32nd Annual International Nursing & Midwifery Research & Education Conference

BOOK OF ABSTRACTS & CONFERENCE PROGRAMME

“Nursing in Times of Austerity”

Wednesday 20th & Thursday 21st February 2013

The Faculty of Nursing & Midwifery, Leading in Nursing & Midwifery Research and Education since 1974
# Table of Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conference Programme</td>
<td>2</td>
</tr>
<tr>
<td>Conference Welcome</td>
<td>4</td>
</tr>
<tr>
<td>The Faculty of Nursing &amp; Midwifery</td>
<td>5</td>
</tr>
<tr>
<td>The Deans Medal</td>
<td>5</td>
</tr>
<tr>
<td>Fellowship of the Faculty of Nursing &amp; Midwifery</td>
<td>5</td>
</tr>
<tr>
<td>Our Sponsors &amp; Exhibitors</td>
<td>6</td>
</tr>
<tr>
<td>Conference Committee 2013</td>
<td>9</td>
</tr>
<tr>
<td>Awards</td>
<td>9</td>
</tr>
<tr>
<td>Invited Speakers</td>
<td>10</td>
</tr>
<tr>
<td>List of Presenters</td>
<td>11</td>
</tr>
<tr>
<td>Oral Presentations</td>
<td>12</td>
</tr>
<tr>
<td>Poster Presentations</td>
<td>62</td>
</tr>
<tr>
<td>MSc Poster Presentations</td>
<td>74</td>
</tr>
<tr>
<td>Conclusion</td>
<td>107</td>
</tr>
</tbody>
</table>
### Conference Programme

<table>
<thead>
<tr>
<th>TIME</th>
<th>EVENT</th>
<th>VENUE</th>
</tr>
</thead>
<tbody>
<tr>
<td>07.45-08.35</td>
<td>Registration, Tea/Coffee, Poster &amp; Exhibition Viewing</td>
<td>Examination Hall</td>
</tr>
<tr>
<td></td>
<td><strong>Welcome Address</strong> by Ms Edna Woolhead, Dean, Faculty of Nursing &amp;</td>
<td>Cheyne Ground Floor</td>
</tr>
<tr>
<td></td>
<td>Midwifery, RCSI</td>
<td></td>
</tr>
<tr>
<td>09.00-9.10</td>
<td><strong>Keynote Address:</strong> Prof Derek Sellman</td>
<td>Cheyne Ground Floor</td>
</tr>
<tr>
<td></td>
<td><strong>Title:</strong> Competency in the Time of Austerity</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Chair:</strong> Dr Therese Meehan</td>
<td></td>
</tr>
<tr>
<td>09.10-9.45</td>
<td><strong>Plenary Address:</strong> Dr Carol Pellowe</td>
<td>Cheyne Ground Floor</td>
</tr>
<tr>
<td></td>
<td><strong>Title:</strong> Keeping Infection Prevention a Priority at the Bedside</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Chair:</strong> Ms Edna Woolhead</td>
<td></td>
</tr>
<tr>
<td>10.15-10.35</td>
<td><strong>Engaging in Debate:</strong> Open forum</td>
<td>Cheyne Ground Floor</td>
</tr>
<tr>
<td></td>
<td><strong>Chair:</strong> Prof Seamus Cowman</td>
<td></td>
</tr>
<tr>
<td>10.35-11.00</td>
<td>Tea/Coffee, Poster &amp; Exhibition Viewing</td>
<td>Examination Hall</td>
</tr>
</tbody>
</table>

### Venue

<table>
<thead>
<tr>
<th>VENUE</th>
<th>STRAND</th>
<th>Oncology</th>
<th>Wound Management &amp; Tissue Viability</th>
<th>Midwifery</th>
<th>Palliative Care</th>
<th>Professional Issues</th>
<th>Mental Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cheyne Ground Floor</td>
<td>Reducing the Risk of Infection in Cancer Patients Receiving Chemotherapy</td>
<td>Catherine O'Brien, St. James's Hospital, Dublin, Ireland.</td>
<td>A Charter: Randomised Trial of the Leg Ulcer Prevention Programme (LUPP) in Varicose Vein Patients</td>
<td>Evaluating Midwifery-led Antenatal Care: using a program logic model to identify relevant outcomes. Michelle Butler, University College Dublin, Ireland.</td>
<td>Caring for the dying: How do we do it better? Barbara Sweeney, St. Francis Hospice, Dublin, Ireland.</td>
<td>Professional Code and Guidance - Building the Foundation: Kathleen Walsh, Nursing and Midwifery Board of Ireland.</td>
<td>Key Worker in Community Mental Health: Lorraine Murphy, Waterford Institute of Technology, Ireland.</td>
</tr>
<tr>
<td>Nightingale 2nd Floor</td>
<td>Prevalent Results of Quantitative Survey from Phases of Athens (A Trial of HPV Education and Support)</td>
<td>Lisa Mc Sherry, National Cancer Registry Ireland.</td>
<td>Pressure Ulcer Prevention in an Irish Community Health Setting: A Cross-Sectional Survey: Kate Arlley, HSE West, Ireland.</td>
<td>The Development of a Midwifery Led Model of Care in a Tertiary Referral Hospital: Paula Barry, Coombe Women and Infants University Hospital, Dublin, Ireland.</td>
<td>A Burden or a Blessing: Balancing Philosophical Underpinnings in Palliative Care Research: Kevin Connolly, St. Francis Hospice, Dublin, Ireland.</td>
<td>The Role of Nurses in Caring for Adults with Profound Intellectual and Multiple Disabilities: Martha Dunworth Fitzgerald, Waterford Institute of Technology, Ireland.</td>
<td>Quantifying Withdrawal - Introducing the Glasgow modified Alcohol Withdrawal Scale to the ED: Kelly Stevenson &amp; Susan Glenn Short Stay Unit, Royal Victoria Hospital, Belfast, Northern Ireland.</td>
</tr>
<tr>
<td>Tutorial Room 1 2nd Floor</td>
<td>Lunch, Poster &amp; Exhibition Viewing</td>
<td>Examination Hall</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

**Note:** The programme is subject to change. Please check the official website for the most up-to-date information.
<table>
<thead>
<tr>
<th>TIME</th>
<th>EVENT</th>
<th>VENUE</th>
</tr>
</thead>
</table>
| 13.15 - 13.50 | Plenary Speaker: Dr Steve Thomas  
Title: Universalisation of Healthcare in Ireland: Prospect for the Titanic  
Chair: Dr Georgina Gethin | Cheyne Ground Floor |
| STRAND   | VENUE | Oncology | Albert Ground Floor | Nightingale 2nd Floor | Tutorial Room 4 Ground Floor | Tutorial Room 1 Ground Floor |
| Insights into Care Experiences of Men with Prostate Cancer in Ireland  
Marina Hennessy, National Cancer Registry Ireland. | Cheyne Ground Floor | The Lives Experience of Senior Nursing Students with Preceptorship/ Mentorship  
(A Phenomenological Inquiry)  
| 14.15-14.30 | 21st February 2013 leading in Education and Research for Nurses and Midwives since 1974 | Learn Health Care and the Productive Ward: The Effects and Impacts on Employees  
Mark White, Waterford Institute of Technology, Ireland. | Adapting to the Primary Caregiver Role: Challenges Facing Care of Head and Neck Cancer Patients  
Geraldine McNicolis, Royal Victoria Eye and Ear Hospital, Dublin, Ireland. | A Cost Benefit Review of Nurse-Led Telephone Care Management in Epilepsy  
Samantha Crowley, Children's Hospital Temple Street, Dublin, Ireland. | Quality of Care for Young Adults with Type 1 Diabetes in Ireland  
Frank Doyle, Royal College of Surgeons in Ireland, Ireland. | Nurse Experiences of Person Centred Care  
Lesley Matthew, Ireland. |
| 14.45-15.00 | 21st February 2013 leading in Education and Research for Nurses and Midwives since 1974 | Developing and Evaluating an Innovation to Enhance Nurse Led Practice Based Research  
Orla Dempsey, Trinity College Dublin, Ireland. | The 'Link person': The role of Cancer Nurse specialist in Cancer Treatment Decisions  
Frances J Drummond, National Cancer Registry Ireland. | A Quality Assurance Audit of Nurse Led Clinic in HIV & a GUIDE Department  
Shane Murphy, St. James's Hospital, Dublin, Ireland. | A Comparison of Costs and Outcomes of Alternative Models of Care for Children with Complex Care Needs  
Aoife McNamara, Trinity College Dublin, Ireland. | Nurse Experiences of Person Centred Care  
Lesley Matthew, Ireland. |
| 15.00-15.15 | 21st February 2013 leading in Education and Research for Nurses and Midwives since 1974 | From Beginning to End - Considering Bias in Research Studies  
Helen Malone, Trinity College Dublin, Ireland. | Initial Referral to Palliative Day Care brings Fear and Anxiety to Family Caregivers: Findings from an Irish Qualitative Descriptive Study  
Liz Reidy, Palliative Care Unit, HSE South, Ireland. | An iPhone Education Nursing Students Experience of Technology Enhanced Learning in Clinical Practice  
Shahram H O'Connor, University College Cork, Ireland. | A Review of Services Provided to Young Children with Neurodevelopmental Disabilities in Ireland  
Anne Reilly, Jack & Jill Foundation, Ireland. | Nurse Experiences of Person Centred Care  
Lesley Matthew, Ireland. |
| 15.15-15.30 | 21st February 2013 leading in Education and Research for Nurses and Midwives since 1974 | A Study of Nurses’ Practices, Knowledge Levels of Barriers to Exercise in Pregnancy  
Mary ODonnell, Waterford Institute of Technology, Ireland. | A Qualitative Investigation Into Nurses’ Experiences of Reflection in Caring for Cancer Patients  
Marina McKnight, National University of Ireland, Galway. | A Study of Women’s Knowledge: An Evaluation of a Link Nurse Initiative  
Kevin Connaire, St. Francis Hospice, Dublin, Ireland. | Patients’ Experience of Attending a Sexual Assault Treatment Unit for Forensic Clinical Examination  
Aiden Walsh, Rotunda Hospital, Dublin, Ireland. | Critical Evaluation of the Quality of Qualitative Studies Specific to Health Beliefs in Obesity  
Teresa Williams, University College Cork, Ireland. |
| TIME     | EVENT                                                                 | VENUE                  |
| 16.15-16.45 | Closing Plenary: Dr. Anne-Marie Ryan  
Title: Regulating Nursing and Midwifery in Times of Austerity and Changed Expectations: Embracing the Nurses and Midwives Act 2011  
Chair: Prof. Marie Carney | Cheyne Ground Floor |
| 16.45-16.50 | Awards Ceremony  
Chair: Ms Edna Woolhead & Professor Seamus Cowman St Luke’s Cancer Research Fund Awards | Cheyne Ground Floor |
President’s Welcome
It is my great pleasure to welcome you to the Annual International Nursing & Midwifery Research Conference organised by the Faculty of Nursing and Midwifery at the Royal College of Surgeons in Ireland. This is the 32nd time that this conference has taken place and it is a very special event in the annual College programme. The high attendance is a reflection of its value within the nursing community.

Knowledge generation requires dissemination and exchanges through conferences and journals. The peer review process is a necessary component for the critical evaluation and validation of research results. Validation processes require the collaborative engagement from people of different backgrounds and experiences, a robust exchange of views, with analyses and feedback, which is informed by practical experience. The conference mechanism is essential for this type of interaction and for education through academic and social exchanges. It is at conferences that the state of the art is defined, the evidence base for progress is agreed and friendships are made and sustained.

Continued strong support for this meeting reflects not only the importance of the programme content but also the success of previous meetings and the respect and esteem of RCSI Nursing Faculty. It further reflects the important role of nursing, nurse development and teamwork in health care delivery. Continued professional development is needed to meet the challenges in the modern healthcare environment. New methods of investigating and treating disease processes, greater public expectation, accountability and resource scarcity are major stresses but also drivers of reform. Implementing changes requires the development of human capital and the appropriate use of validated information. At the conference, these issues will be explored and debated in specialist sessions and state of the art lectures.

On behalf of myself and the Council of the College, I congratulate the Nursing Faculty, the Dean of the Faculty Ms Edna Woolhead, the Professor of Nursing Seamus Cowman and the organising committee. We extend a warm welcome to all the speakers and delegates and particularly those who have travelled from foreign parts. We hope that you will enjoy the conference and gain new knowledge and insights while at the same time making new friends and experiencing the many delights of Dublin.

Professor Patrick Broe, MCh, FRCSI, President RCSI

Conference Welcome
On behalf of Ms Edna Woolhead, Dean of the Faculty, Board members of the Faculty and staff of the Faculty, I would like to welcome all delegates to our 32nd annual International conference. The Faculty of Nursing & Midwifery is now in its 39th year and during this time has remained at the forefront of developments in Nursing and Midwifery. It is one of the longest serving providers of nursing and midwifery education in Ireland. The Board and Staff of the Faculty continue to look forward to accepting leadership roles and in being innovative and creative in supporting future health service developments, in policy formulation, education and research.

This is our 32nd annual international conference and is the oldest nursing conference of its type in Europe. It is also a main event in the Irish nursing calendar and as such, continues to enjoy outstanding support. It is now very much an international event and is a reflection of the standards set that more and more delegates from overseas attend and present their work at our conference. What is also pleasing is that each year an increasing number of Irish nurses and midwives are presenting papers and posters and this must be viewed positively for the future of the profession in Ireland. The theme of this year’s conference is “Nursing in Times of Austerity.” The papers presented identify the many challenges confronting the professions of nursing and midwifery in the years ahead and the conference provides an opportunity for reflection and discussion.

Organising a conference is a major task and in this regards a special word of thanks to the conference committee and in particular Dr Georgina Gethin, Ms Niamh Regan and Mr James Hayes

Finally may I also take this opportunity to wish our overseas delegates a pleasant stay in Ireland.

Prof. Seamus Cowman, Professor of Nursing, Head of Department

21st February 2013
The Faculty of Nursing & Midwifery
“Leading in Education and Research for Nurses and Midwives since 1974”
The Faculty of Nursing & Midwifery
The Faculty of Nursing and Midwifery at the Royal College of Surgeons in Ireland was inaugurated in April 1974 under the leadership of Mary Frances Crowley (First Dean 1974 – 1979). It takes its place alongside the various faculties in the Royal College of Surgeons. It is a post registration/post graduate continuing education Faculty for nurses and midwives based within the Royal College of Surgeons in Ireland, St. Stephens Green, Dublin. Miss Crowley and the founder members were professional nurses with foresight and their work is still of enormous benefit to nurses as evidenced in the Faculty’s role as a major provider of nursing education in Ireland.

The Faculty of Nursing and Midwifery consists of a Dean and twelve board members who constitute the Board of the Faculty. It is bound by the constitution of the Royal College of Surgeons in Ireland and the Council of the College. The membership of the Board is largely representative of the various specialist areas in Nursing and is inclusive of representation from Nursing & Midwifery Board of Ireland. As one of the earliest and longest serving providers of Nurse Education in Ireland, the Faculty of Nursing has ensured wide ranging and relevant programmes of education for nurses from a variety of clinical nursing specialties.

The Faculty provides full time and part-time Nursing Programmes including degrees, post graduate diplomas and masters, approved through the National University of Ireland. Among the Faculty’s existing programmes are part-time BSc degrees in nursing and nursing management. The Faculty provides 20 post graduate diplomas/MSc programmes run in conjunction with our partnership hospitals and approved through the National University of Ireland. These programmes are inclusive of many nursing/midwifery specialties. There are also a number of independent modules mainly on subjects related to clinical practice. Fellowship in Nursing and Midwifery (FFNMRCSD) is a qualification offered exclusively by the Faculty of Nursing and Midwifery of the Royal College of Surgeons in Ireland.

A Nursing/Midwifery Research Centre has been established within the Faculty where a number of research projects are being undertaken. Post-graduate nursing research supervision is provided at all levels including Masters and PhD level.

The Deans Medal
The College Badge mounted on a black background with eight stars to symbolize the essential qualities of leadership.

Knowledge
Conciliation
Wisdom
Co-Operation
Responsibility
Availability
Co-Ordination
Prudence

Fellowship of the Faculty of Nursing & Midwifery, RCSI
Applications are invited for: Fellowship Faculty of Nursing & Midwifery- Royal College of Surgeons in Ireland (FFNMRCSD)

Applicants must:
1) Be a registered nurse/midwife with a minimum of five years nursing experience
2) Have a Masters level qualification in nursing or midwifery or other relevant and related Masters qualification

Assessment will take the form of Portfolio submission and viva voce. Guidelines on portfolio presentation are available from the Faculty.

An application form is available at: www.rcsi.ie/FFNMRCSD or from the Faculty of Nursing & Midwifery, RCSI, 123 St Stephen’s Green, Dublin 2 Tel: 01 402-2206/2445 Email: nursing@rcsi.ie

Examination Fee: €500
Exhibitors
The Faculty of Nursing & Midwifery is most grateful to our sponsors for their on-going support of our conference – in particular, our main sponsors St. Luke’s Cancer Research Fund & Chiesi and B Braun.
RCSI Gathering
A celebration of RCSI - past, present & future
be part of it.

12-14 September 2013

RCSI has been at the centre of medical education for more than 200 years. It has a worldwide network of 17,000 alumni in over 80 countries.

From 12th to 14th September 2013, RCSI is welcoming its alumni back to Ireland to reconnect with old friends and colleagues and celebrate RCSI’s unique heritage and global connections.

The programme includes an international education conference and exciting social events.

www.rcsi.ie/gathering2013
The Faculty of Nursing & Midwifery and School of Nursing
Leading in Education and Research for Nurses and Midwives since 1974

The Faculty of Nursing & Midwifery and School of Nursing at RCSI have been delivering post graduate nursing and midwifery education since their establishment in 1974. The programmes range from Certificate to PhD, from level 8 to level 10, with a close alignment to clinical practice.

Since 2000 an innovative ‘Blended Learning’ approach to providing nurse education has been employed. Blended Learning involves face-to-face teaching combined with online computer-mediated teaching. Combining these two different learning strategies, using the benefits of each, has resulted in greater accessibility to student learning.

Supporting students
An intensive orientation/ongoing programme in Blended Learning is provided for students in order to develop the necessary skills to actively participate.

Benefits of Blended Learning
- Greater flexibility with open access to online material
- Online support throughout programme delivery
- Face-to-face teaching to support online learning
- Broader course content for diverse educational & clinical practice needs
- Reduced travel time and expenses
- Enhanced work-life balance can be achieved

The following accredited education programmes are offered commencing from September 2013:

**PhD Programmes:**
- PhD

**MSc Programmes:**
- MSc Nursing
- MSc Nursing by Research
- MSc Nursing / Midwifery Advanced Leadership

**Advanced Practice Programmes:**
- MSc Nursing / Midwifery Advanced Practice Incorporating Nurse Prescribing and Ionising Radiation (X-Rays)
- MSc Nursing / Midwifery Advanced Practice in the specialist area of:
  - Epilepsy*
  - Neonatology*
  - for students who currently hold an MSc in Nursing, there is a possibility to complete a 1 year Post Graduate Certificate in these specialist courses.

**Post Graduate Diploma Programmes:**
- Wound Management and Tissue Viability
- Pain Management in Nursing
- Infection, Prevention & Control Nursing
- Respiratory Care in Nursing Practice
- Practice Nursing
  - in association with Beaumont Hospital:
    - Intensive Care Nursing
    - Neuroscience Nursing
  - Coronary Care Nursing
  - Emergency Nursing
  - Operating Department Nursing
  - Oncology Nursing
  - Gerontological Nursing
  - Renal Nursing
  - in association with Royal Victoria Eye & Ear Hospital:
    - Ear, Nose and Throat Nursing
    - Ophthalmic Nursing
  - in association with Cappagh National Orthopaedic Hospital:
    - Orthopaedic Nursing
  - in association with Our Lady's Children's Hospital, Crumlin:
    - Peri-operative Children's Nursing
  - in association with The National Maternity Hospital, the Rotunda Hospital, the Coombe Women and Infants University Hospital, Our Lady of Lourdes Hospital, Drogheda and the Mid-Western Regional Maternity Hospital, Limerick:
    - Neonatal Intensive Care Nursing

The opportunity exists to progress to MSc following completion of Post Graduate Diploma Programmes. The student must also be working in the specialist area of the programme and meet other entry requirements.

**BSc Bridging Programmes (Hons) (Level 8) (1 Year):**
- BSc Nursing
- BSc Nursing Management

**Certificate & Diploma Programmes (Level 8):**
- Professional Certificate in Nursing
- Professional Certificate in Nursing Management
- Certificate in Nursing (Nurse/Midwife Prescribing)
- Professional Certificate in Nursing (Care of the Older Person in a Residential/Nursing Home Setting)

  in association with Beaumont Hospital:
  - Professional Certificate in Nursing in:
    - Breast Care
    - Haemodialysis
    - Heart Failure

**Certificate & Diploma Programmes (Level 9):**
- Post Graduate Certificate in Nursing (Clinical Research)

**Fellowship:**
The Fellowship of the Faculty of Nursing & Midwifery RCSI (FFNMRCISI) is exclusively offered by the RCSI and is one of the most prestigious professional qualifications awarded to nurses in Ireland.

**Stand Alone Modules:**
A wide variety of Stand Alone Modules are available to students. A complete list and further information relating to these modules can be found on www.rcsi.ie/nursingstandalone

Application forms, fee information and further details are available from our website www.rcsi.ie/nursing, or from:
Email: nursing@rcsi.ie Tel: (01) 402 2445/2206,
Faculty of Nursing & Midwifery
RCSI, 123 St. Stephen’s Green, Dublin 2

Programmes are accredited by the Royal College of Surgeons in Ireland, the National University Ireland & the Nursing & Midwifery Board of Ireland.
Conference Organising Committee

Ms Edna Woolhead Dean; Ms Louise Johnston, Vice-Dean
Professor Seamus Cowman, Head of Department
Dr Georgina Gethin, Conference Academic Coordinator
Ms Niamh Regan, Conference Administrator

Ms Maureen Duff  Ms Maevé Dwyer  Ms Mary Jacob
Ms Noreen Keane  Dr Therese Meehan  Ms Eileen Maher
Ms Mary McMahon  Ms Mary Murray  Ms Mary O’Neill
Mr James Hayes  Dr Anne-Marie Ryan  Ms Joyce Cousins
Ms Helen Walsh  Dr Zena Moore  Ms Catherine Clune Mulvaney

Conference 2014, Call for Abstracts

33rd Annual International Nursing & Midwifery Research & Education Conference 2014
Wednesday 19th and Thursday 20th February 2014

“Fundamentals of Nursing Practice”

Application forms and further information are available from: www.rcsi.ie/nursingconference or by email: nursingconf@rcsi.ie

Abstract Submission
Abstracts for oral & poster presentations should be submitted, using the abstract templates.

Deadline for submission is 25th October 2013.

Awards
The Faculty of Nursing and Midwifery on the occasion of its 32nd Annual International Nursing & Midwifery Research & Education Conference is pleased to be able to make Nursing/Midwifery funding available. The research awards are made available through funding obtained from St Luke’s Cancer Research Fund. An appropriate judging committee will select the winners for the various awards.

St Luke’s Cancer Research Fund:
Awards will be presented to nurses and midwives in recognition of their contribution to patient care through research and knowledge development.

Best overall oral presentation - €100
Three awards will be presented in this to the best oral presentation delivered in one of the concurrent sessions.

Best Oncology oral presentation - €100
This award is given for the best oral presentation delivered in the Oncology Strand

Best overall poster – €75
This award is given for the best poster presentation delivered at our conference.

Best first time presenter - €75
This award is given for the best overall oral presentation delivered by an individual who is a first time presenter at a national or international conference.

Best overall student poster – €75
This award is given for the best RCSI MSc student poster presentation.
Invited Speakers:

Keynote Speaker: Prof Derek Sellman
Prof Derek Sellman is director of the unit for Philosophical Nursing Research at the Faculty of Nursing, University of Alberta. He has a research interest in virtue ethics as a base for ethical nursing practice in general and in relation to the moral education of nurses in particular. He also has an interest in philosophical and ethical issues as they relate to the care of older people and as they relate to inter-professional working in health care. He is Secretary of the International Philosophy of Nursing Society, editor of the journal Nursing Philosophy and author of the book What Makes a Good Nurse.

