Requirements
- Interdisciplinary Collaboration
- Patient Safety and Ethical Considerations
- Advocacy and Policy Making

A new definition was developed, emphasizing patient-centred responsibilities. This definition was circulated to four national stakeholders for feedback and reviewed by 15 nurses to assess their understanding.

Results: The redefined role clarified the distinct responsibilities and impact of CRNMs, highlighting their contribution to patient care and research. Stakeholder feedback indicated increased understanding and recognition of the professional identity and scope of practice of research nurses and midwives.

Conclusions: The role of research nurse and midwife is widely misunderstood and often confused with that of nurse researchers. The

IRNM must continue to disseminate the redefined role to stakeholders. This ongoing effort is crucial to ensuring that national stakeholders, including the Department of Health, and the next generation of nurses and midwives recognises and understands the vital work performed by research nurses and midwives.