Plenary Speaker: Dr Carol Pellowe
Dr Carol Pellowe is the Senior lecturer in infection control nursing at King’s College, London with a clinical attachment at Guy’s and St Thomas’ hospitals. She co-authored the national infection prevention guidelines: epic and epic2 and NICE 2003. She was Chair of the NICE Guideline Development Group which updated the infection prevention guidelines for primary and community care in March 2012. Following publication of the guidelines she developed the national e-learning programme which is the standard course for all NHS staff in England. She has undertaken specific research projects for the Department of Health, England. Currently she is undertaking a study of patients’ experience of MRSA screening. She is Deputy Chair of the Infection Prevention Society’s Education and Professional Development Committee.

Plenary Speaker: Dr Steve Thomas
Dr Steven Thomas is an Assistant Professor in the Centre for Health Policy and Management, Trinity College Dublin and a co-Director of the HRB Scholars PhD Programme in Health Services Research. Steve did his undergraduate degree in Politics, Philosophy and Economics and his Master’s degree in Development Economics at Oxford University, before completing his PhD at the University of Cape Town. He has a wealth of international experience in policy oriented research in government and academia. His research interests include health systems evaluation, health financing and health policy analysis, and workforce planning and motivation. Currently, he is leading research into: (1) the viability of Universal Health Insurance in the Irish context; (2) the resilience of the Irish health system in the current economic crisis and compared to other European countries in crisis (Portugal, Greece and Spain); (3) human resources motivation and international migration, and (4) workforce planning for the universalisation of care.

Plenary Speaker: Dr Anne-Marie Ryan
Dr Anne-Marie Ryan is Chief Education Officer with Bord Altranais agus Cnaimseachais na hEireann (NMBI) the Irish regulatory body for nurses and midwives, overseeing the development, setting, approval and maintenance of educational standards for nurse and midwife education and guidance to the professions. Anne-Marie has led and represented An Bord Altranais, the body prior to NMBI, on many national committees to develop policy and guidelines. She has also led on projects to implement regulatory structures to support the developing role of the nurse and midwife including managing projects for nurse prescribing of medicinal products and x-ray and the regulation of advanced practice. Anne-Marie is actively involved in the consultation for the modernisation of the Professional Qualifications Directive of the European Union (2005/36/EC). She was recently involved as an expert reviewer for the profession of nursing with a TAIEX mission for enlargement of the EU. Anne-Marie completed her doctoral studies in education studies from Dublin City University examining the regulatory approach to general nurse education in Ireland. Anne-Marie’s previous experience as a nurse educator was in Trinity College Dublin, and University College Dublin and she was also the Principal Nurse Tutor in Beaumont Hospital School of Nursing. As a clinical nurse Anne-Marie specialised in oncological nursing, previous experience as a nurse educator was in Trinity College Dublin, and University College Dublin and she was also the Principal Nurse Tutor in Beaumont Hospital School of Nursing.
List of Presenters

Abstracts are presented below in order of sequence of presentation & as submitted by the presenters

### Oral Presentations

<table>
<thead>
<tr>
<th>First Name</th>
<th>Surname</th>
<th>First Name</th>
<th>Surname</th>
<th>First Name</th>
<th>Surname</th>
</tr>
</thead>
<tbody>
<tr>
<td>Catherine</td>
<td>O’Brien</td>
<td>Elizabeth</td>
<td>Weathers</td>
<td>Paula</td>
<td>Barry</td>
</tr>
<tr>
<td>Lisa</td>
<td>McSherry</td>
<td>Martha</td>
<td>Dunworth</td>
<td>Mary</td>
<td>O’Donnell</td>
</tr>
<tr>
<td>Claire</td>
<td>O’Gorman</td>
<td>Lorraine</td>
<td>Murphy</td>
<td>Aideen</td>
<td>Walsh</td>
</tr>
<tr>
<td>Emer</td>
<td>Shanley</td>
<td>Carol</td>
<td>McCormack</td>
<td>Fatema</td>
<td>Khalil</td>
</tr>
<tr>
<td>Bernadette</td>
<td>Carpenter</td>
<td>Daniel</td>
<td>Newman</td>
<td>Suzanne</td>
<td>Crowley</td>
</tr>
<tr>
<td>Lamees</td>
<td>Almuqahwi</td>
<td>Kelly</td>
<td>Stevenson</td>
<td>Sinead</td>
<td>Murphy</td>
</tr>
<tr>
<td>Kate</td>
<td>Arkley</td>
<td>Susan</td>
<td>Glenn</td>
<td>Eileen</td>
<td>Daly</td>
</tr>
<tr>
<td>Michelle</td>
<td>Butler</td>
<td>Marita</td>
<td>Hennessy</td>
<td>Suja</td>
<td>Somanadhan</td>
</tr>
<tr>
<td>Annette</td>
<td>Murphy</td>
<td>Geraldine</td>
<td>McNicholas</td>
<td>Frank</td>
<td>Doyle</td>
</tr>
<tr>
<td>Shideh</td>
<td>Kiafar</td>
<td>Frances J</td>
<td>Drummond</td>
<td>Aoife</td>
<td>McNamara</td>
</tr>
<tr>
<td>Barbara</td>
<td>Sweeney</td>
<td>Liz</td>
<td>Reidy</td>
<td>Anne</td>
<td>Reilly</td>
</tr>
<tr>
<td>Sarah</td>
<td>Murphy</td>
<td>Martina</td>
<td>McKnight</td>
<td>Mark</td>
<td>White</td>
</tr>
<tr>
<td>Sung-Hee</td>
<td>Ahn</td>
<td>Tuqa Jameel</td>
<td>Basubaiah</td>
<td>Lesly</td>
<td>Mathew</td>
</tr>
<tr>
<td>Kevin</td>
<td>Connaire</td>
<td>Linda</td>
<td>Sheahan</td>
<td>Orla</td>
<td>Dempsey</td>
</tr>
<tr>
<td>Kathleen</td>
<td>Walsh</td>
<td>Maryam</td>
<td>Yaqoob</td>
<td>Helen</td>
<td>Malone</td>
</tr>
<tr>
<td>John</td>
<td>Adams</td>
<td>Siobhan</td>
<td>O’Connor</td>
<td>Teresa</td>
<td>Wills</td>
</tr>
</tbody>
</table>

### Poster Presentations

<table>
<thead>
<tr>
<th>First Name</th>
<th>Surname</th>
<th>First Name</th>
<th>Surname</th>
<th>First Name</th>
<th>Surname</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aoife</td>
<td>McNamara</td>
<td>Eman</td>
<td>Tawash</td>
<td>Mella</td>
<td>Buckley</td>
</tr>
<tr>
<td>Deirdre</td>
<td>Hyland</td>
<td>Lidhy</td>
<td>Solomon</td>
<td>Mary</td>
<td>O’Rourke</td>
</tr>
<tr>
<td>Suzanne</td>
<td>Moore</td>
<td>Teresa</td>
<td>Wills</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Freda</td>
<td>Browne</td>
<td>Carrie</td>
<td>Powles</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Celebrating the 32nd Annual International Nursing & Midwifery Research & Education Conference

ORAL PRESENTATIONS

“Nursing in Times of Austerity”

Wednesday 20th & Thursday 21st February 2013

The Faculty of Nursing & Midwifery, Leading in Nursing & Midwifery Research and Education since 1974
Title of Presentation: Reducing the Risk of Infection in Cancer Patients Receiving Chemotherapy

Background: Febrile neutropenia (FN), a potentially life threatening consequence of myelosuppressive chemotherapy can result in hospitalisation, interruptions to treatment, compromised treatment outcomes and compromise long term survival. International guidelines recommend the use of prophylactic granulocyte-colony stimulating factor (G-CSF) in patients receiving myelosuppressive chemotherapy with a 20% or greater risk of developing FN. Despite nursing studies in the United States implementing the international guidelines by risk assessing patients prior to commencing chemotherapy, there appears to be no formal risk assessment for G-CSF use in Ireland.

Aim and objectives: To develop, implement and evaluate a nurse-led risk assessment tool to reduce the incidence of febrile neutropenia (FN) in patients receiving myelosuppressive chemotherapy

Methods: A comparative prospective observational study was conducted. Clinical data was collected from 459 patients' charts; 233 patients (50.8%) in phase 1 had no intervention and 226 patients (49.2%) in phase 2 had a risk assessment carried out by the nurse, prior to each cycle of chemotherapy. The main outcomes captured were febrile neutropenia, dose reductions, treatment delays and hospitalisation days.

Analysis and Results: Data was input into SPSS Statistics 18. Data was analysed to produce frequencies and descriptive statistics. The implementation of the risk assessment tool resulted in a reduction in incidences of FN, dose reduction, treatment delays and hospitalisation days resulting from FN. There was a 53% reduction both in the incidence of FN (15.5% vs. 7.5%) and hospitalisation days (267 vs. 125) following implementation of the risk assessment tool. There was a 5% increase in GCSF use from 40% to 45%.

Recommendations: Consistent use of the risk assessment would enable nurses to identify patients at high risk of developing FN, which would result in more appropriate prophylactic G-CSF use. Further research, specifically a cost benefit analysis would substantiate these findings and provide additional evidence for risk assessment in patients prior to receiving myelosuppressive chemotherapy.

Notes
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
Presenter: Lisa McSherry BSc (Hons)
Organisation: National Cancer Registry Ireland

Title of Presentation: Results of In-Depth Interviews from Phase 1 of Athens (A Trial of HPV Education and Support)

Background: GPs and practice nurses play a key role in cervical cancer prevention. Their knowledge and practices influence the success of prevention strategies. ATHENS is developing a practical, theory-based, resource (intervention) to support primary care practitioners’ HPV-related clinical practice. As the first step in intervention development, we interviewed GPs and practice nurses.

Aim and objectives: Our aims were to: (1) identify HPV-related clinical behaviours which the intervention will target; (2) clarify GPs’/practice nurses’ roles and responsibilities; and (3) determine what influences clinical behaviours.

Methods: In-depth, semi-structured, telephone interviews were conducted. 19 GPs and 14 nurses were interviewed. Transcripts were content-analysed using the Theoretical Domains Framework as a coding framework.

Analysis and Results: Key behaviours included: encouraging women to have smears; initiating discussions about HPV infection; offering/recommending HPV vaccination; and answering women’s questions about HPV testing. Analysis revealed that male GPs are moving away from taking smears. HPV infection is not widely discussed with patients. Reasons include: professionals’ lack of knowledge; uncertainty about how to raise the subject; avoidance of the topic because it is sensitive, awkward and potentially embarrassing; and concerns that discussion could discourage women from having smears. Cost is a major barrier to offering HPV vaccination in general practice. Practitioners’ awareness of HPV testing is limited. There is considerable uncertainty regarding its clinical benefit and role in management.

Recommendations: The perceived complexity of the topic, and the many potential influences on clinical behaviour, confirm the need for a resource to support practitioners. Once developed, the resource will be tested in a randomised controlled trial. ATHENS will facilitate best practice and help ensure women receive up-to-date information and appropriate advice.

Notes

_________________________________________________________________________________________________________

_________________________________________________________________________________________________________

_________________________________________________________________________________________________________

_________________________________________________________________________________________________________

_________________________________________________________________________________________________________

_________________________________________________________________________________________________________
Presenter: Claire O’Gorman RGN; BSc; PG Dip (Cardiac & Intensive Care)

Organisation: Waterford Institute of Technology, Ireland

Authors: 1. Ms Claire O’Gorman 2. Dr Suzanne Denieffe 3. Dr Martina Gooney

Title of Presentation: Preoperative Radiotherapy & Rectal Cancer: Impact on Acute Symptom Presentation & Quality of Life

Background: Rectal cancer is a significant and increasing problem with over 600 new cases diagnosed in Ireland each year (National Cancer Registry Ireland 2011). Many patients with colorectal cancer receive preoperative radiotherapy. This leads to acute adverse effects, including fatigue, and these may impact patients’ quality of life (QoL). Although studies have investigated the various adverse effects that can occur, these have not yet been critically appraised and synopsised to form a comprehensive review of their prevalence and effects on the quality of life of rectal cancer patients.

Aim and objectives: The presentation offers a critical review of the current literature published in relation to the side effects of preoperative radiotherapy in rectal cancer patients and the impact of their treatment on quality of life.

Methods: Following a literature search of electronic databases, 23 peer reviewed research articles were retrieved that met the selection criteria: addressing the topic of preoperative radiotherapy, its significance in the management of rectal cancer, side effects this treatment may cause and its impact on patients’ QoL.

Analysis and Results: Preoperative radiotherapy leads to a number of common adverse effects including diarrhoea (10.2% - 81.8%), dermatological problems (11% - 29%), micturation problems (2% - 50%), fatigue (31% - 67%), sexual dysfunction and pain (7.6% - 19.6%). Some lead to a decline in quality of life during treatment, and cause prolonged surgical recovery times.

Recommendations: Awareness of the prevalence and severity of the acute side effects of preoperative radiotherapy will enable nurses to thoroughly assess these symptoms, plan and implement appropriate interventions and to evaluate outcomes. This will assist in optimising the quality of life of rectal cancer patients and may hasten postoperative recovery times.

Notes

_________________________________________________________________________________________________________

_________________________________________________________________________________________________________

_________________________________________________________________________________________________________

_________________________________________________________________________________________________________

_________________________________________________________________________________________________________

_________________________________________________________________________________________________________
Presenter: Lisa McSherry BSc (Hons)
Organisation: National Cancer Registry Ireland

Title of Presentation: Preliminary Results of Quantative Survey from Phase 2 of Athens (A Trial of HPV Education and Support)

Background: ATHENS is developing a practical, theory-based resource(s) to support primary care practitioners’ HPV-related clinical practice. Results from in-depth, semi-structured telephone interviews (Phase 1 of ATHENS) highlight the perceived complexity of the topic, and the many potential influences on clinical behaviour. Here we describe preliminary results from a quantitative survey conducted amongst GPs and practice nurses, which is the second step in intervention development.

Aim and objectives: Our aims were to: 1) identify the frequency and distribution of HPV-related clinical behaviours which the resource(s) will target; and 2) identify the modifiable determinants which influence these behaviours.

Methods: A quantitative survey was mailed to a purposive sample of GPs and practice nurses. The Theoretical Domains Framework was used to design the survey questions and the data will be analysed using factor analysis.

Analysis and Results: 241 GPs and 459 practice nurses completed the survey. Preliminary analysis shows that most GPs (80%) and practice nurses (85%) agree that discussing HPV with patients is important. However, in practice both GPs and practice nurses say they discuss HPV with approximately half of women attending for smears (median=4/5 out of 10 respectively). Support for vaccinating 12 year old girls is high (87% of both GPs and practice nurses). In practice GPs say they discuss HPV vaccination with only half (median=5 out of 10) of mothers with daughters of this age. Professionals’ awareness of HPV testing is limited with 74% of practitioners saying that they do not have enough information about it. Nonetheless, 67% feel it would be useful in primary care.

Recommendations: These findings reveal an interesting contrast between the attitudes and behaviours of primary care practitioners in relation to HPV. Further analysis will explore other drivers of HPV-related behaviours, which the resource(s) will target. ATHENS will facilitate best practice and help ensure women receive up-to-date information and appropriate advice.

Notes
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
Presenter: Emer Shanley RGN, PG Dip Wound Management & Tissue Viability, MSc Research
Organisation: Health Service Executive South, Ireland
Authors: Emer Shanley

Title of Presentation: A Cluster Randomised Trial of the Leg Ulcer Prevention Programme (LUPP) in Venous Leg Ulcer Patients

Background: Guidelines are available from the HSE to assist in the treatment and management of venous leg ulceration but do not address appropriate strategies for patient education. This research explored whether implementing a multi-media educational program is effective when carried out in the community.

Aim and objectives: The aim of this study was to determine the effects of a Leg Ulcer Prevention Programme (LUPP) on patient’s knowledge of, and attitudes and behaviours towards, leg ulcer prevention within the Irish community care setting.

Methods: The research design employed was a multi-centre, cluster, randomised controlled trial. Participants had attended the nurse-led clinic in the previous twelve months and had a history of venous leg ulceration. Participants (n=51) were divided into two groups: the control group received “usual” care, the intervention group, participated in the education programme. A pre and post-intervention evaluation was conducted to examine any statistical differences between the groups. Data were analysed using descriptive and inferential statistics as appropriate.

Analysis and Results: There was no statistical significant difference between groups regarding baseline knowledge. Post- LUPP the knowledge score of the control group was lower, whilst there was a statistically significant improvement in the knowledge score of the intervention group (p < .001). The proportion of correct answers for the intervention group increased statistically significantly in nearly every case. Findings also showed improved healthy behaviours and self-management practices.

Recommendations: The findings suggest that LUPP has a positive impact on patients’ knowledge of venous leg ulcer prevention. The writer proposes the implementation of an education program within the Irish Healthcare setting for the prevention of recurrence. Further research is necessary to study effects in longer term.

Notes
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
Presenter: Bernadette Carpenter RN, RM, A&E cert, MEd, RNT, ANP, RNP, FNMRSCI.
Organisation: Mater Misericordiae University Hospital, Dublin, Ireland
Authors: 1. Bernadette Carpenter 2. Cora O’Connor 3. Eithne Mullen

Title of Presentation: An Evaluation of the Role of the Advanced Nurse Practitioner (ANP)/Registered Nurse Prescriber (RNP) in the Use of Antibiotic Therapy for Acute Wound Management in the Emergency Department.

Background: The issue of antibiotic resistance and overuse of antibiotics is a key concern for the Advanced Nurse Practitioner Registered Nurse Prescriber group in the Emergency Department, specifically as acute wound management accounts for approximately 15% of our patient caseload. No study in Ireland has been undertaken to evaluate the use of antibiotics in acute wound management by the ANP/RNP group.

Aim and objectives:
1. To evaluate the role of the Advanced Nurse Practitioner (ANP)/Registered Nurse Prescriber (RNP) in the use of antibiotic therapy for acute wound management in the Emergency Department.
2. To identify patients with an acute wound that require antibiotic therapy.
3. To assess antibiotic prescribing practices for patients presenting with an acute wound.
4. To expand the role of the ANP/RNP, to include the prescription of antibiotic therapy in acute wound management.

Methods: An audit tool was developed and piloted and a prospective random patient selection was utilised (N=224). The study took place in an urban emergency department across two sites, between the months of March 2010 and September 2010.

Analysis and Results: SPSS was used to analyse data. Twenty per cent (N=44) of patients who presented with an acute wound required oral antibiotics. These wounds were deemed complex wounds and appropriate clinical decision making based upon research based evidence to support the use of antibiotics was demonstrated by the ANP/RNP group. The appropriate antibiotic was prescribed by Medical colleagues.

Recommendations: This study recommends that ANP/RNP group in the study hospital expand their prescribing practice to include the prescription of antibiotic therapy in acute wound management for the minor injury population.

Notes
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
Presenter: Lamees Dawood Khalil Almuqahwi  Master in Nursing

Organisation: Royal College of Surgeons in Ireland- Bahrain

Authors: 1. Lamees Dawood Khalil Almuqahwi

Title of Presentation: An Assessment of Diabetic Patients’ Knowledge about Daily Foot Self-Care

Background: The number of diabetic patients who are seeking care for the management of the disease and foot complications in primary health care setting in the Kingdom of Bahrain is increasing. Moreover, the number of diabetic patients diagnosed with foot ulcer is increasing as well. Assessing the knowledge of diabetic patients about daily foot self-care is one way to minimise the chance of getting foot ulcer among diabetic patients. However, no similar study has been conducted in the Kingdom of Bahrain

Aim and objectives: Assess diabetic patients’ knowledge about daily foot self-care and determine the diabetic patients’ daily foot self-care practice

Methods: A quantitative-descriptive design was conducted in this study in the positivist paradigm. Accordingly, nonprobability convenience sample of 80 diabetic patients who visit the diabetic clinic for follow up in primary health care setting received a questionnaire under structured interview on knowledge regarding daily foot self-care.

Analysis and Results: The findings of this study showed that the majority of diabetic patients had poor knowledge (54%) as well as poor practice about foot self-care (mean = 2.9, SD = .5). Also, this study indicated a positive correlation between knowledge and practice about foot self-care. This study indicated that there is significant difference in mean score of diabetic patients’ knowledge and practice about foot self-care in relation to the level of education

Recommendations: Educational sessions about daily foot self-care are needed to improve diabetic patients knowledge and practice.
**Presenter:** Kate Arkley RGN, BNS (Hons), PG Dip. Wound Management & Tissue Viability, MSc. Nursing Specialist Practice  
**Organisation:** Health Service Executive West, Ireland  
**Authors:** 1. Kate Arkley 2. Zena Moore

**Title of Presentation:** Pressure Ulcer Prevention in an Irish Community Care Setting – A Cross-Sectional Survey

**Background:** Prevention of pressure ulcers is an integral part of risk assessment for healthcare professionals across healthcare settings. The process is contingent upon healthcare providers using evidence-based guidelines and clinical judgement to inform safe decision-making. Ireland aims to develop community-led healthcare underpinned by patient safety and quality. Hence, it is timely and relevant to conduct a baseline study on this topic.

**Aim and objectives:**
1. To examine community nursing documentation for key aspects of best practice in pressure ulcer prevention.
2. To describe and determine if documentation in Irish community care reflects best practice in pressure ulcer prevention.

**Methods:** The study employed a cross-sectional survey methodology to explore care plans of patients in one community care area. Patient notes were selected from current caseload for clients aged over 65 years and identified as ‘at risk’ of pressure ulceration.

**Analysis and Results:** The majority of patients were female (55%) and over 81 years of age (67%). The Waterlow risk status of the participants was mainly high risk (34%) or very high risk (27%). Pressure ulcer prevalence was 33%. Of the total number of pressure ulcers recorded, 41% were Grade 1, 33% were Grade 2-4 and 26% ungraded. Eighteen percent of those with pressure ulcers had no formal risk assessment documented. Of the 124 patients, 39% had no skin assessment recorded, 44% had no BMI recorded, 74% had no repositioning regime recorded for when seated, and no mention of the type or method of repositioning employed when in bed. In total, 68% of patients had no pressure ulcer prevention plan documented.

**Recommendations:**
1. Importance of maintaining skills and safe practice in documentation, risk assessment for pressure ulcer prevention, care planning and repositioning regime.
2. Organisation-led training and education to maintain competency.
3. Clinical audits to review community nursing documentation.
4. Research into effect of education on documentation practice.

**Notes**
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
Presenter: Michelle Butler PhD, MSc, BSc, RN, RM
Organisation: University College Dublin, Ireland

Title of Presentation: Evaluating Midwifery-led Antenatal Care: Using a Program Logic Model to Identify Relevant Outcomes

Background: A number of midwife-led initiatives have been implemented at the study site, which is a large teaching maternity hospital in Dublin. One such initiative - a midwife-led antenatal clinic - was selected for evaluation by a joint team of midwives, managers and academics at the hospital. This paper focuses on the use of a program logic model to select outcomes to be included in the evaluation.

Aim and objectives: The program logic model is used to identify the theory of a program and is an integrative framework for the design and analysis of evaluations using qualitative and quantitative methods. The aim of using the approach was to identify the most relevant outcomes to be included in the evaluation, through an inclusive approach to identify and link program (midwives antenatal clinic) outcomes to the goals, inputs and processes involved in the production of these outcomes.

Methods: Possible outcomes were identified through a review of literature, policy documents and previous reviews of the clinics, and interviews with midwives, obstetricians and managers. These were then presented for discussion at a focus group of midwives, obstetricians, managers and women who had attended the clinics, where outcomes were refined and immediate, intermediate and longer-term outcomes were identified. A follow-up exercise was used to prioritise outcomes and to identify sources of data on each outcome.

Analysis and Results: Seven immediate, eleven intermediate and eight longer-term outcomes were identified. Sources of information identified for each outcome, included existing data, chart audit, survey of women, and interviews and focus groups with midwives, obstetricians, managers and women.

Recommendations: The program logic model provided an inclusive, systematic and transparent approach to identifying relevant outcomes to be included in an evaluation. The information obtained has been used since to design the evaluation project, which is currently being concluded.

Notes
**Presenter:** Annette Murphy RGN, RM, BSc Hons. in Nursing Science, PGD Hons. in Maternal and Child Healthcare.

**Organisation:** Waterford Institute of Technology, Ireland

**Authors:** 1. Annette Murphy 2. Ms Linda Sheahan 3. Dr Martina Gooney 4. Dr Patricia Chesser-Smyth

**Title of Presentation:** ‘Facilitating Midwifery-led Referral Pathways’

**Background:** In Ireland, most maternity units follow the medical led model of care and women’s choices for maternity care are limited to either using private health insurance or public consultant led clinics. Midwives are specialists in normal pregnancy and provide woman-centred care. Midwifery led care is well recommended as being the best type of care for low risk pregnant women. It provides continuity, choice, and develops trusting relationships with women. There are various different midwifery led schemes established in the author’s institution however concerns exist regarding the uptake of knowledge and accessibility of these schemes.

**Aim and objectives:** The aim of this research study is to explore the provision of antenatal care services for low risk pregnant women in a maternity unit outside the greater Dublin area.

**Methods:** Following ethical approval; a mixed methods approach was utilised involving 3 Phases. Phase 1 involved a survey of low-risk pregnant women (n=394) regarding the provision of antenatal care services. The findings informed Phases 2 and 3 which involved a series of focus group interviews with low risk pregnant women(n=42) and multidisciplinary professionals(n=62) respectively. Participants were recruited purposively for all phases of the research.

**Analysis and Results:** The data collection for all the research phases is complete with on-going analysis of the data. The data from Phase 1 was analysed using PSAW. The qualitative data from Phases 2 and 3 will be analysed using a content analysis framework (Elo and Kyngas, 2008) and NVivo 9 software.

**Recommendations:** Preliminary findings demonstrated that whilst participants were positive regarding their antenatal care, 72% (n=284) were unaware of their low risk status and the available services. Findings also suggest that waiting times were excessive and issues with the provision of information were evident. It is anticipated that the overall findings of this study will enhance the reorganisation of maternity services within the current healthcare system.

**Keywords:** Antenatal care services; low risk women; integrated care pathway; access to care; eligibility.
Presenter: Shideh Kiafar MSc, RM, PGDip Infection Prevention & Control
Organisation: National Maternity Hospital & Royal College of Surgeons in Ireland

Title of Presentation: The Contribution of Age, Parity, Ethnicity and Body Mass Index to Group B Streptococcus Colonisation

Background: Group B Streptococcus (GBS) is recognized to be an important cause of maternal and neonatal morbidity and mortality in many parts of the world. GBS is transmitted vertically during labour and delivery. In the absence of intrapartum antibiotic prophylaxis, approximately 50% of neonates acquire GBS from their colonised mothers, of whom approximately 2% will develop invasive infection such as sepsis, pneumonia and meningitis. Two different strategies to identify women at risk are a screening strategy and a risk-factor strategy. In Ireland the preventive strategy is risk-factor based. A number of clinical obstetric risk factors have previously been reported in association with maternal GBS colonisation. Some demographic maternal risk factors may also assist in preliminary diagnosis of maternal colonisation.

Aim and objectives: The aim of this study was to determine the association between age, parity, body mass index and ethnicity with GBS colonisation in pregnancy.

Methods: A quantitative descriptive comparative design was used. Demographic data related to four risk factors of the study were collected for 140 GBS colonised and 140 GBS negative patients. GBS colonisation status was determined using vaginal/rectal swab enrichment culture. Data were analysed using SPSS, employing descriptive statistical analysis and direct logistic regression analysis.

Analysis and Results: There was no association between GBS colonisation and BMI (p=0.413), ethnicity (p=0.823) and age (p=0.932). Parity was the only risk factor that had statistically significant correlation with GBS colonisation showing higher colonisation rate among primiparous women. Additional findings of this study suggested advanced maternal age in Irish society with 65% of participants being over 30 years of age and the rising prevalence of obesity with 49% of participants being either obese or overweight.

Recommendations: The findings of this study do not provide sufficient evidence to change the current national GBS preventive risk-factor based strategy. Other strategies which reduce chemoprophylaxis and subsequently reduce antibiotic resistance need additional studies.

Notes
Presenter: Barbara Sweeney  Hdip, PG Dip, PG Hdip,
Organisation: St Francis Hospice, Dublin, Ireland
Authors:  1. B. Sweeney  2. D. Mc Cormack

Title of Presentation: Caring for the Dying: Can we do it Better?

Background: Caring for the dying is multi dimensional. Staff need an opportunity to reflect on how well they manage impending death and dying as this impacts on future patient care. One such forum is a Death Review. This is a local practice in two community palliative care teams in the Irish Republic. Due to the number of deaths associated with working with palliative care patients this monthly meeting is held on a designated day and time. A candle is lit in the middle of the table and names of all the patients who died that month are read out slowly, allowing time for reflection between each name. It is then a free forum for staff to discuss the patients who have died, their journey and death, from a holistic point of view involving the physical, social, spiritual and emotional aspects of their care.

Aim and objectives: 1. Gain an understanding of the lived experience of two Irish Interdisciplinary Community Palliative Care team’s perceptions of the challenges and benefits of attending a monthly Death Review meeting 2. To ascertain commonalities and diversity in perception within the interdisciplinary team of attending this type of meeting. 3. To identify the implications of the findings for all health care professionals who work with grief and loss, death and dying. 4. To ultimately improve the dying patient and their loved ones experience and care by enhancing the awareness and lived experience of health care professionals working with patients who die.

Methods: A qualitative research approach specifically, an Interpretative Phenomenological Approach (IPA) was chosen for the purpose of this study. Phenomenology, hermeneutics and idiography are all components of IPA, which not only endeavours to illuminate a lived experience but also recognises the presumptions and notions of the researcher as part of the process. Semi-structured interviews were utilised to extrapolate the participants' experiences.

Analysis and Results: The findings suggest that all ten participants appreciated the benefit of this type of reflective practice. One participant did not consider that it was beneficial personally but acknowledged the benefit for others on the team. Lack of participation and time constraints were perceived as challenges associated with Death Review meetings but the benefits outweighed the challenges for nine out the ten participants. Death Reviews provide a useful forum to reflect on practice and remember and acknowledge the patients who have died and their families. They also facilitated a sense of closure, while highlighting the importance of self care when caring for individuals who are dying and their families. Diverse coping mechanisms with regard to responding to exposure to death and dying emerged also from the findings. The importance of learning from experiences was highlighted in this study with the ultimate aim of improving patient care.

Recommendations: 1. Where ever health care professionals are looking after patients who die they should consider having some form of Death Review meeting. 2. The importance of creating the right ‘space’ or atmosphere for this type of meeting needs to be considered. 3. All health care professionals attending these meetings should be aware of the ‘ground rules’, including the aims of objectives of this meeting. 4. Further research is needed, possibly a comparative study in another site and more in-depth research needs to be undertaken in relation to differing disciplines and how they grieve.

Notes
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
______________________________________________________________________________________________________
**Presenter:** Sarah Murphy  MSc, PG Dip  
**Organisation:** Irish Hospice Foundation, Ireland  

**Title of Presentation:** Supporting Nurses in the Delivery of Palliative Care

**Background:** In 2009 the Irish Hospice Foundation came together with the Irish College of General Practitioners (ICGP) and the Health Service Executive (HSE) to embark upon a joint programme of work to address the issue of primary palliative care in Ireland. The role of community based nurses in the delivery of primary palliative care was acknowledged as significant, and the report took a particular focus on developments to support their work, as well as that of GPs.

**Aim and objectives:** To determine the needs of nurses as reported by participant nurses in the research that was conducted as part of the Primary Palliative Care in Ireland Report and what measures would assist nurses in delivering quality palliative care.

**Methods:** Questionnaires and consultation meetings were held with 123 community-based health care professionals, 182 questionnaires were returned. 40% of these were from community nurses (73).

**Analysis and Results:** With regard to developing professional competencies, nurses reported that while they would like to deliver end of life care they often did not have the skills to do so and did not consider themselves competent in this area. The six most popular education preferences reported by community nurses were education in ethical decision-making at end of life; training in using a syringe driver; communication skills; bereavement support; palliative care at home; and symptom control. 47% said that training for delivering palliative care in the home would be useful and 41% called for training in bereavement support.

**Recommendations:** The report called for the professional bodies to signpost existing education options in palliative care and respond to nurses’ education needs. It also calls for these bodies to assist community nurses to further define their role in primary palliative care. This would ideally entail the development of position statements and policy documents on palliative and end of life care which would provide role clarity and professional guidance.

**Notes**

_________________________________________________________________________________________________________  
_________________________________________________________________________________________________________  
_________________________________________________________________________________________________________  
_________________________________________________________________________________________________________  
_________________________________________________________________________________________________________  
_________________________________________________________________________________________________________  
_________________________________________________________________________________________________________
Presenter: Sung-Hee Ahn RN PhD
Organisation: College of Nursing, The Catholic University of Korea

Title of Presentation: Effects of a Life Review on Spiritual Well-being, Depression, and Anxiety in Cancer Patients

Background: Terminally ill cancer patients often experience spiritual distress, depression, and anxiety. Spiritual wellbeing is an indication of patients' spiritual health. Depression and anxiety are considered to be common in palliative cancer care. While the effects of life review on depression and anxiety in older adults have been reported in previous research, there has been limited research on the life review program for patients with terminal cancer.

Aim and objectives: This study was conducted to evaluate the effects of a short-term life review program on spiritual well-being, depression, and anxiety in patients with terminal cancer.

Methods: The study used a pre & post-test quasi-experimental design with a non-equivalent control group. Measurements included the Functional Assessment of Chronic Illness Therapy-Spiritual scale (FACT-Sp12) and the Hospital Anxiety and Depression Scale (HADS). Participants were 32 patients with terminal cancer who were receiving chemotherapy or palliative care at hospitals or at home. Eighteen patients were assigned to the experimental group and 14 to the control group. A sixty minute short-term life review session was held two times for a week, as the intervention for the experimental group.

Analysis and Results: The data were analysed with the SPSS 12.0 statistical package. Repeated measures ANOVA was conducted to evaluate the effect of a short term life review program. There was a statistically significant increase in spiritual well-being in the experimental group compared to the control group. There were also significant decreases in depression and anxiety in the experimental group compared to the control group.

Recommendations: The short-term life review program can be used as a nursing intervention for enhancing the spiritual well-being and decreasing depression and anxiety of patients with terminal cancer.

Notes
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
Presenter: Kevin Connaire RGN; RPN; BNS; RNT; MSc; FFNMRCSI; PhD

Organisation: St. Francis Hospice, Dublin, Ireland

Authors: 1. Connaire, Kevin 2. Begley, Cecily

Title of Presentation: A Burden or a Blessing: Balancing Philosophical Underpinnings in Palliative Care Research.

Background: Most research is informed by philosophical underpinnings that originate in unacknowledged and implicit philosophical traditions. Hermeneutic thought has received much attention from both academics and researchers, however, there is frequently an absence of a clear link between the philosophical underpinnings of hermeneutic research with research methods and analysis. Such an omission questions the authenticity of adhering to methodology and methods in qualitative research.

Aim and objectives: The aim of this presentation is to extrapolate the key challenges in merging four philosophical underpinnings within a national study on the nature of expertise in palliative care practice.

Methods: Key hallmarks of philosophical hermeneutics will be presented and linked to a national research study. Exemplers will be provided as to how philosophies were merged and guided the study within the context of a qualitative research study.

Analysis and Results: Merging philosophies within a hermeneutic tradition is complex. Despite this, balancing the burden with the blessings ensures that methodological underpinnings of the study can be fruitfully merged without losing the richness of the data.

Recommendations: 1. Philosophical underpinnings guiding a qualitative study need to be made clear at the outset. 2. Avoidance of contamination of methodology and methods is paramount if a researcher is to remain true to the philosophy underpinning the study. 3. Transparency of linking findings to methods and philosophical underpinnings in qualitative research needs to be evident in published research.

Notes

_________________________________________________________________________________________________________

_________________________________________________________________________________________________________

_________________________________________________________________________________________________________

_________________________________________________________________________________________________________

_________________________________________________________________________________________________________

_________________________________________________________________________________________________________

_________________________________________________________________________________________________________
Presenter: Kathleen Walsh  RGN, MSN
Organisation: Nursing and Midwifery Board of Ireland
Authors: 1. Kathleen Walsh  2. Anne-Marie Ryan

Title of Presentation: Professional Codes and Guidance - Building the Foundation.

Background: The Nursing and Midwifery Board of Ireland (NMBI) is required under the Nurses and Midwives Act of 2011 to provide standards of practice for registrants including appropriate guidance on all matters related to professional conduct and ethics; and a code of professional conduct. A project was commenced by the NMBI to review its present code originating from 2000, and develop a new code based on principles and values of the nursing and midwifery professions. The factors considered in context for this project included relevant legislation and healthcare policy directing standards of care, advances in medicine and technology, and bioethical and societal issues.

Aim and objectives: To provide an overview of NMBI’s research process for drafting a code and professional guidance on conduct and ethics. To discuss the consultation process to engage stakeholders and examine some of its findings for the review of the code.

Methods: Through the stages of NMBI preparing a new code, a range of methodologies were employed. These included documentary and concept analysis, a modified Delphi survey with educators, focus groups with the profession and public, and expert groups.

Analysis and Results: The rich and diverse contributions of patients/public, registrants, educators, policymakers and other stakeholders over the course of the review directed the revisions for the code, by focusing on the relationship between the nurse/midwife with the individual and society itself. The analysis of the findings of the national call for submissions on the draft new code (due to conclude in early 2013) will further define the key foundations for guidance on professional conduct. Preliminary findings of this exercise will be shared.

Recommendations: There is significant changes and direction in the proposed new code of conduct and ethics. Thus responsive proactive regulation should frame the future actions for dissemination and education activities for the code. Nurses and midwives also need to engage with these exercises.

Notes

_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
Presenter: John Adams RN PhD  
Organisation: Anglia Ruskin University, United Kingdom  
Authors: John Adams

Title of Presentation: Nursing Obituaries as the Shared Memory of the Profession

Background: While doctors have an established tradition of recording obituaries relevant to their profession, there are far fewer nursing obituaries published in the UK. In this paper it will be argued that the writing and publication of nursing obituaries has not received the attention that it merits.

Aim and objectives: 1. To explore the literature on obituary writing 2. To analyse published nursing obituaries in the UK 3. To make the case for obituaries as a vital source for nursing history

Methods: A review of the literature on obituary writing and analysis of nursing obituaries published in UK national newspapers and the 'Nursing Standard'.

Analysis and Results: An analysis of nursing obituaries published in the UK will focus on issues including the profession's presentation of itself, honesty versus sensitivity, journalistic constraints, and the debates surrounding self-written versus independent obituaries.

Recommendations: Nursing obituaries should be regarded as the 'first rough draft of history'

Notes
Presenter: Elizabeth Weathers  BSc, MSc Research Student

Organisation: University College Cork, Ireland

Authors: 1. Elizabeth Weathers  2. Professor Geraldine McCarthy  3. Dr Alice Coffey

Title of Presentation: An Evolutionary Concept Analysis of Spirituality

Background: Spirituality is an evolving, complex concept that has generated debate within the nursing literature. Several authors have attempted to achieve conceptual clarification through the use of diverse concept analysis frameworks. Most of these have considered the theoretical literature on spirituality without using very specific selection criteria. Rodgers evolutionary framework is recommended for use with abstract concepts like spirituality and hence, was used to review the theoretical and empirical literature from a variety of disciplines pertaining to spirituality.

Aim and objectives: The aim was to identify the attributes, antecedents, and consequences of spirituality.

Methods: A search was performed in electronic databases CINAHL, MEDLINE, SocINDEX and PsychInfo. Search limits included publication year (2002-2012), language (English), and publication type (peer-reviewed). This yielded a sample of 248 papers following removal of duplicates. Criteria for further sample selection included scholarly articles that presented either a clear definition or at least some definitional elements; articles presenting a theoretical framework; and qualitative research investigating the meaning of spirituality across different samples and settings. This resulted in a final sample of 32 papers.

Analysis and Results: Spirituality was distinguished from religiosity in the literature however it was acknowledged that spirituality incorporates religious beliefs for some people. Antecedents of spirituality were the presence of a belief system or worldview, responsibility for care of spirit, and accountability for daily life choices. Attributes of spirituality were connectedness, transcendence, and meaning and purpose in life. Consequences included alleviation of suffering, a sense of wellbeing, enhanced ability to adapt and cope with adversity, and a sense of peace and inner strength.

Recommendations: Both the definition and application of spirituality have evolved over the last decade. There is some agreement across the disciplines in relation to conceptualisations of spirituality. Future research should focus on empirically testing the conceptual frameworks and definitions of spirituality already developed.

Notes
Presenter: Martha Dunworth-Fitzgerald RNID, Dip MHN, BSc, Pg ID, MSc.
Organisation: Waterford Institute of Technology, Ireland
Authors: 1. Martha Dunworth Fitzgerald 2. Dr John Sweeney

Title of Presentation: The Role of Nurses in Caring for Adults with Profound Intellectual and Multiple Disabilities (PIMD)

Background: In the current cost conscious health services the role and function of nurses has become the subject of particular interest and debate (Pearson, 2003). Moving beyond tradition Intellectual Disability nursing has moved from a narrowly defined remit to a much broader nursing role with some debating if the profession has lost its essential defining qualities (Sheerin, 2011). The embracement of a social model of care, deinstitutionalization and contemporary legislative requirements have all brought about this change (Taula and Farrow, 2011).

Aim and objectives: A study was carried out to explore the role of nurses in caring for adults with PIMD in residential intellectual disability care in Ireland. The rationale for this study was to develop a clearer conceptualisation of the role of nurses in this area.

Methods: A qualitative descriptive study using semi structured interviews was carried out exploring nurse’s perceptions of their role in this area. All 7 registered nurses chosen for the study were employed in the same service.

Analysis and Results: Latent content analysis was used once the collected data had been transcribed verbatim. Five main categories of nurse role in caring for adults with PIMD emerged from the study: Advocate, Nurse interventions, Communicator, Coordinator of care and Educator/Researcher.

Recommendations: Nurses very much occupy a pivotal role in the coordination of nursing and social care needs in this area of residential intellectual disability care. The need to carry out a larger study of this type was recognised.

Notes

_________________________________________________________________________________________________________

_________________________________________________________________________________________________________

_________________________________________________________________________________________________________

_________________________________________________________________________________________________________

_________________________________________________________________________________________________________

_________________________________________________________________________________________________________

_________________________________________________________________________________________________________

_________________________________________________________________________________________________________

_________________________________________________________________________________________________________
Presenter: Lorraine Murphy  RGN, PG Dip, MSc, PhD candidate  
Organisation: Waterford Institute of Technology, Ireland  
Authors: Lorraine Murphy  

Title of Presentation: Key Working in Community Mental Health Services  

Background: Key working is delineated as an essential mental health service provider responsibility by the the Mental Health Commission(MHC) & the Mental Health Act (2001). Following consultation with key stakeholders the MHC developed a quality framework as a mechanism for services to continuously improve the quality of mental health services. The Quality Framework: Mental Health Services of Ireland identifies key working as a quality standard. Two community mental health teams introduced common assessment tool (CAT) in 2011. Key working is a natural progression from this process. Also the recent reconfiguration of service provision from acute care setting to community setting demands the development of new processes to improve timely efficient service delivery. Most importantly, service users have repeatedly suggested the introduction of key working to improve the coordination and consistency of care processes.  

Aim and objectives: To improve the experience for new referral service users seeking mental health services and for their families/carers in two Community Mental Health Centres, as measured by the following outcomes: New referral service users: 95% or more of new referral service users rate their experience as 4 or 5 on a likert scale by July 2013. The goals are staged so that 20% or more of new referral service users rate their experience as 5 on a likert scale by December 2012; 50% or more of new referral service users rate their experience of as 5 on a likert scale by March 2013. Family/Carers: 95% or more of family/carers rate their experience as 4 or 5 on a likert scale by 50% or more of family/carers rate their experience of as 5 on a likert scale by March 2013.  

Methods: The System of Profund Knowledge and the Model for improvement guided the improvement work. Through process mapping and analysis of a purposefully developed and tested “What is key working” questionnaire, the three Stakeholder groups (staff, service users (SU), family/carers (FC)) assessed, analysed and established a baseline of stakeholder understandings/expectations of key working. A three-component snorkelling exercise with all staff, SU and FC representatives generated over 400 change ideas that were categorised into themes. These themes formed the basis for developing three change packages with associated change interventions. Change interventions tested through Plan, Do, Study, Act (PDSA) cycles.  

Analysis and Results: Run charts illustrated the population on a weekly basis. A total of nine outcome, process and balancing measures with attribute data and unequal sub group size were illustrated in Statistical Process Control charts. The rules for interpreting control charts were observed and early results provide reason for optimism.  

Recommendations: An improvement advisor supported the project team through their first experience of using the model for improvement. Principal lessons learnt include: 1.Ensure aim is Specific, Measurable, Achievable, Relevant, Time bound at the outset 2. Use qualitative methods such as focus groups to develop and test measurement tools through rapid PDSA cycles. Consultative processes predominantly used to design and test data collection tools with SU and FC representatives in this project. Although inclusive and comprehensive, this protracted over three months. 3. Use creative thinking as a powerful strategy to generate change ideas, and to enthuse and motivate stakeholders. 4. Varying responses to co-production requires constant attention and deliberate actions to develop a freedom-oriented zone to support staff to transition to change. The four key components of the System of Profound Knowledge cannot considered separate entities or in isolation of the other components.

Notes
Presenter: Carol McCormack MSc, BSc
Organisation: Trinity College Dublin, Ireland
Authors: 1. Carol McCormack 2. Dr Edward McCann

Title of Presentation: Caring for an Adolescent with Anorexia Nervosa: The Parents’ Experience

Background: The caregiver role has been associated with stigma, dependency, sense of loss combined with negative impact on family functioning, leisure and financial burden. Parents providing care to adolescents with anorexia nervosa may experience many challenges including lack of information and difficulties accessing services. They may have negative experiences such as feeling unsupported, blamed or being poorly understood. No previous studies exist that highlight positive aspects of the caregiving role.

Aim and objectives: The overall aim of the study was to investigate the subjective experiences of parents’ caring for an adolescent with anorexia nervosa. The objectives were to: 1. Explore and describe parental experiences 2. Discover the needs of parents 3. Develop knowledge and understanding of the lived experience of parents 4. Recommend practice development protocols which can inform educational practice.

Methods: Convenience sampling was used to recruit 10 parents to the study. Participants completed the Experience of Care giving Inventory and semi structured interviews were conducted. Ethical approval was granted.

Analysis and Results: Parents recognised the significant impact that the illness was having on all facets of family life and function. Parents were often blamed for the illness and experienced considerable levels of guilt and shame. As a result, parents often sought to cover up or hide the illness. Parents’ experiences of accessing appropriate treatment and services varied greatly between study participants. However, the results showed that a lack of information and delays in treatment resulted in higher levels of distress for parents. Interestingly, despite the extensive negative impact of the illness, parents remained hopeful that the adolescent would recover and invested in treatment. Additionally a significant finding was the importance parents placed on positive aspects of care giving.

Recommendations: This study should to raise awareness among nurses and other practitioners, of the needs of parents of adolescents with anorexia nervosa. For nurses, it further emphasises the importance of providing psychoeducation to parents as part of caring of the adolescent, and to empowering and enabling parents within their role. Clear recommendations are made in terms of practice, research, policy and education.
Presenter: Daniel Newman MSc in Nursing (Psychosocial Interventions in Mental Health Care) Registered Psychiatric Nurse
Organisation: University of Limerick, Ireland
Authors: 1. Daniel Newman  2. Therese Hennessy

Title of Presentation: Psychiatric Nurses’ Perception of their Role and Profession

Background: The role of the psychiatric nurse has evolved over the past few decades. The literature review identified the many competences psychiatric nurses possess. However, a gap in the research emerged surrounding psychiatric nurses’ perception of their role and profession.

Aim and objectives: To explore how psychiatric nurses perceive their role and profession.

Methods: A descriptive qualitative design was utilised. 14 Registered Psychiatric Nurses consented to participate in semi-structured interviews. The data was analysed utilising Burnard’s (1991) framework. Ethical approval was granted by the relevant ethics committee.

Analysis and Results: Four themes emerged from the data; nurses’ role, occupational inhibitors, working in the MDT and personal impact of nursing. Primarily, the role of the psychiatric nurse is client focused. This is completed through connecting with the client via the therapeutic relationship providing services to clients depending on their needs e.g. education, facilitation or completing tasks of daily living and supporting families. The role inhibitors are the increased pressure in the clinical area and the underutilisation of nursing expertise. Regarding M.D.T. work, participants firstly indicated they were equal. Nevertheless, when probed further the role was perceived as clerical, centred on the daily activities of the client and not therapeutic. Some participants perceived a hierarchy within the M.D.T. with role protection occurring. Finally, participants became more empathic and less judgemental due to their role. However, psychiatric nurses perceive the public’s view of the profession was poor.

Recommendations: This study recommends additional flexible educational opportunities, the introduction of clinical supervision and a co-ordinated programme to improve the image of psychiatric nursing. Further avenues of research include the replication of this study, an exploration the role of facilitation within psychiatric nursing and the role of the psychiatric nurse within the M.D.T.
Title of Presentation: Quantifying Withdrawal - Introducing the Glasgow Modified Alcohol Withdrawal Scale to the ED

Background: Alcohol withdrawal is frequently encountered in the Emergency Department, either as a primary presentation or as a factor complicating other illness. Prompt recognition and management are essential to prevent adverse outcome. To aid this, several scoring systems have been constructed. The most commonly used is the Clinical Institute Withdrawal Assessment for Alcohol - Revised (CIWA-Ar). In recent years the suitability of this tool for use in the acute setting has been questioned. In response, the Glasgow Modified Alcohol Withdrawal Scale (GMAWS) has been developed.

Aim and objectives: We undertook this evaluation prior to the adoption of the GMAWS. The aim was to ensure that GMAWS correlated well with the existing CIWA-Ar, which has been widely validated. Additionally, we wished to ensure that our ED staff were confident in its use.

Methods: A staff evaluation was conducted by survey. All responses were anonymous and no prior direction was offered. Subsequently, a convenience sample of patients, presenting with features of alcohol withdrawal, were scored using both the GMAWS and CIWA-Ar. We undertook analysis using simple descriptive statistics and correlation using Kendall’s tau.

Analysis and Results: Twenty survey requests were distributed and completed. 90% of respondents were familiar with both tools. 70% felt that the GMAWS was more user-friendly. 80% felt that the GMAWS accurately identified those in acute withdrawal and 80% felt that GMAWS was useful in guiding appropriate management.

In total, 36 patients underwent concomitant scoring with GMAWS and CIWA-Ar, giving 56 paired measurements. The median GMAWS score was 1 (IQR 0-3). A strong correlation was noted between GMAWS and CIWA-Ar, tau 0.75 (95% CI 0.65-0.85, p = <0.001).

Recommendations: The GMAWS offers an attractive alternative to the CIWA-Ar for use in the acute setting. Our study demonstrates that it is closely associated with the validated CIWA-Ar and is user-friendly. We feel that further validation studies are warranted.
Presenter: Marita Hennessy  BSc (Nutrition), MA (Health Promotion)

Organisation: National Cancer Registry Ireland

Authors: 1. Ms Marita Hennessy  2. Dr Harry Comber  3. Dr Frances Drummond  4. Dr Linda Sharp

Title of Presentation: Insights into the Care Experiences of Men with Prostate Cancer in Ireland

Background: Patient experience is increasingly recognised as an important measure of quality of care. In Ireland, the care experiences of cancer patients are under-researched. The PiCTure 2 study is the first large, national survey of prostate cancer patients’ experiences of care.

Aim and objectives: The objectives of the study are: (i) to measure patient experiences and describe variations; (ii) identify factors associated with good/poor experiences; and (iii) investigate associations between experiences and health-related quality of life and psychological wellbeing.

Methods: A questionnaire, based on the Prostate Care Questionnaire, was developed and pre-tested using cognitive interviewing. This technique is used to understand how respondents perceive and interpret survey questions and also give further insight into the topic. Men were invited to ‘think-aloud’ whilst completing the survey and detailed notes were taken. Sixteen interviews, lasting 30-90 minutes, were conducted with prostate cancer patients at three hospitals during September-October 2012. Interviews were transcribed and analysed for key themes.

Analysis and Results: Cognitive interviewing provided insights into men’s understanding and interpretation of the survey questions. Areas which required amendment were highlighted. These included questions on reasons for initially presenting to the GP, treatments received, who treatment options were discussed with and monitoring/check-ups. The important role played by Clinical Nurse Specialists, and wives, in terms of information and support was highlighted. Men’s involvement in decision-making was viewed as shared, however, most relied on the expert advice of their clinician, having been provided with the treatment options appropriate for them. Most men stated that their care was much better than they expected.

Recommendations: These interviews provided preliminary insights into the care experiences of men with prostate cancer in Ireland. They highlighted important aspects of care, including relationships with clinicians and nurses, information provision and support. These will be investigated further in a quantitative survey. Results will have important implications for service planning and delivery.

Notes

_________________________________________________________________________________________________________

_________________________________________________________________________________________________________

_________________________________________________________________________________________________________

_________________________________________________________________________________________________________

_________________________________________________________________________________________________________
Presenter: Geraldine McNicholas  RGN  HDip ENT

Organisation: Royal Victoria Eye and Ear Hospital, Dublin, Ireland

Authors: 1. Geraldine McNicholas 2. Kathleen Neenan

Title of Presentation: Adapting to the Primary Caregiver Role: Challenges Facing Carers of Head and Neck Cancer Patients.

Background: The care giving literature predominantly focuses on experiences' of caregivers of patients in other medical contexts, such as dementia and palliative care. There is a dearth of literature that specifically relates to the experiences of caregivers of head and neck patients, particularly in the acute survivorship stage.

Aim and objectives: The aim of this research study is to explore the experiences of primary caregivers of head and neck cancer patients in the acute survivorship stage of the illness.

Methods: A qualitative descriptive design was used. A purposive sampling of seven primary caregivers of head and neck cancer patients were recruited. Semi-structured interviews were used to collect the data, which was analysed using thematic content analysis. Full ethical approval was granted from the clinical research site and the Academic Faculty to conduct this study.

Analysis and Results: Four main inter related themes emerged from the data; Adapting to the caregiver role, Caregiver’s needs, The meaning of the illness, and Coping strategies. Primary caregivers of head and neck cancer patients experience many similarities to other carers of patients in other medical contexts. This includes negotiating their place in relation to the patient in the medical setting. Functional impairment associated with head and neck tumours, such as speech and swallowing difficulties increased the impact of caring on the carers. Primary caregivers found themselves engaged in caring activities which were unfamiliar to them and were required to learn specialist skills to provide safe care at home. As a result, carers experienced difficulties adapting to the role of primary caregiver of a head and neck cancer patient, which had a negative impact on the carer’s psychological well-being.

Recommendations: In the current climate, it is imperative that healthcare professionals are aware of the demands experienced by primary caregivers of head and neck cancer patients, in order to support them in their role. If they do not receive support from healthcare professionals, they may have difficulty in sustaining the caring role. This in turn has negative implications for the patient, carer and the healthcare system.

Notes

_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
Presenter: Frances J. Drummond  PhD  
Organisation: National Cancer Registry, Ireland  
Authors: 1. Frances J Drummond 2 Lisa Costello 3. Harry Comber 4. Linda Sharp

Title of Presentation: The 'link person' - The Role of Cancer Nurse Specialists in Cancer Treatment Decisions

Background: The Cancer Nurse Specialist (CNS) role is relatively new in Ireland. The impact of the CNS on cancer treatment decisions has not been been investigated widely.

Aim and objectives: The Treat study investigated factors influencing cancer treatment decision making (TDM) from the perspectives of healthcare professionals (HCP) and patients. This analysis focuses on elucidating the role of the Cancer Nurse Specialist (CNS) in TDM.

Methods: In depth qualitative interviews were conducted with 29 CNSs, 15 consultants and 35 cancer patients from 29 hospitals nationwide. Interviews were transcribed verbatim and content analysis was used to identify main themes.

Analysis and Results: CNSs attend the treatment discussions between the consultant and patient. From this point they considered that they play several key roles in TDM; 1) education (providing information about disease, treatment, side effects), 2) emotional support, 3) they empower and guide patients in making decisions, 4) assess fitness (in physical and social terms) for commencement and maintenance of treatment, 5) actively participate in multidisciplinary teams, 6) facilitate cancer treatment, thus increasing the treatment options available (organise transport, accommodation and funding if necessary) and 7) they are always available to patients and families. There was good agreement between the roles identified by CNSs themselves and those identified by consultants and patients. However, CNSs identified a number of limitations to fulfilling their role, including time restraints and a lack of emotional support for them. Some patients reported that they did not have sufficient time with the CNS.

Recommendations: The CNS role has improved cancer TDM. However, the limitations identified should be addressed in order to continue to sustain this improvement.

Notes
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
**Presenter:** Liz Reidy HDip Palliative Care, MSc Palliative Care  
**Organisation:** Health Service Executive, Kerry & University of Limerick, Limerick, Ireland  
**Authors:** 1. Reidy L. 2. Bailey M.E. 3. Doody O.

**Title of Presentation:** Initial Referral to Palliative Day Care brings Fear and Anxiety to Family Caregivers: Findings from an Irish Qualitative Descriptive Study

**Background:** This presentation focuses on a theme identified within a study to describe family caregivers’ experiences of supports received in an Irish palliative care day centre. The presentation discusses participants descriptions of how initial referral and first attendance at day care bought fears and anxieties to family caregivers.

**Aim and objectives:** An emphasis on home care for patients with advanced disease (DoH&C 2001) has meant that family caregivers’ are taking on greater responsibilities. Palliative day care can have a significant impact on alleviating some of the carer’s stress and burden. However these carers should be able to access the service without fear. The paucity of research exploring Irish caregivers’ experience and a need to develop this service prompted the study

**Methods:** A descriptive, qualitative approach was utilised. Following ethical approval six purposively sampled family caregivers’ were interviewed. Data was analysed using Braun and Clarke’s (2006) thematic analysis framework

**Analysis and Results:** Participants’ described the referral and transition to palliative day care and the worries and fears encountered. They anticipated a more ‘hospital’ atmosphere and were afraid of seeing a lot of very sick people. They worried about the reaction of their loved one. Once they had arrived they welcomed the homely environment of day care and participants were relieved and glad to be able to share the “heavy weight” of responsibility with the staff of the palliative day care unit.

**Recommendations:** referral to palliative day centre caused initial fear and anxiety for participants. However, following the first visit the support provided was valued by participants’. Participants suggested additional ways to ease transition into the service might include, meeting a staff member beforehand, or having an opportunity for family member to visit day centre in advance.

**Notes**

_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
Presenter: Martina McKnight  RGN, RNT, BSc (Degree Cancer Nursing), MSc (Nursing Education)

Organisation: National University Ireland, Galway, Ireland

Authors: 1. Martina McKnight 2. Teresa Meaney

Title of Presentation: A Qualitative Investigation into Nurses’ Experiences of Reflection in Caring for Cancer Patients

Background: An Bord Altranais (2000, 2003) recommend that nurses need to reflect on their practice. The process of reflection enables nurses to look back over events that have occurred to understand them and to turn them into learning experiences. Nurses caring for cancer patients endeavour to provide the best possible nursing care. In order to achieve this, practice must be constantly improved by incorporating research evidence into practice. Reflection has been described as a tool to bridge the gap between theory and practice. Caring for cancer patients has been described in the literature as distressing and stressful. With the need to improve patient care and ensure high standards of care particularly within cancer care, further investigation is warranted into nurses’ experiences of reflection in caring for cancer patients.

Aim and objectives: 1. To explore and gain an in depth understanding of nurses’ lived experiences of reflection within the area of cancer care. 2. To provide an understanding of the importance of reflection in order to enhance practice for other nurses.

Methods: A Heideggerian phenomenological methodology was chosen. Semi structured interviews were undertaken with a purposive sample of ten nurses working in cancer care.

Analysis and Results: All the interviews were analysed using a combination of the hermeneutic circle and Colazzi’s (1978) data analysis framework. Themes identified were: Learning through Reflection, Reflecting on Practice, Reflecting to Care, Reflecting to Cope and Challenges with Reflection. Analysis of the data revealed that nurses were reflecting on their practice despite the challenges they faced in doing so. Reflection enabled the nurses to examine their practice objectively, uncover the knowledge behind their experiences and learn from them. As a result, the nurses found that they were able to make changes to improve their nursing care.

Recommendations: Findings include a need to provide a supportive environment to enable nurses to reflect as clinical practitioners and also to reflect with their colleagues. From the findings of this study nurses identified a significant need for the sharing of reflection among medical and nursing staff. Research has identified that both medical and nursing staff are encouraged to reflect, however they currently do so independently. Further research is needed into combined reflection for medical and nursing staff. Short, medium and long term goals were recommended to address the need for on-going education on theoretical aspects of reflection to be accessible for nurses working in cancer care.

Notes
Title of Presentation: The Lived Experience of Senior Nursing Students with Preceptorship/Mentorship: A Phenomenological Inquiry

Background: The final year of undergraduate nursing education involves a period of consolidate clinical training in a health care setting where the student is supervised closely by a competent registered nurse in an educational relationship known as preceptorship/mentorship. Knowledge regarding student nurses’ experiences of preceptorship/mentorship and its meaning for them can enhance the understanding of stakeholders in academia and practices to the needs of senior nursing students and can offer them guidance to construct a more efficient approach to clinical teaching. For years, X Nursing College was the primary source of nursing education in the Kingdom of Bahrain and graduated more than 50% of the current nursing workforce. Moreover, it has adopted the preceptorship/mentorship model for more than thirty years. However, a literature search illustrated that no research had been carried out on this topic in the Kingdom of Bahrain.

Aim and objectives: The aim of the study was to uncover the lived experiences of senior student nurses with preceptorship/mentorship.

The objectives were to: (1) Describe the experiences of senior student nurses with regards to preceptorship/mentorship and their relations to preceptors/mentors, (2) Describe the senior student nurses experiences of their learning with preceptorship/mentorship and (3) Illustrate the factors that may facilitate or hinder the experiences of senior student nurses with preceptorship/mentorship.

Methods: A qualitative research design within the tradition of phenomenological-hermeneutical scientific inquiry was utilized. Data collection was conducted using semi-structured interviews with ten purposively chosen student nurses. Smith's Interpretative Phenomenological Analysis (IPA) was used as a practical guide for data analysis.

Analysis and Results: Three themes were identified: (i) working beside a role model is distinguished by student nurses engaging in a one to one relationship with their preceptors/mentors who acted as role models for them and influenced their learning of nursing thinking and helped them to progress toward more competence and responsibility. (ii) Working with the team addresses student nurses’ interactions with the multidisciplinary health team and influences on their learning. (iii) Working with challenges focuses on the personal and structural issues influencing students’ learning within preceptorship/mentorship. The findings of the study revealed that relationships shape the acquisition of skills and knowledge in student nurses’ preceptorship/mentorship experiences.

Recommendations: Based on the findings of this study, implications for nursing education, practice and management were proposed. These implications focused on the importance of the collaboration between nursing education and practice in providing support for student nurses and their preceptors/mentors. In addition, careful selection, comprehensive training and rewards for preceptors/mentors can facilitate student nurses’ learning within preceptorship/mentorship.

Notes

_________________________________________________________________________________________________________

_________________________________________________________________________________________________________
Title of Presentation: Teaching Clinical Skills using a Multiple Intelligences Teaching Approach-An Experimental Study

Background: The clinical competency of nursing students has raised questions about the adequacy of current methods of teaching clinical skills in the undergraduate nursing programme (Joseph 2008). It is argued that despite the rhetoric of a student-centred approach, nurse education remains wedded to conventional teaching approaches, which fail to engage with the individual (Dalley et al 2008). This study used a multiple intelligences teaching approach (MITA), a five-phase model developed by Weber (2000), as one method of teaching clinical skills.

Aim and objectives: The aim of this study was to measure the effectiveness of MITA for teaching clinical skills to first year undergraduate nursing students and to measure if MITA affected objective structured clinical examinations (OSCE) results.

Methods: This study employed a parallel randomised controlled trial with first year nursing students in a third-level institute in Ireland (n= 90). Participants were randomly allocated by computer generation to a control group (conventional teaching) (n= 44) or an experimental group (MITA) (n= 46) for teaching of clinical skills. Participants were subsequently assessed using OSCEs at two time points. Participants were administered questionnaires for learning style preferences (Felder and Solomon 1988), multiple intelligence preferences (Shearer 1999) at Baseline and MI assessment preferences at Baseline and Time 1. Data were collected from September 2011 to May 2012 as part of doctoral research.

Analysis and Results: Data was analysed using PASW. Participants in the experimental group had higher scores in all three OSCEs examined (p = 0.01) at Time 1. Findings showed a strong preference for interpersonal MI (M = 62.58; SD 13.45) and learning style preference of sensing (M = 1.68; SD 0.95). Participants in the experimental group evaluated MITA positively.

Recommendations: The findings indicate that MITA has great potential in nursing education and for clinical skills development because of its student-centred approach, particularly in terms of reinforcing learning into the individual’s professional development and clinical practice.

Notes
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
### Title of Presentation: Designing and Implementing a Course for Healthcare Assistants: The Experience from Bahrain

### Background: Royal College of Surgeons in Ireland - Bahrain is a leading center for medical, nursing and paramedical education in the region. In partnership with the newly commissioned King Hamad University Hospital (KHUH) an innovative programme was devised to provide a career path for newly recruited HealthCare Assistants who had no experience of hospital work. This new 311 bedded hospital operates as a centre for excellence, servicing a population of approximately 250,000 in the Muharraq area in Bahrain. In Bahrain as in other developed healthcare systems there is a shortage of registered nurses (Gutierrez et al, 2012). Given that most of the patients were local Arabic speaking Bahraini and most of the nurses were English speaking expatriates, the role of the healthcare assistant, newly recruited from the local population, was considered pivotal in nurse-patient interactions.

### Aim and Objectives: The Healthcare Assistants Programme was designed to provide initial training to new recruits, and a career path for the further development of their skills.

### Methods: Initial discussions were held between employer and educational provider, entraining other stakeholders such as government funding institutions (Tamkeen) and an embryonic Bahrain Qualifications group who were embarked upon a three year project to introduce a National Qualifications framework. The resultant structure of the HCA Programme is tiered, modularised, and accredited in a way that aligns with the Bahrain Qualifications Framework; a framework illustrated by a typology of level descriptors which clearly identify the elements of teaching, learning and assessment in the domain of "Knowledge", "Skills" and "Competencies". Following the principles of the framework, the Foundation HCA course is at BQF Level 4, Intermediate HCA at level 5 and Advanced HCA at level 6, with the learning outcomes of each unit aligned with the level descriptors of the BQF.

### Analysis and Results: A total of 3 cohorts comprising 92 students have successfully graduated from the HCA course. Course evaluations were performed for each cohort. The overall results showed a positive satisfaction among the students. The course offers job opportunities to the graduates all of whom are employed at KHUH. Royal College of Surgeons in Ireland- Bahrain in partnership with the KHUH are in the process of developing the intermediate and the advance levels of the HCA course. This would give the HCAs the opportunity for further professional advancement.

### Recommendations: Since the HCA role is newly introduced in Bahrain, it is recommended that further research be carried out to assess and evaluate the clinical impact of the HCAs in the clinical care settings and to identify challenges, if any, that HCAs or the healthcare professionals might encounter in the hospital. Working with the BQF authority, an analysis is currently underway to align the curricula of undergraduate nursing with the HCA programme, to allow individuals to transfer from the HCA to the BSc programme, with advanced standing. Finally, the standing of the programme within the education and healthcare systems of Bahrain needs to be considered, working towards the ‘award’ being recognised throughout the healthcare system in Bahrain and the Gulf region.

### Notes

_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________

---

21<sup>st</sup> February 2013

The Faculty of Nursing & Midwifery

"Leading in Education and Research for Nurses and Midwives since 1974"
Presenter: Siobhan O’Connor  B.Sc., 4th Year Nursing Student
Organisation: University College Cork, Ireland
Authors: 1. Ms. Siobhan O’Connor 2. Dr Tom Andrews  3. Mr Sean Enright 4. Dr John O’ Donoghue

Title of Presentation: An iPhone Education Nursing Students Experiences of Technology Enhanced Learning in Clinical Practice

Background: Several studies have reported that mobile information technologies, such as personal digital assistants (PDAs), provide nurses and nursing students with instant access to evidence based material at the point of care which can increase their knowledge and skill, reduce error and improve patient care. Given the growing importance of m-Health it is surprising that there is a paucity of literature on newer technologies like smartphones in nursing education and practice as they offer more advanced functionality and overcome some of the traditional limitations of PDAs.

Aim and objectives: To design an iPhone application, called I am a student nurse, in conjunction with the Health Information Systems Research Centre (HISRC) at University College Cork which supports undergraduate nursing students’ clinical education and training. To explore nursing students experiences of using this app in clinical practice so as to identify and understand its perceived benefits and limitations.

Methods: The study adopted an interpretative phenomenological research design. Purposive sampling was used to recruit second year undergraduate nursing students to a pilot study of the iPhone application in Cork University Hospital and the South Infirmary Victoria University Hospital. Qualitative data was collected using a post study online survey (n=5).

Analysis and Results: All the nursing students surveyed reported the iPhone app was a useful learning tool in clinical environments. Content analysis revealed that nursing students felt having instant access to evidence based material via the iPhone app improved their knowledge and practice of key nursing skills. They also reported feeling more positive and confident about their delivery of care as they felt the app made it more efficient and effective. However some students experienced negative attitudes from nursing staff towards using mobile technology in clinical settings.

Recommendations: The results of the study suggest that undergraduate nursing students’ found the iPhone app beneficial as it enhanced their clinical education and training. However more in-depth research is needed to examine its application and effectiveness in detail. The use of smartphone technology at the point of care in clinical nursing education is an innovative approach to learning and one which will continue to evolve and improve. It is hoped the results of this study will encourage nurse educators to adopt this technology to provide students with more flexible forms of learning that are in keeping with the growing trend in mobile health.

This study was funded by the HRB Summer Student Scholarship 2012.

Notes
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
Presenter: Paula Barry  RN, RM, BScM, MScM
Organisation: Coombe Women and Infants University Hospital, Dublin, Ireland
Authors: 1. P Barry 2. B Flannagan

Title of Presentation: The Development of a Midwifery Led Model of Care in a Tertiary Referral Hospital.

Background: In keeping with change and developments in the provision of maternity care, ensuring that it is evidence based, best practice and in keeping with national and international recommendations, our hospital and in particular midwives sought to develop midwifery services. Midwives embrace the philosophy that pregnancy and birth is a normal, healthy life event for most women. With this in mind, it was proposed to develop a Midwifery Led Model of Care for the low risk, healthy woman. This service would provide care that recognises, respects and safeguards normal pregnancy, birth and the postnatal period. In this model of care the midwife is the lead professional and responsible for the care of the woman and her baby throughout the continuum of pregnancy and birth.

Aim and objectives: 1. To offer an additional, safe choice of maternity care to low risk, healthy women who fulfil the eligibility criteria for the service. The model of care was developed in a similar service offered to women in the North East of Ireland, which has been subject to randomised control trial (MidU Study, 2009). This study demonstrated that Midwifery Led Care is as safe as Consultant Led Care for low risk women, is cost effective and women in the study reported increased satisfaction in some aspects of care. 2. To utilise the role of the midwife who under his/her scope of practice is educated, skilled and competent to provide care to women throughout the continuum of pregnancy to women both in the hospital and community settings. 3. To promote and support normal pregnancy and birth with the aim of reducing routine unnecessary interventions.

Methods: The Practice Development Department, with support from hospital management formed a multidisciplinary committee. Models of maternity care, both national and international were reviewed. The Midwifery Led Model of Care as per the MidU Study (2009) was adapted to accommodate local requirements. Evidence based guidelines were developed. A Community Midwifery Service was already operational and these midwives were deemed the most appropriate group of midwives to implement the service. Health care providers both within the hospital and the community were informed of the new service. Women booking in the hospital for maternity care were informed of this additional choice of care via posters, information leaflets and in conversation with midwives. Community Midwives were offered additional educational support. Birthing aides to support normal birth were purchased to assist midwives caring for women in labour. Recruitment of women for the service commenced in July 2011.

Analysis and Results: At the booking visit, women are assessed using a rigorous screening process and women who are suitable and wish to avail of the Midwifery Led Care service are booked. The care of the woman in pregnancy is shared between the GP and the midwife in the community setting. Care in labour is provided in the hospital by one of the midwives in the service. Postnatal care is provided in the woman's own home. The service guidelines facilitate the transfer of care to the consultant services if complications are identified at any stage. The midwife is responsible to recognise complications and refer to the appropriate practitioner. To date 131 women have booked for the service.

Recommendations: Through commitment, motivation, team work and persistence it is possible to develop and implement new initiatives even in times of austerity. Women and midwives value the philosophy of care that the service provides. Midwives have the opportunity to practice as autonomous practitioners and to be accountable for their own practice. This model of care enables midwives to offer choice to women and empowers midwives to support normal pregnancy and birth for low risk, healthy women.

Notes

_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
Presenter: Mary O’Donnell  RPN SRN RM BSc PG Dip MSc
Organisation: Waterford Institute of Technology, Ireland
Authors: 1. Mary O Donnell  2. Patricia Chesser Smyth 3. Dr Vijay Heremath

Title of Presentation: A Study of Womens’ Practices, Knowledge Levels of and Barriers to Exercise in Pregnancy

Background: The rationale for this study arose from concerns at the level of overweight and obesity in pregnant women attending for ante natal care (62%). Evidence from international literature suggest that women are not attaining sufficient exercise levels to maintain fitness in pregnancy.

Aim and objectives: The rationale for this study arose from concerns at the level of overweight and obesity in pregnant women attending for ante natal care (62%). Evidence from international literature suggest that women are not attaining sufficient exercise levels to maintain fitness in pregnancy.

Methods: A face to face survey using a specifically designed questionnaire which included the IPAQ(International Physical Activity Questionnaire ) short form, which measures Total Met score. Recruitment for the study was done in antenatal clinics. Inclusion criteria were healthy pregnant women with no medical or obstetrical condition. Ethical approval was received and anonymised data was statistically analysed using SPSS.

Analysis and Results: 54% of pregnant women surveyed were inactive or took insufficient exercise prior to pregnancy. Women who exercised pre-pregnancy had higher MET scores (p<0.017). Exercise was categorised on three levels and 58% of participants were in the low exercise category. Walking was established as the most popular form of physical exercise during pregnancy. However when analysed 20.6% had a walking MET score of zero and 50% had a low walking MET score.Importantly70% of women did not attain exercise levels recommended by HSE/RPSI(2011).The majority of women were older in lower occupations and 61.3%had a booking BMI>than 25. Women sourced advice(57%) from non evidenced based consumer literature and websites. Unfortunately 27% of women did not receive any advice on exercise in pregnancy from a healthcare provider. Those women that had sought advice from a midwife had higher MET scores(p<0.028).The barriers to exercise in pregnancy was time(p=0.037)and disapproval by family and friends(p=0.045).

Recommendations: Prioritise education and competency sessions on the current guidelines (Exercise in Pregnancy HSE/RPSI 2011) for all maternity healthcare providers.
Presenter: Aideen Walsh MSc Nursing (Advanced Practice), BSc Nursing Management, H. Dips in Nursing (Sick Children’s Nursing, Paediatric Emergency, Sexual Assault Forensic Examination), Cert in Nurse Prescribing.

Organisation: Rotunda Hospital, Dublin, Ireland

Authors: 1. Aideen Walsh 2. Catherine Clune-Mulvaney 3. Seamus Cowman

Title of Presentation: Patients’ Experience of attending a Sexual Assault Treatment Unit for Forensic Clinical Examination

Background: Sexual assault is a devastating crime which can have physical and psychological consequences. The care these victims receive following this traumatic event can have a huge influence on their recovery. There are six Sexual Assault Treatment Units (SATUs) in Ireland, where specialist care is available for victims of sexual crime. These facilities are available to all victims, whether they engage with the criminal justice system or not.

Aim and objectives: This study aims to gain an insight of the patients’ experience of attending a SATU for forensic clinical examination following sexual assault or rape.

Methods: Patients who attended one of the SATUs and met the study criteria were asked to participate in the anonymous study by completing a questionnaire and returning it to SATU at a routine follow-up appointment or by post. 23 responses were received. The questionnaire composed of ten questions on a Lykert-type scale as well as demographic data and space for additional comments. Quantitative data was analysed using SPSS and qualitative findings were grouped into common themes.

Analysis and Results: The vast majority of participants were female (91%) and almost half were in the 18-25 year age group. The ten questions which followed asked about specific events during the forensic clinical examination. Participants agreed unanimously that their needs and concerns were taken seriously. Other positive findings were found in areas such as explanation of what was going to happen next, being listened to, being able to take a break, importance of each part of examination being explained and information about medications, follow-up care and SATU details. Free text comments referred to staff attitudes and professionalism, while other comments emphasised how patients feel after attending the unit. One participant was not aware of the follow-up procedure and expressed frustration at this.

Recommendations: Recommended changes include better information giving about medications in SATU and more patient involvement in the examination process. Further research in the area is recommended to determine other aspects of care in SATU such as physical surroundings, accessing the service and follow-up care provided.

Notes
Presenter: Fatema Khalil Bubdair PhD (student)
Organisation: Royal College of Surgeons in Ireland
Authors: Fatema Khalil Bubdair

Title of Presentation: Proposal: Impact of ICU L.N. on the Ward-based Care Delivered to Patients Post Discharge from ICU

Background: Discharge of patients from intensive care to the ward environment is a regular procedure in ICU. These patients are often considered vulnerable to deterioration and be sicker with higher acuity cared for in the wards. Ward-nurses have to meet the on-going complex demands of caring for higher acuity patients, alongside managing high patient-to-nurse ratios, staffing concerns, and varying levels of experienced nurses. Moreover, readmission to ICU during the same hospitalization with the possibility of a worsening of the patient’s original disease process, increased morbidity and mortality rates, a longer length of stay and increased total costs. The development of different approaches is the solution in safe continuity of care in the ward. One initiative to the development of services to support ward-staff in taking care of patients at risk of deterioration, or critically ill patients in the ward; is the ICU outreach services. ICU-Liaison Nurse (ICU-L.N) service is an initiative of this proposed study to improve the outcomes of patients post discharge from the ICU.

Aim and objectives: to investigate the impact of ICU L.N services on the ward-based care delivered to patients post discharged from ICU. The study will explore the impact of the role on patient’s readmission rate to ICU and their length of stay in ICU. Also, the experiences of ward nurses receiving patients transferred from ICU will identify any areas of concern; highlight specific problems that occur on transition and to address what information is pertinent to ward-nurses when receiving patients from ICU.

Methods: Pre-test and post test quantitative and qualitative study design will be used. To directly contrast quantitative statistical results (readmission rate, cause, length of stay in ICU). A qualitative descriptive methodology using focus groups will be utilised to gather information about ward nurse’ experiences and perception in taking care of patient post discharge from ICU.

Notes
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
Title of Presentation: A Cost Benefit Review of Paediatric Nurse-Led Telephone Care Management in Epilepsy.

Background: Disease specific telephone consultation is becoming increasingly popular as a clinically and cost effective means of health management for chronically ill patients. Hospital based telephone services provide a portal to enable parents / patients to communicate with healthcare professionals rather than presenting to tertiary care centres.

Aim and objectives: 1. To evaluate a telephone service currently provided to patients and their careers by the epilepsy clinical nurse specialist team (CNS). 2. To determine if telephone management prevents non-scheduled returns to the paediatric Outpatient Department (OPD) and/or the Accident and Emergency Department (A&E).

Methods: Using an evaluation research approach we designed a case report form and trained CNS in data collection which was conducted over a period of 4 weeks. Data was collected under the categories of; call date and duration, seizure history, medication efficacy, treatment changes required, side effects and parental advice.

Analysis and Results: Cost associated with provision of paediatric telephone consultations were compared to attendances at paediatric A & E or OPD. 227 OPDs at a cost of €211 per visit were prevented, at a saving of €47,897. The number of paediatric A & E attendances prevented was 50, at a cost of €249 per attendance, and a total cost of €12,450. The overall cost of provision of the nursing advice line is €5,200 per month, equivalent to €9.72 per telephone consultation. Based on these figures, the total savings associated were approximately €55,147 per month. Assuming the figures for the month of the audit are representative of average monthly call rates, the savings equate to €661,764 per year.

Recommendations: During the current economic crisis Irish hospitals are being forced to operate under tighter budgets, implement cost saving initiatives, and scrutinise current spending. Cost benefit reviews, such as the one undertaken here are fundamentally important for the review of established working practices and policies, and examining their benefit to the hospital in question, the Health Services Executive, (HSE), and their patients.
**Presenter:** Sinéad Murphy  RGN, BA Anth  
**Organisation:** St James Hospital, Dublin, Ireland  
**Authors:** 1.Sinéad Murphy 2. Orla Dempsey 3. Catherine Comiskey 4. Jacinta Grace Parker 5. Gillian Farrell  

<table>
<thead>
<tr>
<th><strong>Title of Presentation:</strong></th>
<th>A Quality Assurance Audit of a Nurse-Led Clinic in HIV at a GUIDE Department</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Background:</strong></td>
<td>Numbers attending a Genitourinary Medicine and Infectious Diseases (GUIDE) department at a city hospital have risen dramatically over the last 25 years from 9,033 annually in 1987 to 23,600 in 2010. The department provides clinics for patients with sexually transmitted infections (STI), infectious diseases (ID) and Human Immunodeficiency Virus (HIV). Considerable changes in the Irish demography are reflected in the profile of patients attending this department. Monitoring the changing demographic profile of patients is essential to ensure patient needs are constantly met. In 2008 (recent times) a nurse led ‘New Persons’ HIV clinic was established in the department to address the specific needs of patients with new HIV diagnosis.</td>
</tr>
<tr>
<td><strong>Aim and objectives:</strong></td>
<td>The aim of the study was to undertake a quality assurance audit of ‘New Persons’ HIV clinic.</td>
</tr>
<tr>
<td><strong>Methods:</strong></td>
<td>A retrospective chart review of all 112 patients attending the ‘New Persons’ HIV clinic was undertaken for patients in 2011. Data was checked for accuracy and imported into SPSS. Descriptive statistics were produced.</td>
</tr>
<tr>
<td><strong>Analysis and Results:</strong></td>
<td>Demographic and clinical data was collected on patients (n=112) attending the ‘New Persons’ HIV clinic in 2011. The majority of patients attending were Irish (n=53, 48%) followed by African (n=20, 18%). The most common age group was 31 to 40 year olds (n=41, 37%). Men who have sex with men (MSM) was the highest transmission risk group (n=58, 52%), followed by heterosexuals (n=39, 35%). Gay Men’s Health Services (GMHS) (n=33, 30%) and GP’s (n=31, 28%) were common referral sources. Over 85% of the patients (n=94) attending the clinic were asymptomatic for AIDS defining illnesses; of those 16% had a CD4 count of &lt;200. Almost half of the patients (n=54, 48%) commenced treatment within three months of attending the clinic.</td>
</tr>
<tr>
<td><strong>Recommendations:</strong></td>
<td>Continuation of the ‘New Persons’ HIV clinic and monitoring patient demographics will ensure the complex needs of these newly diagnosed patients are met.</td>
</tr>
</tbody>
</table>

**Notes**

_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________

Organisation: Connolly Hospital, Dublin, Ireland

Authors: 1. Ms Eileen Daly 2. Dr Georgina Gethin 3. Prof Seamus Cowman

Title of Presentation: Can Nurse Led Admission and Discharge Processes in Day Surgery Improve Service Delivery?

Background: National and international publications advocate the role of nurse led services in day surgery, however its adoption into the Irish context appears limited. The current economic climate, the European Working Time Directive (European Council, 2003) and the HSE recruitment moratorium have forced service providers to address alternative ways to provide efficient and safe care for patients within budget.

Aim and objectives: To explore the role of nurse led admission and discharge processes in improving service delivery in a surgical day ward.

Methods: A qualitative outcome analysis design as developed by Morse, Penrod and Ducey (2000) was used and incorporated key critical steps: 1. Assessment of current admission and discharge processes on the surgical day ward by completing a process mapping exercise and a retrospective evaluation of nursing and medical documentation. 2. Establish a research team.3. Following data analysis and agreement with the research team a qualitative outcome analysis project will be implemented to include changes to the admission and discharge process.

Analysis and Results: The process mapping exercise identified average timeframes for admission and discharge of patients by nursing and medical staff. It also identified wait times and delays in patient flow. The evaluation of nursing documentation both pre and post operatively and its comparison to clinical documentation by medical staff indicated that the nursing documentation is far more detailed than that of the medical staff for day case patients. Furthermore, the majority of what is currently documented by medical staff is duplicated by nurses.

Recommendations: 1. Develop protocol driven policies with key stakeholders to introduce nurse led admission and discharge for day case patients. 2. Adapt current nursing documentation to include all relevant clinical information required pre-operatively and a discharge scoring system to facilitate nurse led services. 3. Examine causes of excessive wait times and introduce staggered admission times to reduce bottlenecks and time delays.4. Implement and re-evaluate new admission and discharge processes for quality improvement.

Notes
Presenter: Kevin Connaire RGN; RPN;BNS;RNT;MSc; FFNMRCSI; PhD

Organisation: St. Francis Hospice, Dublin, Ireland


Title of Presentation: Linking Into Nurses' Knowledge: An Evaluation of a Link Nurse Initiative

Background: Five hospice education centres implemented an initiative during 2011 and early 2012. Residential care settings were recruited from the private, the voluntary and the public sectors. In total, 41 residential care settings participated and 107 Registered Nurses (RNs) took on the role of either End of Life Care Link or Associate Nurse. Each residential care setting had one End of Life Care Link Nurse and in the vast majority of cases were supported in their role by 1 or 2 End of Life Care Associate Nurses. Each hospice education centre facilitated a five day education programme for all End of Life Care Link and Associate Nurses entitled, ‘An End of Life Care Education Programme for Link and Associate Nurses from Residential Care Settings for Older People’.

Aim and objectives: The aim of the study was to evaluate the effectiveness of an end of life link nurse initiative in residential care settings, nursing homes and community hospitals.

Methods: Donabedian’s (1966, 2005) structure-process-outcomes model guided the evaluation process. End of Life Care Link and Associate Nurses (ELCANs) completed a pre-course worksheet (n=94, 88%), a post-course worksheet (n=98, 92%). Both the pre- and post-course worksheets collected their non-invasive demographic data, and included adapted versions of the Palliative Care Quiz for Nursing (Ross et al, 1996) and Attitudes Towards Death Survey developed by Professor Neville Strumpf of the University of Pennsylvania School of Nursing and the Genesis Palliative Care Center, US. They also completed a course evaluation form (n=90, 85%). In addition, 29 ELCANs from 19 of the participating residential care settings participated in focus group interviews.

Analysis and Results: The initiative was evaluated as a positive experience with regard to the life-long learning of the End of Life Care Link and Associate Nurses. There was a statistically significant difference in pre-and post-mean knowledge scores at each hospice education centre. There were no significant differences in the mean pre- and post-knowledge scores between centres, indicating that the ELCANs were relatively similar in terms of their knowledge across sites. There was a significant increase in participants’ positivity towards palliative care post-course compared to pre-course levels and this difference was statistically significant. The findings indicate that in many of the care settings, the End of Life Care Link and Associate Nurses took ownership for generating an active learning culture in their workplace.

Recommendations: 1. More education programmes are needed to educate link nurses for their role, so that the quality of end of live care in residential care settings can be improved. 2. Support systems need to be set up for link and associate nurses so as to continue to deliver quality care to residents in their care.

Notes
**Presenter:** Suja Somanadhan RCN, RGN, RNT, BA(Hons), HDip in Children's Nursing, MSc Nursing (Clinical Practice), Grad. Cert. Nursing Education, PhD Candidate (UCD)

**Organisation:** School of Nursing, Midwifery and Health Systems, University College Dublin, Ireland

**Authors:** 1. Suja Somanadhan 2. Prof Philip Larkin 3. Dr Jonathan Drennan 4. Prof Eileen Treacy

**Title of Presentation:** A Hermeneutic Phenomenological Study of the Lived Experience of Parenting a Child with MPS

**Background:** Mucopolysaccharidoses (MPS) is one of a range of rare inherited metabolic disorders (IMDs) that come under category 3 of life limiting conditions, where there is no curative treatment available at present. Very little is known about the parents’ experience of living and caring for children with this rare genetic life-limiting condition.

**Aim and objectives:** This study aims to explore parents’ experiences of living and caring for their child with MPS. It will also deliver rich, in-depth, and interpretive information, which will provide a greater understanding of this particular phenomenon within an Irish perspective.

**Methods:** A qualitative approach, utilising hermeneutic phenomenology informed by the work of Gadamer (1976) and Van Manen (1997) is proposed in this study. The parents’ experience of caring for these children can best be achieved through interpretation of the phenomena under investigation and the complexities of the participants’ world have to be understood. Hermeneutic phenomenology offers a method to truly reflect the lived experiences of participants in this study, enabling them to share the essence of their lived experience and understand the issues which impact on caring for their child with a life-shortening condition.

**Analysis and Results:** A purposeful sample of parents of children with MPS who attend the National Centre of Inherited Metabolic Disorders will be invited to participate in this study. The data will be collected through multiple in-depth interviews at three time points over a 9 month time period, hence tracking transition throughout the disease trajectory. Interview data will be analysed employing Van Manen’s (1997) six stage research activities framework.

**Recommendations:** This study proposes to interpret the meaning of lived experience of parents’ of children with MPS and through that improve practice and policy to inform healthcare knowledge and service delivery.

**Notes**

_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
Presenter: Frank Doyle
Organisation: Royal College of Surgeons in Ireland

Title of Presentation: Quality of Care for Young adults with Type 1 Diabetes in Ireland.

Background: Little is known about quality of care for young adults with Type 1 diabetes

Aim and objectives: This study investigates quality of care for young adults with Type 1 diabetes in Ireland (23-30 years of age).

Methods: Semi-structured interviews with thirty-five young adults with diabetes and with thirteen healthcare professionals (ten diabetes nurses, three consultant endocrinologists)

Analysis and Results: Most interviewees (young adults and healthcare professionals) considered quality of care for young adults with diabetes in Ireland to be poor, or at least not as good as it could or should be. Healthcare services for many young adults with diabetes were characterized by long waiting times, inadequate continuity of care, overreliance on junior doctors and suboptimal professional-patient interaction times. Many services lacked funding for diabetes education programmes, for diabetes nurse specialists, for insulin pumps or for psychological support, though these services are important components of quality type 1 diabetes healthcare. Services such as podiatry and dietician services appear to be underfunded in many parts of the country. While Irish diabetes services lacked funding prior to the recession, the economic decline in Ireland, and the subsequent austerity imposed on the Irish health service as a result of that decline, appears to be impacting them even further.

Recommendations: All young adults with diabetes in Ireland should have opportunities to attend diabetes education courses. Consultant Endocrinologist posts should be funded to bring the number of Endocrinologists in Ireland up to international standards. Diabetes nurses should be replaced when they have to leave diabetes services. Additional psychology posts for young adults are urgently needed. There is also a need to establish more allied health professional posts such as podiatry and dietician services. Healthcare professionals need to establish with young adults where this is not currently being done.

Notes
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________

21st February 2013
The Faculty of Nursing & Midwifery
“Leading in Education and Research for Nurses and Midwives since 1974”
**Presenter:** Aoife McNamara B.Commerce (Economics), MSc. Health Economics On-going: PhD Health Services Research yr. 3  

**Organisation:** Trinity College Dublin, Ireland  

**Authors:** 1. Paul Revill University of York  2. Padhraigh Ryan TCD  3. Aoife McNamara TCD  4. Prof Charles Normand TCD  

**Title of Presentation:** A Comparison of Costs and Outcomes of Alternative Models of Care for Children with Complex Care Needs  

**Background:** Young children born with severe disabilities in Ireland may receive either continuous hospital inpatient care (statutory), or continuous homecare services (voluntary) in their family environment. Families caring for a child with a disability often face extra additional costs and are at a greater risk of living in poverty. Estimating the cost of providing care in both settings will provide evidence of the cost effectiveness of caring for a child in both settings.  

**Aim and objectives:** The aim of this research is to estimate the direct and indirect economic costs of care falling on both the parents of children with complex care needs and the care providers, receiving care in a continuous hospital inpatient care setting versus continuous homecare service.  

**Methods:** Qualitative questionnaires were administered to thirty sets of parents of children with complex care needs. All families had experience of continuous care in both care settings. Using the data gathered from the questionnaires, we calculated average costs falling on families in both care settings. This study was commissioned by the voluntary organization so it was therefore not necessary to get ethical approval.  

**Analysis and Results:** This study assesses the direct and indirect costs of both models of care and examines parents’ satisfaction with care. Direct costs appear to be substantially greater for the hospital inpatient model (€156,282) than for the homecare model (€16,267). Total direct and indirect costs falling on families in hospital (€22,261) versus at home (€2,620) are also significantly higher. The main cost drivers behind this difference are family accommodation, parking and additional food requirements at hospital. Parents expressed higher satisfaction rates with the home care model.  

**Recommendations:** This study provides new data to inform policy makers on the differences in costs faced by families and highlights the impact of different models of care for children with complex care needs in Ireland. The findings show that the home care model is more cost effective in comparison to the cost of providing care in hospitals. Families face a substantially higher cost burden when a child is in hospital in comparison to when the child is cared for at home.  

**Notes**

________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________
Presenter: Anne Reilly

Organisation: The Jack and Jill Children's Foundation/School of Nursing & Midwifery, Trinity College Dublin.


Title of Presentation: A Review of Services Provided to Young Children with Neurodevelopmental Disabilities in Ireland.

Background: The services provided to children with neurodevelopmental disabilities at home includes the provision of nursing care from a voluntary organisation. This charity provides specialist nursing care at home for children under the age of four years who have rare [and often life limiting and life-shortening problems] and non-oncology palliative care conditions.

Aim and objectives: With reference to organisational statistics and clinical examples the aim of this presentation is to explicate the experiences of eleven expert specialist children's nurses who provide this nationwide service.

Methods: The presentation is based on an analysis of statistics [for the years 2007-2011] recorded on service provision. No ethical approval was required and organisational consent was obtained.

Analysis and Results: Simple descriptive statistics will be used to provide data on the source of referral to the service, the age of the children, their gender and the children's outcomes. In addition anonymous clinical examples will be used to examine the complexity of the services required and the unique situations that can arise when providing care to this large group of children.

Recommendations: Recommendations for the need for a range of Irish services for children under age four [and thereafter] who have rare and complex needs, including the need for a responsive service, will be examined.

Notes

_________________________________________________________________________________________________________

_________________________________________________________________________________________________________

_________________________________________________________________________________________________________

_________________________________________________________________________________________________________

_________________________________________________________________________________________________________

_________________________________________________________________________________________________________

_________________________________________________________________________________________________________

_________________________________________________________________________________________________________

_________________________________________________________________________________________________________
Presenter: Mark White  MSc, MBS, RGN, Dip HE
Organisation: Waterford Institute of Technology, Ireland

Title of Presentation: Lean Health Care and the Productive Ward: The Effects and Impacts on Employees

Background: Health Services world-wide are continually striving for more cost-effective, improved, quality focused modes and models of care delivery. The Productive Ward: Releasing Time to Care (RTC) is an improvement initiative specifically led by nurses which has been relatively well accepted, adopted and spread internationally. It was designed and developed using improvement principles of ‘Lean Manufacturing’ and formally introduced in Ireland in 2011. Lean and Lean-thinking have their origins in the Toyota Production System. It is a philosophy that loathes waste and strives to eliminate defects and continually attacks both in a never-ending pursuit of perfection. Lean thinking discourages the process of ‘workarounds’ and encourages resolution at the root of the problem. The term ‘Lean Healthcare’ is a relatively new term with a focus on efficiency and patient satisfaction.

Aim and objectives: This study reviews the Productive Ward: RTC and Lean Health Care Literature to date, and extracts the reported effects and impacts on employees who engage with it. The study aims to identify key characteristics and investigates the strength of the connection between the two models.

Methods: In a systematic review of the literature we searched the published material relating to both Lean healthcare and Productive Ward: RTC, using contemporary nursing and health care journal databases. The literature was then selected using strict systematic inclusion criteria and reviewed.

Analysis and Results: The reviewed articles were subjected to a systematic qualitative content analysis to identify key characteristics of reported employee experience, effect and impact. The study identified common and unique employee effects and impacts that exist between Lean-type initiatives in Health Care and the Productive Ward: RTC programme and these are discussed in detail.

Recommendations: The themes identified provide insight and impact information to those responsible for implementing improvement initiatives, like Lean or the Productive Ward: RTC, from both a planning and everyday work perspective.

Notes
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
Presenter: Lesly Mathew  RGN  
Organisation: Royal College of Surgeons in Ireland  
Authors: 1. Lesly Mathew  2. Mary O’Neill 

Title of Presentation: Nurses’ Experiences of Person Centred Care

Background: Person-centred care is an important concept guiding effort to improve quality of care for the older person. Nurses as members of the multi professional team have a major role in the creation and delivery of high quality person-centred care for the older person. It is argued that a person-centred approach to care of the older person has the potential to improve patient experiences and outcomes. However, there is little known about the nurses’ experiences and perceptions of person-centred care for the older person. This research set out to explore nurses’ experiences of providing person-centred care in a community nursing facility with an underlying philosophy of person-centred care in the Republic of Ireland.

Aim and objectives: The aim of this study is to explore and understand nurses’ experiences of person-centred care in a community nursing Care Facility for the older person To utilize the valuable information from this study to develop practice and continue to improve the quality of care to the older person.

Methods: This qualitative study used Husserl’s descriptive phenomenology to explore nurses’ experiences of person-centred care. Following ethical approval, seven nurses were selected by purposeful sampling method. Participants were interviewed by using semi-structured one to one interviews to collect data.

Analysis and Results: A method of data analysis described by Colaizzi was used to elicit nurses’ experiences. This study unveiled nurses’ understanding of the concept and philosophy of person-centred care. In the findings, nurses suggested that person-centred care is considered as a holistic care, where the individuals are respected as a person, irrespective of their illness. However, the findings reveal that the implementation of person-centred care is complex and has many challenges.

Recommendations: The findings of this study highlighted that in order to provide person-centred care successfully, support and encouragement from management, facilitation of resources, training and education of staff are essential.

Notes:
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
Presenter: Orla Dempsey  PhD, BA
Organisation: Trinity College Dublin, Ireland

Title of Presentation: Developing and Evaluating an Innovation to Enhance Nurse Led Practice Based Research

Background: The development of the Clinical Nurse Specialist (CNS) and Advanced Nurse Practitioner (ANP) roles over the last decade in Ireland has emphasised the need to enhance the research role, clinical profile and research skills of these nurses. Barriers to optimal practice led research within clinical roles include lack of time, peer support and research knowledge and skills (Roxborough 2005). In times of increasing austerity measures the hospital and its linked university recognised the need to establish a value for money capacity building program merging the expertise of the clinicians of the hospital and the academics from the university.

Aim and objectives: The aim of the study was to develop and evaluate a collaborative research initiative between the hospital and its affiliated university.

Methods: A partnership research capacity building program was established between the hospital and its affiliated university. The partnership sourced funding for a quantitative healthcare researcher and put out a call for nurse researchers interested in practice led research supported by academics from the linked university and the quantitative healthcare researcher.

Analysis and Results: The initiative currently supports 15 nurse lead projects. Outputs to date include six clinical papers, four oral presentations and eight poster presentations. The project was evaluated one year post initiation by focus groups and questionnaires. Nurse researchers mean perceived skill levels increased particularly in scientific writing and data handling while the need for further data analysis skill development was acknowledged. The main strengths of the initiative were support of the quantitative healthcare researcher and deadlines to incentivise research milestones and outputs. Time, appropriate support for research and support for doing research as part of role remain barriers to nurse led practice based research.

Recommendations: This on-going initiative will continue to enhance nurse led practice based research whilst addressing the barriers to optimal practice led research within clinical roles.

Notes
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
**Presenter:** Helen Malone PhD, MSc, RNT, SCM.  
**Organisation:** Trinity College Dublin, Ireland  
**Authors:** 1. Helen Malone 2. Catherine Tracey 3. Honor Nicholl.

**Title of Presentation:** 'From Beginning to End' - Considering Bias in Research Studies.

**Background:** Researchers have long known that bias in research methods and the interpretation of findings may lead to incorrect inferences from study results. There is a need to ensure that bias is considered at all stages of the research process.

**Aim and objectives:** The aim of this paper is to highlight the importance of on-going evaluation of potential bias in the design and implementation of research methods and in the interpretation of findings.

**Methods:** During the completion of a literature review common types of bias in the research design, interpretation of findings and publication are reported. Common causes of bias were identified and how they can be avoided in research studies are identified.

**Analysis and Results:** There are many ways that bias can occur in research design, implementation, interpretation of results and in the dissemination of findings. The management of potential bias in research practice is of such importance that it needs to be reviewed at all stages of the research process. A detailed analysis of the potential bias at each step of a typical study will be presented.

**Recommendations:** This paper recommends the need to maintain continuous awareness of the possible presence of bias in the design and implementation of research studies. Also, simple recommendations will be presented. The negative consequences of bias on the application of findings needs to be avoided.

**Notes**

_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
Title of Presentation: A Critical Evaluation of the Quality of Qualitative Studies Specific to Health Beliefs and Obesity

Background: Qualitative research reflects the complexity of the phenomena under study, allowing a richness of data and deeper insight into the research topic of enquiry (Silverman, 2004). As qualitative research has become more accepted and popular in its use in healthcare, the quality of qualitative research studies is often subject to criticism and scepticism because of its qualitative nature. The prevalence of obesity is continuing to rise at an alarming rate in many parts of the world and is a major challenging public health issue (WHO, 2010). While there is a growing body of literature that illuminates the deleterious effects of obesity on people, qualitative research in this area remains relatively poor.

Aim and objectives: The aim of the paper is to evaluate the quality of qualitative research specific to health beliefs and obesity.

Methods: A systematic search of the literature was conducted using electronic databases in Cumulative Index of Nursing and Allied Health Literature (CINAHL), Medline, PubMed and EBSCO Database related to weight and obesity in individuals to identify studies published between 2000 and 2011.

Analysis and Results: These searches yielded 4 studies (n=4). The studies were evaluated using Tracy (2010) framework for assessing quality in qualitative research. There was a paucity of qualitative research in the area of health beliefs and obesity. The evaluative framework identified many strengths and weakness in the qualitative research studies reviewed.

Recommendations: During all steps of the research process, the qualitative researcher needs to be challenged to produce robust research and emphasise the importance of demonstrating rigour throughout the qualitative research journey.

Notes
Celebrating the 32nd Annual International Nursing & Midwifery Research & Education Conference

POSTER PRESENTATIONS

“Nursing in Times of Austerity”

Wednesday 20th & Thursday 21st February 2013
The Faculty of Nursing & Midwifery, Leading in Nursing & Midwifery Research and Education since 1974
**Presenter:** Aoife McNamara RGN, BNS, Grad. Dip. in Cancer Care (Adult), MSc Psycho-Oncology  
**Organisation:** Irish Cancer Society  
**Authors:** Aoife McNamara

**Title of Presentation:** An Exploration of the Support Needs of Family Members of Cancer Patients, as Perceived by Nurses on a Cancer Helpline

**Background:** Social support plays a significant role in a cancer patient's well-being; however, the impact a cancer diagnosis has on family members is poorly understood. The Cancer Information Service (CIS) was deemed an appropriate setting to explore the support needs of family members.

**Aim and objectives:** To identify possible gaps in the CIS delivery and positively impact on the support offered to family members by the nurses in the CIS.

**Methods:** This qualitative study was conducted within the author's institution. Using purposive sampling, six CIS nurses were invited to participate. Interviews were conducted using semi-structured questioning and explored by content analysis. This study was performed in 2011 as part of an MSc in Psycho-Oncology. Ethical approval was obtained through The DCU School of Nursing Ethics Advisory Committee (EAC) and The DCU Research Ethics committee (REC).

**Analysis and Results:** Three main themes emerged: (1) Responding to the family discussed the role of the CIS in meeting the support needs of family members. (2) Assessing the emotional impact produced some conflicting results around the significance of social support and the role of family dynamics. (3) Contextualizing support needs summarised the three main support needs of family members as emotional, informational and practical and explored how the CIS meets these needs.

**Recommendations:** This study highlighted the need for co-ordination between the healthcare service, other voluntary bodies and the CIS. It is recommended that the CIS work alongside organisations such as the HSE, the Irish Hospice Foundation and the Care Alliance to meet the support needs of family members of cancer patients, specifically at the end of life. Further studies within the CIS are also recommended.

**Notes**

_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
Title of Presentation: An Evaluation of the Impact of a Research Nurse Education Programme on Clinical Practice

Background: The Postgraduate Certificate in Nursing (Clinical Research) runs annually in the Faculty of Nursing & Midwifery, RCSI. The programme aims to develop in students the essential knowledge, attitudes and competencies to support the practice of clinical research and to fulfil their role as nurses within a research setting. Content is delivered through a combination of face-to-face lectures and web-based mechanisms (blended learning). Students complete three taught modules, and are also required to complete a competency assessment schedule with the support of a mentor in their clinical area. This includes submission of a reflective portfolio. Since 2009, 29 students have graduated the programme and an additional 12 have completed stand-alone modules.

Aim and objectives: This poster outlines the results of a survey to evaluate the impact of participation in this programme on clinical practice.

Methods: A 10-item questionnaire was designed and circulated electronically to all graduates of the programme (n=29). Students who completed less than three modules and did not complete the competency assessment schedule were not included. Students were asked to rate their agreement with a series of statements about confidence, knowledge and behaviours. Information was also sought about what aspects of the programme were most beneficial and reasons why respondents were no longer practicing as research nurses (n=6).

Analysis and Results: Descriptive statistical analysis was carried out. Correlations were not explored due to the small number of participants and the risk of identifying individual responses. The results illustrated the positive impact of participating in a tailored programme of education for research nurses, and also highlighted the effect that insecurity of research nurse contracts has on retention of staff.

Recommendations: Continuing evaluation and review of programme to meet needs of research nurses. Future study to look at roles and responsibilities of research staff with a view to defining grades and achieving conformity of contracts.

Notes
Presenter: Suzanne Moore BSc Hons - General Nursing
Organisation: Connolly Hospital
Authors: 1. Ms Suzanne Moore 2. Dr Georgina Gethin 3. Professor Seamus Cowman

Title of Presentation: How do Patient Information Leaflets (PILs) Affect Compliance and Attendance in a Day Surgery Unit?

Background: PILs are one of the many ways of communicating specific information to patients. They are widely used, but the literature indicates that most PILs available are not fit for purpose. The HSE (Health Service Executive) and NALA (National Adult Literacy Agency) have collaborated to produce guidelines highlighting best practice in development of PILs, however adherence to these guidelines has not been determined. Day surgery is evolving rapidly. More complex procedures are being carried out, requiring PILs that are not only informative, but readable and understandable. However, research shows that one in four Irish nationals are illiterate, with 40% having unacceptable health literacy levels.

Aim and objectives: To determine the impact of PILs on compliance with pre-operative instructions and cancellation rates in day surgery.

Methods: This study will use a pre-test, post-test design. It will be a phased based project and incorporates six work packages:
1. A literature review will be completed.
2. Collection of baseline data on cancellation rates and non-compliance with pre-operative instructions will be carried out.
3. Evaluation of PILs will be completed through collaboration with NALA using a 10 point assessment scale, the content of which will be finalized following the literature review.
4. In partnership with the National College of Art and Design, the PILs will be redesigned.
5. The new PILs will be re-evaluated by the stakeholders including the patient council, NALA and G.P.s using the proforma designed in work package 3.
6. Collection of follow-up data on cancellation rates and non-compliance with instructions will be done.

Analysis and Results: An analysis of findings will be done to determine if the redevelopment of the PILs impacted on compliance with instructions and attendance for surgery. Results from work packages 1, 2, 3 and 4 will be presented.

Recommendations: This is on-going research, therefore recommendations are not possible at this time.

Notes
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
Presenter: Freda Browne RGN,RNT, BNS, MSc, Grad Cert Education
Organisation: Prof Doc Student Cardiff University
Authors: Freda Browne

Title of Presentation: A Protocol for a Realistic Evaluation of a Continuous Professional Education Programme.

Background: Continuing professional education is widely acknowledged as an important and effective part of maintaining on-going professional competency for qualified nursing staff (Atack and Luke, 2008). However, there is no evidence of the effectiveness. Medication errors have been shown to be a prevalent and on-going problem which results in varying degrees of preventable harm to patients. In the Republic of Ireland in 2009 there were approximately 8,000 reported hospital medication errors (The States Claim Agency 2009). This research proposes to examine how knowledge and skills obtained through a Continuous Professional Education programme for Safe Medication Administration is transferred to the clinical care environment and to determine what factors enable or constrain this transfer and what outcomes can be related to this programme.

Aim and objectives:
1. To identify factors (in the clinical area or in the course itself) that enable or constrain the application of knowledge and skills gained through the Safe Medication Administration programme into practice.
2. To explore the underlying mechanism that influence the success of the Safe Medication Administration programme.
3. To describe the impact on clinical practice which can be associated with the Safe Medication Administration programme.
4. To describe how the mechanisms of application of the Safe Medication Administration programme and the characteristics of context combine to enable or constrain the education programme in achieving its desired outcomes.

Methods: Realistic Evaluation will be utilised as the theoretical framework. Realistic Evaluation involves the development of context, mechanism outcome configurations (CMO’s). These are propositions which are developed stating what it is about the programme that works for whom and in what circumstances. Case study design will be utilised to test and generate theories as its methodology complements Realistic Evaluation.

Analysis and Results: The proposed CMO configurations will be tested via case analysis and cross-case analysis. This will allow the identification of what works for whom and in what context and thus provide for the translation of CMO findings into mid-range theory.

Notes:
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
Presenter: Eman Tawash BSc Nursing, Master in Health Professions Education, PhD student.

Organisation: Royal College of Surgeons in Ireland - Bahrain

Authors: 1. Tawash Eman 2. Cowman Seamus 3. Anunciacion Edgar

Title of Presentation: How do Student Nurses’ Perceive the Nursing Profession in Bahrain

Background: In order to promote recruitment and retention, it is essential to understand the student nurses’ perceptions of nursing as a career and why they choose nursing as a career. In response to the increasing shortages of nurses, Bahrain continues to have high dependence on expatriate nurses to maintain the health services. This is detrimental to the development of an indigenous nursing profession. International literature shows that students have a wide range of pre-existing perceptions about nursing and that those early perceptions have a profound influence on their decision to continue with their nursing studies. As in most countries in the Gulf region, no research has been published on student nurse perceptions of nursing as a profession.

Aim and objectives: This study was conducted to examine the perceptions and experiences of student nurses in Bahrain about the nursing profession and to identify the factors influencing their choice to enter nursing as a career.

Methods: A methodological triangulation research approach involving quantitative and qualitative methods of data collection was considered for this research. Qualitative data were collected using written reflections and focus groups and quantitative data were collected using a self-administered questionnaire. A convenience sample of the first cohort of 38 nursing students joining the Nursing School participated in the study. Qualitative data were analysed using Collazzi’s methodology and descriptive analysis was done to analyse quantitative data.

Analysis and Results: The study reported that the nursing students in Bahrain recognize nursing as a caring profession and as an opportunity to help people gain a better health. They also viewed nursing as a hard job and not very well accepted socially with cultural issues impacting on the values attached to nursing as a career choice. The internet was identified as the most potent source of information about nursing while parents and friends were acknowledged as motivational factors that influenced students to join nursing.

Recommendations: Further research is required to identify whether the perceptions held by study participants represent those of the other nursing students in Bahrain. This study is related to a larger PhD study.
Title of Presentation: Nurses’ Perception on Factors Influencing Haematological Malignancy Care

Background: In an environment of uncertainty in treatment outcomes, caring for patients undergoing treatment for malignancies is recognised as stressful. Yet, there is little known about the experiences of nurses specifically in haematological setting in the Irish context. Nurses play a major role in providing a holistic care for patients who are treated with high dose chemotherapy, radiation and haematopoietic stem cell transplantation.

Aim and objectives: To identify and measure nurses’ perception of the psychosocial components enabling work which provide satisfaction and motivation for nurses in haematology inpatient unit. The nurses’ perception of stress related to work and the factors inducing them.

Methods: In this descriptive study, the nurses’ (n=39) completed a self-report questionnaire with scales that measured the perceived work enabling/motivating aspects and the factors that provoked stress using the work capability/wellbeing index and the modified stressor scale of paediatric oncology nurses.

Analysis and Results: Analyses of the findings indicate that the nurses have a sense of increased personal accomplishment in the haematology setting, which is considered to be rewarding but challenging. This is mainly due to adequate skills and knowledge they possess, coupled with support from colleagues and relationship with the patients and families. However, aspects relating to care limitations for patients, work demands resulting from workload, inadequate staffing and organizational issues were extremely stressful for majority of them.

Recommendations: The study re-iterates the need for formal and informal institutional support for nursing personnel in this unique setting, in order to enhance a healthier and productive work environment.
Title of Presentation: Perceptions of BSc Nursing Students on their Experiences of the Erasmus Programme for Older People

Background: In common with other European countries, Ireland has an ageing population and is experiencing a major demographic transition with an aging population, demographic changes and cultural diversity (TILDA, 2011). A challenge for the future of nursing in European Union countries is to prepare nurses to function in a multinational and multicultural Europe.

Aim and objectives: The purpose of this study was to explore the perceptions of BSc nursing students regarding their experiences of the Erasmus Programme for Older People.

Methods: This study used a quantitative descriptive method and data was collected in the form of questionnaires. A convenience sample of 6 third year BSc nursing students who had completed the Older Adult module, as part of the BSc Undergraduate Nursing Programme in UCC, Cork participated in the study.

Analysis and Results: The students evaluated their overall learning from their attendance and engagement in the programme very positively. It provided opportunities for nursing students to think critically and creatively about the older person. It reinforced their desire to work in services that directly benefit older people upon graduation.

Recommendations: Engaging with the Erasmus programme provided a wonderful opportunity for both undergraduate students and accompanying lecturers to engage with each other and learn from shared knowledge and experiences in working with older people. It fostered the development of a collaborative, empowering and advocacy approach with their European colleagues.
Presenter: Teresa Wills MSc, PDip TLH Ed, BNS (Hons), RM, RGN  
Organisation: School of Nursing & Midwifery, University College Cork  
Authors: 1. Teresa Wills 2. Professor Geraldine McCarthy

Title of Presentation: Obesity in the Older Adult: An Integrative Literature Review

Background: Obesity is acknowledged as potentially the most important health challenge at a global level (Chambers and Swanson, 2010). The prevalence of obesity amongst older people is increasing and presents many risks for the obese elderly (Wills, Fehin, Callen, 2011; Flood & Newman, 2007). In addition, this will become a greater or more significant problem due to the rapid growth of the elderly population worldwide (Han, Tajar & Lean, 2011). Research suggests that many people do not consider obesity a serious concern and are unaware of associated health risks (Ziebland et al, 2002). A crucial but understudied link in understanding the problem of obesity is the examination of health beliefs.

Aim and objectives: The aim of the integrated literature review is to examine the health beliefs of older adults in relation to obesity.

Methods: This literature review was undertaken in order to provide a broad, comprehensive and critical analysis of literature pertaining to health beliefs of older adults in relation to obesity. Using Cooper’s (1982) framework to guide the process, characteristics of each study, including research design, methods and outcomes, were collected. Content was analysed by critically reviewing sample characteristics, data collection procedures, reliability of measures, findings and conclusions.

Analysis and Results: A systematic search of the literature was conducted using electronic databases in CINAHL, Medline, PubMed and EBSCO databases related to health beliefs in elderly individuals from the years 2000 and 2011. In total 4 articles met the aims of this review and were identified for inclusion in this review. The following themes emerged; risk perception and male gender.

Recommendations: Following a comprehensive review of the available literature it is evident that there is limited published research in this important area. A particular area for attention includes the need to undertake additional robust research to examine more thoroughly and to further understand the health beliefs of older adults in relation to obesity.

Notes
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________

Presenter: Carrie Powles RGN, Dip Occ Health, H Dip Respiratory care, Dip Family Planning.
Organisation: CervicalCheck- National Cancer Screening Service

Title of Presentation: Cervical Screening - Reaching out to Unscreened Women in General Practice

Background: To reduce the incidence of cervical cancer in Ireland, CervicalCheck is challenged to achieve a target uptake rate of >80% of eligible women by September 2014. Women who have never had a smear test have an increased risk of developing cervical cancer. The uptake rate of women aged 50 – 60 screened in the first year of the National Cervical Screening programme was the lowest by age range – 14.8%. 91.4% of screening is performed in General Practices

Aim and objectives: This study identified and encouraged unscreened eligible women aged 50-60 years to attend for screening in three General Practices

Methods: All unscreened women from 1st September 2008 to 1st April 2012 were identified from three General Practices. Standardised letters were issued seeking information on their cervical screening status and offering the opportunity to discuss their cervical screening needs with a Health Professional and/or attend for screening. In phase three, a brief motivational intervention by smear takers via telephone was provided to 103 non responders within three weeks of issuing letters.

Analysis and Results: 165 women, accounting for, 5% of the eligible national population were identified. 35% of those aged 50-60 were recorded as unscreened. 41% had their screening elsewhere while 20% were lost to follow-up 25% of responders had not received a CervicalCheck invite, while 7% no longer required screening. The uptake rate for presentation for screening following letters was 27%. The response rate to the telephone motivational intervention was 79%. Overall, 32% of respondents presented for cervical screening as a direct result of this intervention

Recommendations: Smear takers play a key role in cancer prevention. The majority of women who had smears cited the tailored advice, prompt from their smear taker as a reason for attendance. This study highlights that letters alone are insufficient to encourage cancer screening and that developing practical strategies to facilitate informed choice and increased uptake will positively impact on the success of CervicalCheck

Notes

_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
Presenter: Mella Buckley MSc, HDip, RGN
Organisation: St. James's Hospital

Title of Presentation: Advancing Nurse Practice in Times of Austerity

Background: St. James's hospital is a national referral centre for lung cancer patients and receives 50% of the national surgical resections for lung cancer (which is the principal curative treatment). Approximately five hundred thoracic procedures were carried out in 2011 which included 193 operations for curative lung cancers. The number of referrals for lung resections continues to increase and our hospital budgets continue to decrease.

Aim and objectives: A strategic and positive approach was undertaken by the Advanced Nurse Practitioners (ANP’s), to ensure the management of patients is not influenced by both the economic crisis and the increase in referrals.

Methods: The ANP formed a multi-disciplinary lung cancer group and initiatives to improve the care provided to patients were agreed. Meetings are held every 2-3 months when initiatives are reviewed and new projects are commenced. Everyone in the multi-disciplinary team is encouraged to manage a project.

Analysis and Results: These projects are on-going and to date have resulted in improved pathways for the patients. They now attend a pre-admission clinic and receive information booklets on their diagnosis and treatment. Other proposals resulted in initiatives to improve the physiotherapy provided to patients and the commencement of research projects. A structured approach to fundraising was initiated and assisted in raising the awareness of the advancements in surgical treatment for lung cancer. Funds raised were used to develop and improve the services provided to lung cancer patients.

Recommendations: This initiative highlights how a multi-disciplinary approach led by an ANP can improve our services, without any additional government funding.
Title of Presentation: Mothers Care for their Babies but Who Cares for the Mothers?

Background: Support for mothers is vital, especially up to one month postpartum, in preventing adverse stress and illness while promoting confidence in parenting. Research shows us that unsupported mothers are subject to greater stress resulting in poorer coping skills and increased risk of ill health.

Aim and objectives: Research Questions: Which family members do mothers identify as supports following childbirth? Is family support maintained throughout the postpartum period? What level of support do public health nurses (PHNs) provide?

Methods: This report addressed these questions following ethical approval by 3 individual faculties. A sample of 94 Irish mothers and 14 non-Irish mothers (total 108, age 19-47 years), provided written informed consent and were assessed using demographic questionnaires and validated research tools. Data were reported on support from family members and PHNs as identified by participant mothers from birth to 12 months postpartum.

Analysis and Results: This is the first study to report findings on the levels of PHN support for mothers up to 35 days postpartum. All mothers were seen by their PHN at least once following childbirth, 74% were visited at least twice, with 8% seen 4 or more times. This highlights the significant level of support provided to mothers by PHNs within the first 35 days postpartum.

Recommendations: Our findings relating to familial support, for both Irish and non-Irish mothers, concur with previous research identifying a mother’s spouse/partner and her own mother as the greatest sources of support following childbirth. Close family support was maintained for this twelve month period but support from extended family members decreased. This study indicates the significance of PHN support to all mothers over the 12 month period following the birth of a child. We know that some mothers remain vulnerable for this period and beyond, yet this study has found that their sources of familial support diminish.

Notes
RCSI MSc Students
The following MSc Students will be presenting posters during the conference. An award will be presented for the best MSc poster. We wish to take this opportunity to congratulate these students on all their work and wish them every success in their studies.

<table>
<thead>
<tr>
<th>First Name</th>
<th>Surname</th>
<th>First Name</th>
<th>Surname</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shaini</td>
<td>Shabu</td>
<td>Nisha</td>
<td>George</td>
</tr>
<tr>
<td>Helen</td>
<td>Lemass</td>
<td>Mary</td>
<td>Costello</td>
</tr>
<tr>
<td>Vetriselvi</td>
<td>Surulivelu</td>
<td>Debra</td>
<td>England</td>
</tr>
<tr>
<td>Bincy</td>
<td>Thomas</td>
<td>Marian</td>
<td>Brennan</td>
</tr>
<tr>
<td>Shini</td>
<td>Antony</td>
<td>Mariola</td>
<td>Buczkwoska</td>
</tr>
<tr>
<td>Sara</td>
<td>Paul</td>
<td>Una</td>
<td>O’Neill</td>
</tr>
<tr>
<td>Ancy V.</td>
<td>Abraham</td>
<td>Sarah</td>
<td>Hoare</td>
</tr>
<tr>
<td>Kendy Chloe</td>
<td>Bermejo</td>
<td>Nicola</td>
<td>Byrne</td>
</tr>
<tr>
<td>Louise</td>
<td>Skerritt</td>
<td>Priya</td>
<td>Madhu</td>
</tr>
<tr>
<td>Sharon</td>
<td>Kinsella</td>
<td>Lilliosa</td>
<td>Zinyemba</td>
</tr>
<tr>
<td>Angela</td>
<td>Killeen</td>
<td>Sharmil</td>
<td>Joshua</td>
</tr>
<tr>
<td>Nirmala</td>
<td>Augustine</td>
<td>Dona</td>
<td>Mitchell</td>
</tr>
<tr>
<td>Niina</td>
<td>Jarvenkari</td>
<td>Julie</td>
<td>Day</td>
</tr>
<tr>
<td>Joanne</td>
<td>Etheridge</td>
<td>Sinéad</td>
<td>Maguire</td>
</tr>
<tr>
<td>Nessa</td>
<td>Vaughan</td>
<td>Gemma</td>
<td>McLaughlin</td>
</tr>
<tr>
<td>Ana Lúcia</td>
<td>Martins de Oliveira</td>
<td>Lilly Roseline</td>
<td>Mathew</td>
</tr>
</tbody>
</table>
Presenter: Shaini Shabu RGN, Postgraduate Diploma in Intensive Care Nursing

Organisation: Royal College of Surgeons in Ireland

Authors: 1. Shaini Shabu 2. Dr G. Gethin

Title of Presentation: Critical Care Nurses’ Knowledge of Abdominal Compartment Syndrome

Background: Intra-abdominal hypertension (IAH) and abdominal compartment syndrome (ACS) are highly prevalent and associated with multi-organ failure and death in critically ill patients. Early identification of this syndrome reduces complication and improves patient survival. Nurses require knowledge of accurate intra-abdominal pressure monitoring and identification of at risk patients for early recognition in order to apply preventive measures.

Aim and objectives: Aim: To identify nurses’ knowledge of IAH & ACS. Objectives are: To explore nurses’ knowledge in: Identifying IAH/ ACS and risk patients. Identifying clinical signs to enable early detection of IAH/ACS. Non- surgical interventions to reduce IAP. To identify current IAP monitoring practice

Methods: Survey method using anonymous paper questionnaire will be employed

Analysis and Results: Data collection will be commenced in January 2013 and results will be analysed using descriptive analysis.

Recommendations: It is anticipated that the study findings will give an insight into existing knowledge among critical care nurses regarding abdominal compartment syndrome and the findings can be used to guide the development of practice guidelines

Notes
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
Presenter: Helen Lemass RGN, RCN, BSc level 7 Nursing, BSc level 8 Nursing, and PG Dip Infection Control.
Organisation: Royal College of Surgeons in Ireland
Authors: 1. Helen Lemass 2. Dr Georgina Gethin

Title of Presentation: How Knowledgeable are Doctors’ and Nurses’ about the Management of Clostridium Difficile Infection?

Background: Clostridium difficile is a spore forming bacterium and is part of the normal bowel flora of 3% of adults and 90% of infants. Clostridium difficile infection (CDI) causes severe diarrhoea and other intestinal disease and is associated with receiving healthcare and antibiotic use. In 2010, 1,696 new cases of Clostridium difficile infection (CDI) were notified in Ireland. While there are agreed infection control interventions to prevent transmission of CDI, healthcare workers (HCW’s) knowledge concerning CDI is critical in the management of the disease. However very few studies have been carried out that examine HCW’s knowledge in the management of patients with CDI.

Aim and objectives: The aim of this study is to establish the knowledge base among medical staff and nurses when dealing with a patient with CDI.

Methods: A quantitative approach with a survey design and an anonymous self-completion questionnaire will be utilised. Questions will focus on the risk factors for CDI, definition of diarrhoea and how to prevent the spread of the bacterium in the clinical environment. Stratified random sampling will be used to obtain the sample from the population of all the doctors and from those nurses who work on wards that house patients with CDI in the researcher’s hospital.

Analysis and Results: Data collected will be analysed and interpreted using descriptive statistical analysis to help understand the level of knowledge among the sample regarding CDI. An SSPS package licensed to the RCSI will assist in analysing the data.

Recommendations: It is anticipated that the findings and results of this study will establish the knowledge base regarding the infection prevention and control management of CDI among medical staff and nurses. It is proposed to use this information to inform development of future guidelines and educational programmes regarding the management of CDI.

Notes
________________________________________________________________________________________________________
________________________________________________________________________________________________________
________________________________________________________________________________________________________
________________________________________________________________________________________________________
________________________________________________________________________________________________________
________________________________________________________________________________________________________
________________________________________________________________________________________________________
Presenter: Vetriselvi Surulivelu BSc. Nursing RN, RM, PG Dip. Neonatal Nursing
Organisation: Royal College of Surgeons in Ireland
Authors: 1. Vetriselvi Surulivelu 2. Prof Seamus Cowman

Title of Presentation: Nurses’ Knowledge and Understanding of Assessing and Managing Pain in Neonates

Background: Traditionally, in most Neonatal Intensive Care Units (NICU) neonatal pain has not been recognised and under-treated (Bauchner et al, 1992). Earlier, it was believed that new-born infants have immature nervous system and do not recollect painful experiences (Eland & Anderson, 1977; Wallerstein, 1985). Newborn infants, predominantly those born very premature are going through a horde of diagnostic and therapeutic procedures those are painful but medically essential to their care (Gibbons et al 2006; Stevens et al 2007). According to Simmons et al (2003), infants who are born between 25-42 weeks gestation are experiencing an average of 14 painful procedures per day during their first two weeks of life. The most frequently performed procedures are endotracheal intubation, nasal, oral and endotracheal suctioning, peripheral intravenous cannula, central venous catheter and umbilical arterial and venous catheter insertion, heel stick and nasogastric and orogastric tube insertion.

Aim and objectives: Aim: To identify nurses’ knowledge and understanding of pain assessment and management in neonates. Objectives: To assess and explore nurses’ knowledge in assessing and managing neonatal pain. To identify any deficits in nurses’ knowledge and understanding of pain management in neonates. To better understand nursing management of pain managed in neonatal care. To make recommendations to nursing management of pain management and related nursing educational requirements.

Methods: Using a descriptive research method a survey instrument will be used to collect data from participants. The content of the instrument is based on best practice elements in pain management and the related knowledge base.

Analysis and Results: Statistical Package for Social Sciences (SPSS). Simple descriptive statistics and cross tabulations will be used to analyse and present data. The researcher will undertake the analysis with the supervisor. It will primarily be located in RCSI.

Recommendations: Enhanced nursing outcomes for pain management in neonatal care. Improved knowledge of nurses towards pain assessment tools and managing pain in neonates. To provide recommendations for using pain assessment tools in NICU.

Notes
________________________________________________________________________________________________________
________________________________________________________________________________________________________
________________________________________________________________________________________________________
________________________________________________________________________________________________________
________________________________________________________________________________________________________
________________________________________________________________________________________________________
Title of Presentation: Negative Pressure Wound Therapy for the Healing of Chronic Wounds.

Background: Negative pressure wound therapy (NPWT) is a non-invasive therapy used for healing of complex wounds. It is accepted as a part of modern wound healing techniques. It is also called sub-atmospheric pressure therapy, vacuum sealing, vacuum pack and sealing aspirate therapy. Negative pressure wound therapy helps to drain exudate and debride from the wound bed by negative pressure or suction. In addition NPWT creates a moist environment which promotes wound healing.

Aim and objectives: To undertake a systematic review to assess the effect of negative pressure wound therapy on chronic wounds. The objectives are to measure the chronic wound healing Removal of slough, decrease the wound bacterial burden and reduce the patient's length of stay in the hospital.”

Methods: Data should be extracted in systematic manner by using data extraction tool. Narrative synthesis will be used in the study.

Analysis and Results: Descriptive analysis will be used in the study.

Recommendations: The findings will provide recommendation for practice the management of chronic wounds with NPWT. To enable to know the effects of NPWT on wound healing. To be more discerning in the application of NPWT in wound care. To gain the knowledge of mechanism of NPWT on chronic wounds. The study will improve the practice.

Notes
________________________________________________________________________________________________________
________________________________________________________________________________________________________
________________________________________________________________________________________________________
________________________________________________________________________________________________________
________________________________________________________________________________________________________
________________________________________________________________________________________________________
________________________________________________________________________________________________________
**Title of Presentation:** Knowledge of and Attitudes Towards Pressure Ulcer Prevention Among Registered Nurses.

**Background:** Pressure ulcers are common, costly and adverse effect health related quality of life (Moore & Cowman 2012). Prevalence rates in long-term care settings fluctuate from 8.8% to 53.2% and incidence rates vary from 7%-71.6%. The most common anatomical sites for pressure ulcers to occur are the sacrum and the heels, and the majority is grade 1 or grade 2 in severity. Furthermore, as age increases, so too does pressure ulcer prevalence and incidence. Pressure ulcers are the most expensive medical errors. Pressure ulcer prevention and management involves not only emphasizing educational strategies but also promoting a positive attitude towards this aspect of patient care.

**Aim and objectives:** Aims: To explore knowledge of and attitudes towards pressure ulcer prevention among registered nurses working in the care of the older person setting in Ireland. Objectives: To Study the attitude of nurses regarding pressure ulcer and to assess the knowledge among nurses regarding pressure ulcer.

**Methods:** "Non experimental, descriptive, cross sectional, survey design. The population of interest for this study will be registered nurses working in two care of the older person settings. Data will be collected using a pre-validated knowledge and attitude questionnaire by Beeckman et al (2010)."

**Analysis and Results:** The researcher will employ descriptive statistics, using SPSS

**Recommendations:** The researcher will utilise the information from the study to gain a greater understanding of nurses’ knowledge of and attitudes towards pressure ulcer prevention

**Notes**
Presenters: Sara Paul Student MSc Nursing Yr. 2
Organisation: Royal College of Surgeons in Ireland
Authors: Sara Paul

Title of Presentation: Pain Assessment in Adult Burn Patients: A Systematic Review

Background: Burn injuries are among the most grave and devastating of all injuries. Burn pain, the most intense and prolonged type of pain is an on-going issue of concern in adult burn patients. Understanding patient’s pain experience and using tools that are appropriate to patient are part of successful pain management.

Aim and objectives: Aim: To understand the pain experience of adult burn patients. To determine the most effective method for assessing pain in adult burn patients.
Objectives: To explore the impact of pain on adult burn patients. To explore the reliability and validity of pain assessment tools. To compare the effectiveness of pain assessment tools.

Methods: Quantitative and qualitative studies which explored the patient pain experience and pain assessment methods in adult burn patients are eligible for inclusion. Data extraction will be conducted using a formal data extraction tool. The validity of each of the studies will be appraised critically using a specific template.

Analysis and Results: A structured narrative summary of the studies will be conducted. Meta synthesis or meta-analysis will be conducted if appropriate.

Recommendations: Identify a valid, reliable and clinically useful pain assessment tool for adult burn patients. By gaining a greater understanding of patients experience able to develop an education and training package on pain for burns. To develop best practice standards. Conclusion: Burn pain remains a complex and on-going issue of concern in adult burn patients. Understanding patient’s experience and identifying a valid, clinically useful pain assessment tool is necessary to ensure burn patients experience safe, effective and individualised pain management.

Notes
________________________________________________________________________________________________________
________________________________________________________________________________________________________
________________________________________________________________________________________________________
________________________________________________________________________________________________________
________________________________________________________________________________________________________
________________________________________________________________________________________________________
**Presenter:** Ancy Vadakkedum Abraham 2nd Year MSc. Nursing  
**Organisation:** Royal College of Surgeons in Ireland  
**Authors:** Ancy V. Abraham

<table>
<thead>
<tr>
<th><strong>Title of Presentation:</strong></th>
<th>Staff Nurses’ Perceptions In Addressing Sexuality With Patients In A Spinal Injury Unit</th>
</tr>
</thead>
</table>

**Background:** Sustaining Spinal Cord Injury generates major physical and psychological consequences for the individual and could greatly affect their sexuality and sexual activity. It is expected that sexuality, which is an essential component of the individual, should be considered in the nursing care delivery. However, studies show that individual nurses may have different perceptions of sexuality, which will influence the extent to which they address this issue with patients. The proposed study will set out to explore the perceptions of Staff Nurses in addressing sexuality with patients in a Spinal Injury Unit.

**Aim and objectives:** Aim: To explore the perceptions of Staff Nurses in addressing sexuality with patients in a Spinal Injury Unit.  
Objectives: To explore Staff Nurses’ perception of the meaning of sexuality. To explore Staff Nurses’ understanding of the impact of Spinal Cord Injury on sexuality. To explore factors which may inhibit the Staff Nurses in addressing sexuality.

**Methods:** "The proposed study will be Qualitative descriptive in design. Data will be collected using semi-structured, in-depth interviews with 8-10 participants, using an interview guide, which will last approximately 30-45 minutes. This interview will be audio taped.

**Analysis and Results:** Recorded data will be transcribed word for word. By using six steps of simple thematic analysis. Significant statements will be identified, meanings will be formulated, themes and subthemes will be emerged. The proposed study will provide an insight into the perceptions of Staff Nurses on sexuality, awareness of the impact of Spinal Cord Injury on sexuality and the possible barriers in addressing sexuality with patients in a Spinal Injury Unit.

**Recommendations:** The results from this study may recommend changes to practices as necessary, which will enhance the quality of nursing care delivery and thereby increase patients’ satisfaction.

**Notes**

_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
**Presenter:** Kendy Chloe Bermejo BSc. Nursing  
**Organisation:** Royal College of Surgeons in Ireland  
**Authors:** 1. Kendy Chloe Bermejo 2. Dr. Georgina Gethin

**Title of Presentation:** The Neonatal Intensive Care Unit nurses’ Experiences Inserting Peripheral Intravenous Cannula.

**Background:** The Peripheral intravenous (PIV) cannula insertion is likely the most common procedure in the Neonatal Intensive Care Unit (NICU). Its purpose is to provide nutritional support, medication administration and blood products to the neonates. A failure on intravenous access can cause disruption of nutrition that may lead to hypoglycaemia and other electrolyte imbalances. It may also mean delayed drug administration which can also alter drug dosing. Challenges to good nursing skill mix and frequency of medical staff rotation may mean longer waiting time and multiple PIV insertion attempts, leading to pain and distress on the part of neonate. Changes to healthcare system had an impact on scope of nursing practice, which beseech nurses to acquire diverse clinical skills, and be responsible to cultivate their knowledge and skills.

**Aim and objectives:**

Aim: To explore the NICU nurse’s experience inserting peripheral intravenous cannula in terms of patient care and nurses’ skills development.  
Objectives: To investigate and provide better understanding on factors that positively influence or hinders skill development on the expanded role. To pursue recommendations for future training strategies and standardised guidelines in inserting PIV in the NICU.

**Methods:** A Qualitative research design using Hermeneutic phenomenology of Martin Heidegger, (1889-1976).

**Analysis and Results:** A thematic approached to data analysis will be utilized, by analysing data according to emerging theme guided by the Colazzi (1978) framework for phenomenological data analysis

**Recommendations:** To potentially have better understanding on factors that positively influence or hinder skill development on the expanded role. It is hoped that detailed description and extraction of the nurses in NICU’s experience inserting peripheral intravenous cannula will inspire better nursing care and nurses’ skills development. To potentially pursue recommendations for future training strategies and standardised guidelines in inserting PIV in the NICU.
Presenter: Louise Skerritt PHN/TVN
Organisation: Royal College of Surgeons in Ireland
Authors: Louise Skerrritt

Title of Presentation: The Prevalence and Aetiology of Wounds Within a Community Care Setting in Ireland.

Background: Wounds impose a significant financial burden on health care systems, with current estimates suggesting that approximately 4% of the UK annual health care budget is spent on wound management. This is not due to the cost of medication or surgical interventions, rather due to the intensive nursing care required. Indeed, up to 41% of all costs relate to the nursing time spent on wound management. In today’s health care climate it is important to adopt clinical interventions that are effective, efficient and acceptable to both patients and staff. To date there is a dearth of information regarding this clinical problem within the Irish health care setting. Therefore, as there is little evidence to determine the prevalence and aetiology of wounds within the community setting in Ireland, it is pertinent to conduct this study, to enhance the understanding of this important clinical problem.

Aim and objectives: This study aims to investigate the aetiology and prevalence of wounds being treated by community nurses within one community care setting in Ireland.
The objectives of this study are to: • Establish the prevalence of wounds managed within one community care setting in Ireland • Establish the aetiology of wounds managed within one community care setting in Ireland • Assess utilisation and appropriateness of the current wound management services within the community care setting. • Establish the need for further development of wound management services within the community care setting.

Methods: The research design for this study is a cross-sectional survey. The researcher has been granted permission to use a specific wound prevalence and aetiology questionnaire, developed and validated by Vowden and Vowden (2008).

Analysis and Results: Data collected will be at nominal and ordinal level; these data will be entered into SPSS to aid data analysis. In the main, simple descriptive analysis will be conducted and results expressed as percentages, including analysis of the dispersion of the data. Point prevalence will be calculated as a percentage, by comparing the number of people with a wound with the total number of persons in the population at the specific point in time (Daly & Bourke 2007).

Recommendations: Having a clearer understanding of the nature of wound management within the community care setting, will enable more focused planning of care, which in turn will contribute to enhance clinical outcomes and as such will reduce unnecessary expenditure. Thus it is timely and appropriate to conduct this study, as the results will have far reaching implications for planning of community services.

Notes
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
Presenter: Sharon Kinsella RGN RM RSCN RNT BNS PG Dip CHSE.
Organisation: Royal College of Surgeons in Ireland
Authors: Sharon Kinsella

Title of Presentation: Does the Use of Perineal Massage in Irish Primigravidae Women Reduce Perineal Trauma?

Background: Perineal trauma is well documented in the literature as being an area of concern to most pregnant women particularly first time mothers. Multiple studies describe the negative physical and psychological effects of perineal trauma to the transition of motherhood which includes the establishment of breastfeeding, caring for the new baby and has been linked to a delay in the normal return to sexual health of the new parents. Perineal Massage has been shown to reduce perineal trauma if performed in the antenatal period particularly from 34 weeks gestation.

Aim and objectsives: Aim: To identify whether using an massage intervention either digital or machine from 35 weeks gestation reduces the incidence of trauma, the use of episiotomy and major perineal tears. Objectives: identify if using digital massage of the women’s perineum reduces perineal trauma. •Identify if using the Epi-No® in perineal massage reduces the perineal trauma. •Describe the relationship between perineal trauma and return to normal sexual health. •Identify if using a massage intervention reduces the level of perineal pain experienced by the women.

Methods: The research will use a Quantitative, Non-Randomised Methodology. Ethical approval will be given by the ICGP. The research environment is in the Primary Health Care Setting and the research will be conducted in a multi centred site. Pregnant First Time Mothers will be recruited in the GP Surgery when they attend for antenatal care, and will be given literature on both interventions at 28 weeks gestation. The women will choose her preferred intervention and she will be encouraged to use this from 34 weeks gestation. Mothers who have a normal delivery at Term, of a baby less than 4kgs will be included in the study. The degree of perineal trauma and perineal pain will be documented at the two and six week postpartum examination.

Analysis and Results: The data from the research will be collected and will describe brief demographic details of the participants; A record of the birth details including degree of perineal trauma if any; a record of the participants perception of perineal pain at the two and six week postnatal check-up using a Likert scale; If the participant has had coitus by the six week check-up and has experienced any degree of dysparunia, this will be documented. Results will be analysed using SPSS.

Recommendations: Perineal massage has been shown to reduce the likelihood of perineal trauma at childbirth. However, midwives are often slow to promote this intervention. This study, hopes to empower midwives to discuss this intervention during antenatal education.
Presenter: Angela Killeen 2nd Year M.Sc. Nursing
Organisation: Royal College of Surgeons in Ireland
Authors: 1. Angela Killeen 2. Seamus Cowman

Title of Presentation: Evaluation of a Nurse Led Intervention to Manage Iron Deficiency Anaemia in Chronic Kidney Disease

Background: Adverse outcomes of chronic kidney disease can often be prevented or delayed through early detection and treatment. The most commonly encountered reversible cause of chronic anaemia or worsening anaemia in chronic kidney disease (CKD) patients, other than anaemia related directly to CKD, is iron deficiency anaemia. There is an increasing focus on the management of ID in CKD from the extensive evidence based recommendations available from internationally recognised guidelines. ID further exacerbates renal disease and can cause cardiovascular complications. By correcting ID we can improve renal and cardiac outcomes and quality of life. Nephrology nurses can play a central role in managing this patient population utilising standardised regimes of treatment. Nurse led initiatives in this research helped reconfigure care to make it more responsive to the specific needs of ID CKD patients, increasing comfort and satisfaction and reducing the burden of hospital visits.

Aim and objectives: To evaluate the impact of the introduction of a nurse led intervention in renal anaemia management in advanced CKD and describe the effectiveness and impact of the nurse led process by; measuring clinical outcomes associated with IV Iron administration. Measure the staffs prescribers perception of the effectiveness of the new prewritten prescription and prescribing guideline introduce a prescribing guideline aimed at recommended haemoglobin and iron store targets for CKD patients, develop an standardised protocol for prescription and administration of IV Iron. Introduce an internal referral form to expedite admission and a patient information leaflet

Methods: A quantitative descriptive approach utilising a multi method approach to obtain data of practices based on questionnaires of satisfaction and the effectiveness of new prescribing guidelines. All data including direct measurement of serum clinical values will be analysed to make statistical calculations and draw conclusions that can be generalized to the total population

Analysis and Results: Data extraction and results are in final stages

Recommendations: The research outcomes include; Determining the overall impact of a nurse led intervention on service development. Improving patient comfort and satisfaction. Improvement of measures of iron storage with reduced requirement for hospital attendance and consequent costs. Effective collaborative team working leads to the successful implementation of a robust and efficient renal iron deficiency anaemia management. The quality of the standardised protocol and prescribing guideline provide a safe standard as a benchmark. Standard of treatment is now based on the administration of total dose iron rather than repeated weekly administration

Notes

_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
Presenter: Nirmala Augustine; BSc Nursing, PG Diploma in Respiratory Nursing, MSc Nursing

Organisation: Royal College of Surgeons in Ireland

Authors: Nirmala Augustine

Title of Presentation: Exploring the Informational Needs Regarding Lung Transplantation in Individuals with Cystic Fibrosis.

Background: Cystic Fibrosis (CF) is an autosomal recessive genetic disorder characterised by lung congestion, inflammation and malabsorption of nutrients by the pancreas (Yankas J R et al, 2004). CF is a multi-system disorder primarily affecting respiratory and gastro-intestinal system, although common cause of death in CF patients are due to respiratory failure (JMJ, 2012). Lung Transplantation (LT) is an optional for cystic Fibrosis patients with end-stage lung disease (Hadjiliadis D, 2007). The proper guidance through the initial stages of assessment is vital for CF patients who are considering referral for Lung Transplantation. This helps to reduce the risk of psychological distress among the patients. The lack of published booklets and lack of proper guidelines for CF patients, at the National Referral centre motivated the researcher to carry out the study.

Aim and objectives: The study aims to identify the informational needs of Cystic Fibrosis patients about Lung Transplantation. The study focused to gain a greater insight in to the informational needs regarding Lung Transplantation. Recommends a strategy of education for patients with Cystic Fibrosis. -Aids in future Nursing research.

Methods: The qualitative approach proposed for the study. The data collected by semi-structured interview method, on 10 CF patients who are on active Lung Transplant list attending DATHS Clinic. The qualitative descriptive design used for the study. The data collected will be audio-taped and transcribed. The time scale for the study is six-months. Ethical approval obtained from the Hospital to conduct the interview on CF patients.

Analysis and Results: The data analysed by thematic analysis Potential outcomes: It helped to provide educational support and counselling for CF patients -It helped to gain insight in to the informational needs regarding LT in CF patients The study contributed to the body of Nursing Research.

Recommendations: To develop informational booklets and assist to formulate guidelines for CF patients considering Lung Transplantation.E87

Notes
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
Presenter: Niina Jarvenkari RGN, BSc, PG dip Oncology
Organisation: Royal College of Surgeons in Ireland
Authors: Niina Jarvenkari

Title of Presentation: Patient Outcomes for Women Post Laparoscopic Hysterectomy for Early Endometrial Cancer

Background: Cancer is 2\textsuperscript{nd} most common cause of death in Ireland. With 220 new diagnoses' yearly, endometrial cancer makes up 3.5\% of all cancers diagnosed here. Since 80's there has been movement towards laparoscopic surgery in treatment of endometrial cancer. This less invasive approach has been shown to reduce length of hospital stay, intra operative blood loss, post-operative pain, wound complications and ileus. In Ireland it has been offered since 2009, but there is no Irish data available.

Aim and objectives: Aim of this systemic review is the identification of patient outcomes for women post laparoscopic hysterectomy to guide patient education and provide comparison point for Irish data that is currently being collected.

Methods: Systemic review of all randomised controlled trials in women with early endometrial cancer post laparoscopic hysterectomy

Analysis and Results: Using SPSS software, all data from randomised controlled trials will be pooled and meta-analysis will be performed. Primary outcomes recorded are overall survival and disease free interval. Secondary outcomes analysed are major and major surgical complications such as wound infection, blood loss, ureteric injury, ileus, PE, DVT and length of hospital stay.

Recommendations: There is a need for Irish data in this area

Notes

_________________________________________________________________________________________________________

_________________________________________________________________________________________________________

_________________________________________________________________________________________________________

_________________________________________________________________________________________________________

_________________________________________________________________________________________________________

_________________________________________________________________________________________________________

_________________________________________________________________________________________________________

_________________________________________________________________________________________________________
Presenter: Joanne Etheridge RPN, RNP
Organisation: Royal College of Surgeons in Ireland
Authors: Joanne Etheridge

Title of Presentation: A Healthcare Intervention in Serious Mental Illness.

Background: Over the last ten years there is emerging evidence of significant morbidity and mortality due to poor physical health in individuals with serious mental illness (SMI). A group of cardiovascular risk factors identified as metabolic syndrome contribute to increased morbidity and mortality. There is even less evidence surrounding the screening, monitoring and prevention of cardiovascular disease in this population.

Aim and objectives: To measure and evaluate the impact of a healthcare intervention. To screen for and identify and monitor metabolic risk factors (metabolic syndrome). To provide education and information on lifestyle choices. To provide onward referral to appropriate professionals.

Methods: Quantitative open study. Purposive/non probability sample of 100 participants. The following data will be collected at the initial and follow up appointments. Recorded biological measurements and a straightforward questionnaire. The biological measurements are: Blood pressure, waist circumference, weight, height, fasting blood glucose and lipid profile. The questionnaire will consist of three questions: Do you smoke? Do you take alcohol? Do you exercise regularly (30 minutes, 5 days a week)?

Analysis and Results: Descriptive statistics and analytical techniques. Paired t-test and chi square test respectively for numerical and categorical data. SPSS.

Recommendations: The evaluation of the impact of a health care intervention will identify if a health care intervention improves the physical health of individuals with SMI, which may direct service provision and future intervention.

Notes
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
Presenter: Nessa Vaughan HDip, BSc, HDip, RGN

Organisation: Royal College of Surgeons in Ireland

Authors: Nessa Vaughan

Title of Presentation: Barriers to Hand Hygiene Compliance

Background: To date hand hygiene has been regarded as the most effective preventative measure against infection. Despite this compliance with hand hygiene guidelines has been poor; with rates averaging 40-50%. While there is some evidence to say that guidelines in general are effective in changing practice, difficulties arise when introducing guidelines into daily routine. It is suggested that change should be based on the guideline itself and the barriers to change. Instead of measuring compliance alone, a closer look at the rationale behind low compliance, such as the barriers and behavioural change required, may in fact help to design a strategy to improve hand hygiene compliance. Therefore studies which focus on potential barriers and behavioural interventions are of growing importance

Aim and objectives: This systematic review hopes to answer the question: What are the barriers to hand hygiene compliance? Aim: To identify any comparable and consistent barriers to hand hygiene compliance in the literature. Objective: To see if the literature has any transferable information, applicable in the Irish setting, to improve compliance


Types of Outcome Measures
Primary: hand hygiene compliance rates using a program which has been devised from evidence based information on barriers. Secondary: the reduction in Healthcare-associated infection or reduction in colonisation rates

Analysis and Results: Data Extraction & Quality Appraisal
Data Extraction: A specific data extraction tool will be used. These tools enable the author to elicit data from the articles such as sample size / inclusion exclusion criteria design details / intervention and outcomes. Quality Appraisal: A Recognised Quality appraisal tool was used. The quality appraisal tool allows for a more detailed review. Under heading of population data collection study design and results. this will help assess the validity and methodological rigor of the research

Data Synthesis & Analysis
• Given the nature of the studies, with the varied interventions and the mixed methods used, it was not possible to use meta-analysis. The results of studies will be presented in tabular form. They will be reviewed and a report on any data will be provided. Assessment of the quality and validity of the studies will be carried out.

Recommendations: Potential Outcomes of the Review:
• Enhanced understanding of the potential barriers to hand hygiene compliance. Which will guide the development of a resource appropriate programme to adapt national and international guidelines.
• Suggestions for further research in this area.

Notes

_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
**Presenter:** Ana Lúcia Martins de Oliveira Degree in Nursing, PGD in Wound Management & Tissue Viability  
**Organisation:** Royal College of Surgeons In Ireland  
**Authors:** Ana Lúcia Martins de Oliveira  

**Title of Presentation:** Offloading for the Treatment of the Diabetic Foot  

**Background:** In Ireland in 2011 there were 191,38 cases of diabetes in the population between 20-79 years of age. Diabetes is a chronic disease that can cause a series of complication including diabetic foot. Both, neuropathy and peripheral vascular disease, influence the development of diabetic foot ulcers. These risk factors associated foot deformity; trauma and high pressures will contribute to the development of diabetic foot ulcers. Although, the use of dressings and surgical interventions may help in the ulcer treatment, it is understood that if the foot is still subject to high pressures tissue damage will continue preventing complete ulcer healing and even promoting ulcer recurrence. Pressure plays an important role in the development of diabetic foot ulcers and its management through the use of offloading devices for the treatment of these ulcers will be reviewed.  

**Aim and objectives:** Compare the strengths and limitations of different offloading devices in the treatment of the diabetic foot. Identify the most effective offloading device in the treatment of the diabetic foot; identify the strengths and limitations of the different offloading devices in the studies reviewed and determine the impact that offloading devices have in the quality of life of the patient.  

**Methods:** For the data extraction and quality appraisal of this systematic review, a structured data extraction table will be used and the EBL Critical Appraisal Checklist will be used.  

**Analysis and Results:** The data collected from the articles used for this systematic review will be synthesised and analysed, using meta-analysis when appropriate, through a narrative summary.  

**Recommendations:** Through this systematic review it will be possible to make recommendations to practice in terms of which offloading devices bring better healing outcomes for patients with diabetic foot ulcers, develop a better understanding of the quality of life domains affected by the use of offloading devices which in turn might improve compliance rates.  

**Notes**

|___________________________________________________________________________________|
|___________________________________________________________________________________|
|___________________________________________________________________________________|
|___________________________________________________________________________________|
|___________________________________________________________________________________|
|___________________________________________________________________________________|
Presenter: Nisha George BSc Nursing,
Organisation: Royal College of Surgeons In Ireland
Authors: Nisha George

Title of Presentation: Nurses’ Knowledge on Prevention of Central Venous Catheter Related Infections in Haemodialysis Patients

Background: Central venous catheter related infections have been associated with high morbidity, mortality and costs. CVC stands as a reliable option for the dialysis modalities which requiring instant access to circulation. Patients on haemodialysis are therefore at a significantly high risk for catheter-related bloodstream infections (CRBSI) and ensuing serious complications. Poor knowledge among health care workers has been indicated as a barrier for adherence to best practice. This study will optimize the knowledge of haemodialysis nurses on prevention of central venous catheter related infections."

Aim and Objectives: To investigate nurses’ knowledge on prevention of central venous catheter related infections in haemodialysis patients. To conduct a survey to investigate:- Nurses’ knowledge on prevention of central venous catheter related infections in haemodialysis patients. To identify gaps in knowledge on prevention of central venous catheter related infections. To make recommendations for further education, practice and future research.

Methods: Quantitative descriptive survey is used for the study.

Analysis and Results: Descriptive statistics will be used to analyse the data with the help of SPSS. The researcher planning for data collection by January 2013.

Recommendations: This study provides a valuable insight to knowledge and practice of vascular access infection control in haemodialysis unit. It will enhance nurse’s knowledge and practice and there by improve the nursing care and safety of the patient. Standardisation of best practice can lead to consistent adherence with the guidelines, there by minimized infection rates in vascular access care in haemodialysis population. This study will be identifying the gap in the knowledge of haemodialysis nurses.

Notes
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
Presenter: Mary Costello CRGN
Organisation: Royal College of Surgeons in Ireland
Authors: Mary Costello

Title of Presentation: The Role of Manual Lymph Drainage in the Treatment of Lower Limb Lymphoedema

Background: Lymphoedema is a chronic condition which manifests as a swelling of one or more limbs resulting from the accumulation of fluid in the tissue spaces, caused by congenital abnormalities or damage to the lymphatic vessels. Prevalence rates of 0.13%-2% are reported with increasing rates in the oncology population of 12%-60%. Lymphoedema may produce significant physical and psychological morbidity due to increased limb size. Manual lymph drainage aims to reduce swelling by encouraging lymph flow. However, the efficacy of MLD remains to be proven despite a wealth of clinical opinion advocating the benefits of MLD. MLD is a standard in the treatment of lymphoedema secondary to an oncology diagnosis; however, it is rarely used in the treatment of lower limb lymphoedema.

Aim and objectives: To inform practice in order to develop a treatment pathway that will provide the client with lymphoedema with the best clinical outcome.
To identify the impact of manual lymph drainage on limb size, mobility and psychological symptoms

Methods: Data will be extracted using a given data extraction tool detailing population, sample size, design details, etc. Quality appraisal will be assessed using the EBLIP Critical Appraisal Checklist. This will assess the study’s overall validity.

Analysis and Results: A narrative summary of the studies will be given

Recommendations: Identify current knowledge on topic. Identify gaps between practice and knowledge
Identify future research needs. Will give guidance towards future service development and treatment/referral pathways.

Notes
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
### Presenter: Debra England RGN/RM

### Organisation: Royal College of Surgeons In Ireland

### Authors: Debra England

### Title of Presentation: Midwives Experience of Providing Care and Support to Parents Affected by Miscarriage in an ER

### Background: Miscarriage is the most common human pregnancy disorder. Approximately one in four pregnancies end in miscarriage yet for each woman it a deeply personal experience. Care following miscarriage has been described as one of the most neglected areas of in training of health care professionals. Miscarrying women have reported negative aspects of care while in hospital therefore researching the topic may be beneficial to practice.

### Aim and objectives: The aim of the study is to explore women’s experience of having a miscarriage in a hospital setting. The research aims include exploring factors that influence the women's experience and the care provided to bereaved parents at such a tragic time, describing their experiences both positive and negative, voicing their concerns, highlighting their needs. The objectives of the study are to obtain data from studies involving women who have had a miscarriage and how their care has impacted their experience.

### Methods: Thematic synthesis is the method that will be used for the primary analysis of the research. This will involve identification of important or recurrent themes. Findings are summarised under thematic headings. Information is tabulated allowing identification of prominent themes and offering structured ways of dealing with the data in each theme.

### Analysis and Results: Results will aim to gain insight into the perceptions of women who have encountered a miscarriage and to identify factors in relation to the care they received that may have impacted their experience.

### Notes

_________________________________________________________________________________________________________

_________________________________________________________________________________________________________

_________________________________________________________________________________________________________

_________________________________________________________________________________________________________

_________________________________________________________________________________________________________

_________________________________________________________________________________________________________

_________________________________________________________________________________________________________

_________________________________________________________________________________________________________
**Presenter:** Marian Brennan RGN RM BA PG Dip  
**Organisation:** Royal College of Surgeons in Ireland  
**Authors:** 1. Marian Brennan 2. Georgina Gethin

<table>
<thead>
<tr>
<th><strong>Title of Presentation:</strong></th>
<th>Retrospective Analysis of Patterns on Blood Culture Contamination Over Two Years in a Maternity Hospital</th>
</tr>
</thead>
</table>

**Background:** Blood cultures are an important investigation as they provide healthcare professionals with a means of detecting bacteria in the bloodstream. It is imperative that full aseptic procedures are applied when blood cultures are taken. A positive blood culture can suggest a definite diagnosis of sepsis and appropriate antimicrobial agents may be given. However false positives limit the value of this testing. These false positives arise due to contamination when bacteria that are not actually present in the blood sample are grown in the culture. Many studies concur that blood culture contamination is a relatively common phenomenon and can have serious consequences for the patient, the hospital and society at large. Contaminated blood cultures are associated with unnecessary antibiotic use, increased laboratory tests, a longer length of stay in hospital and increased costs. Unnecessary administration of antimicrobial agents may lead to adverse effects such as drug toxicity, gastrointestinal.

**Aim and objectives:** This study proposes to Evaluate the factors which influence the variation in rates of blood culture contamination Assess interventions which may have influenced these rates. Analyse the costs which the hospital incurred as a result of contaminated blood cultures.

**Methods:** Design: (e.g. case control etc.): A retrospective quantitative descriptive design shall be used in this study  
Population/Sample description: A sample will be taken from the population of all women who had all blood cultures taken in 2011 and 2012. This sample will be women that had contaminated blood cultures. Years to be included: 2011 and 2012, Total number of charts required / sample size: approximately 100

**Analysis and Results:** Descriptive analysis will be employed in this study

**Recommendations:** The results of this study will act as guidance in developing a program to reduce and maintain the level of blood culture contaminant rate at or below the American Society of Microbiologists' recommended standard of < 3%. This would result in a financial saving to the hospital and reduce patient and environmental exposure to unnecessary iv antibiotic therapy and the associated risks.

**Notes**

_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________

21st February 2013  
The Faculty of Nursing & Midwifery  
“Leading in Education and Research for Nurses and Midwives since 1974”
**Presenter:** Mariola Buczkowska MSc Student  
**Organisation:** Royal College of Surgeons in Ireland  
**Authors:** Mariola Buczkowska

**Title of Presentation:** The Exploration of Nurses’ Experience Regarding Therapeutic Hypothermia for Neonates with Hypoxic-ischemic Encephalopathy.

**Background:** Therapeutic hypothermia is an intensive care treatment and can be delivered by either selective or total body cooling. This investigation allows to reduce neuronal injury after perinatal hypoxic-ischemia encephalopathy (HIE) reducing cellular energy expenditure in asphyxiated newborns. Nowadays hypothermia is the most promising and clinically feasible method to reduce brain damage.

**Aim and objectives:** Aim of the study: To explore the experience of NICU nurses’ providing care of infants during therapeutic hypothermia.
Objectives: To gain an understanding of NICU nurses’ perception regarding needs of early implementation of cooling therapy for infants with HIE. To explore some sources and reasons of difficulties, that can arise during the cooling therapy that increase the level of work stress of NICU staff. To describe the best practices perceived by NICU staff to provide care for HIE infants. To identify gaps in current knowledge and further research needs.

**Methods:** A qualitative, descriptive design will be used for this study.

<table>
<thead>
<tr>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

---

21st February 2013  
The Faculty of Nursing & Midwifery  
“Leading in Education and Research for Nurses and Midwives since 1974”
Presenter: Una O’Neill RGN, BSc in Nursing, Diabetic Nurse H/Dip.

Organisation: Royal College of Surgeons in Ireland

Authors: Una O’Neill

Title of Presentation: “Barriers and Facilitators in Practice Nurses Implementing Diabetic Foot Assessment”

Background: Approximately 191,380 residences in Ireland suffer with the chronic disease of diabetes. In addition to this; between 2005-2009; 1,579 people with diabetes underwent a below knee amputation. In which up to 85% of diabetic foot amputations are preceded by a foot ulceration. Diabetic foot care is an integral requirement of care for a person with diabetes, nonetheless it presents a considerable challenge to nurses in all healthcare settings. However the “Model of Care for the Diabetic Foot” encourages practice nurses to undertake the task of performing annual diabetic foot assessments. This study explores the barriers and facilitators in practice nurses implementing a diabetic foot assessment within their current practice.

Aim and objectives: To improve the management of diabetic foot disease within the primary care. To establish the barriers, facilitators and knowledge of practice nurses in implementing a comprehensive diabetic foot assessment within their practice. To outline a course of action for improvements and recommendations within these areas.

Methods: A quantitative approach will be adopted, in which descriptive data will be extracted through a questionnaire via a web link to Survey Monkey. All practice nurses who are members of the Irish Practice Nurse Association (IPNA) will be recruited for the survey.

Analysis and Results: Data collected will be analysed and calculated using descriptive and inferential statistics via SPSS (Statistical Package for the Social Science). The results of the study have yet to be established as this is an on-going survey.

Recommendations: Recommend a foot care management strategies to improve the delivery of diabetic foot care within the primary care setting. Ultimately this will have a knock on effect within the secondary care due to reduced consultations, hospitalisation and significant cost to the health budget due to the reduction in diabetic foot complications and amputations.

Notes
**Presenter:** Sarah Hoare RGN, PG Dip Practice Nursing  
**Organisation:** Royal College of Surgeons in Ireland  
**Authors:** Sarah Hoare

**Title of Presentation:** What are the Lived Experiences of Patients Attending Nurse Led Assessment Clinic Pre Coil Insertion

**Background:** In the past ten years the Irish Family Planning Association (IFPA) has seen a significant increase in uptake of long term contraceptives. This is due to their high rate of effectiveness, cost effectiveness and convenience. In 2007 there were an estimated 162,680,000 women using IUDs (mirena/coil) internationally. This represented 23% of all users of contraceptives (WHO 2011). Nationally the IFPA inserted 181 IUD’s between January 2011 & March 2012. They undertook counselling pre insertion of IUD’s in 97% of cases (IFPA 2011). According to the Faculty of Sexual and Reproductive Health care (FSRH) a clinical assessment should be carried out prior to IUD insertion. This form of contraception is on the rise according to the IFPA (2011), FSRH (2007) and NICE (2010), effective clinical assessment including but not limited to the following is seen internationally as good practice: taking of clinical history, swabbing for chlamydia & gonorrhoea and discussion of side effects (FRSH 2007).

**Aim and objectives:** To explore patients’ experience of attending a nurse led pre-assessment clinic for LNG-IUD/IUS mirena coil insertion. To ascertain the lived experiences of patients attending a nurse led pre-assessment clinic for LNG-IUD/IUS mirena coil insertion. To gain an understanding of how the pre-assessment clinic prepares patient’s for an LNG-IUD/IUS mirena coil insertion. To identify the most beneficial approaches utilised in managing nurse led assessment clinic pre LNG-IUD/IUS mirena coil insertion

**Methods:** A naturalistic qualitative paradigm will be used by employing the methodology of phenomenology. Phenomenology focuses on the individual’s interpretations of their experiences and the ways in which they express them (Parahoo 2006). Within the methodology-phenomenology it is intended to take Heidegger’s hermeneutic approach. This approach involves interpreting and understanding, not just describing the human experience. The method of data collection will be one to one unstructured interviews using a topic guide.

**Analysis and Results:** The Diekelmann Allen and Tanner’s (1989) method of data analysis will be used which includes seven stages for a hermeneutic study.

**Recommendations:** Potential outcomes of research: To gain a greater understanding and to improve patient services.

**Notes**

<table>
<thead>
<tr>
<th>Note 1</th>
<th>Note 2</th>
<th>Note 3</th>
<th>Note 4</th>
<th>Note 5</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Presenter: Nicola Byrne RGN/PG-Dip/MSc student
Organisation: Royal College of Surgeons in Ireland
Authors: Nicola Byrne

Title of Presentation: "What are Doctors & Nurses Views & Perspectives on End-of-Life Decision Making Process in the ICU?"

Background: Approximately 20% of all hospital deaths occur in the ICU. The importance of delivering high quality end-of-life (EOL) care in acute hospitals has been strongly recommended in guidelines. Adopting a multidisciplinary approach to end-of-life decision making (EOLDM) has also been advocated in the literature. There is very little Irish research available which examines both the nurses’ and the doctors’ perspective on this topic in a single study.

Aim and objectives: *Explore nurses' and doctors' views and experiences on collaboration and other aspects relating to the EOLDM process in the ICU*  
*Examine the relationship between nurses’ and doctors' attitudes toward withholding and withdrawing of therapy in the ICU, including demographic characteristics*  
*Identify perceived facilitators/barriers to the EOLDM process in the ICU*  
*Use the findings to make recommendations for change to clinical practice and/or education for the improvement of patient-centered EOL care in the ICU*

Methods: Quantitative descriptive survey conducted in the ICU of a Dublin teaching hospital. A validated 7 part anonymous questionnaire was distributed to 110 hospital staff (70 ICU nurses/20 ICU physicians/10 primary care physicians). Ethical approval was given by the hospital’s research ethics committee.

Analysis and Results: A descriptive statistical approach will be utilized to analyse the data using the SPSS software package.
Presenter: Priya Madhu BSc Nursing, PG Dip in Respiratory Nursing

Organisation: Royal College of Surgeons in Ireland

Authors: Priya Madhu

Title of Presentation: What are the Perceived Needs, Regarding Follow up Support of Patients on Home Mechanical Ventilation

Background: Patients with chronic respiratory illness when discharged home on domiciliary ventilation were found to be frequently readmitted into the Non Invasive Ventilation Unit. The researcher wants to identify whether lack of follow up support could be a contributing factor for the patient’s non-compliance to the treatment subsequently leading to frequent readmissions into the Non Invasive ventilation Unit.

Aim and objectives: Aim - To explore follow up support provided for chronic respiratory disease patients discharged on domiciliary ventilation from the hospital.
Objective - To gain greater insight and review the existing follow up support provided by the hospital. To improve quality of life for and reduce frequent readmissions to the hospital.

Methods: The study design is Qualitative. The aim of qualitative research is to understand human experience (Polit and Beck, 2006).

Analysis and Results: Phenomenological analysis (IPA) will be used to analyse the data from semi structured interviews. IPA is an analysis framework used in hermeneutic phenomenology and was developed by Smith in 1990’s (Fade, 2004). The data will be recorded using Dictaphone and soon after the interview the data will be transferred over researcher’s encrypted computer and data will be erased from the dictaphone. The participant’s identity will remain completely confidential. The researcher will maintain a code book with the names of the participants and every individual participant will be assigned a code. This will be kept in a locked cabinet in the researcher’s office within the hospital and the researcher will be the only person who knows the code for each participant. No documentation will be stored off site

Recommendations: Review existing follow up support. Nurses will develop a better understanding of the follow up support. Better compliance to treatment and thereby being at home with their loved ones.

Notes
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
Organisation: Royal College of Surgeons In Ireland
Authors: Lilliosa Zinyemba

Title of Presentation: Exploring the Management of Aggressive and Violent Behaviour in Older Persons with Dementia

Background: A major challenge faced by nursing staff in psychiatric units is dealing with aggressive behaviours exhibited by patients with dementia. According to Egan et al. (2007) approximately 25% to 50% of individuals with dementia exhibit aggression behaviour at some time through the course of the illness. This is due to physical and medical issues, environmental stresses; lack of sleep and psychiatric problems such as psychosis, depression, and anxiety. In all these circumstances a person with dementia can easily get agitated because the brain no longer function in a healthy way. The occurrence of aggression in healthcare is apparently on the increase, and concerns about the management of this problem is growing. It is evident from the literature that aggression can be managed by different ways de-escalation and reducing conflict and containment are some of many options.

Aim and objectives: To perform a systematic review of available research literature regarding aggressive and violent behaviour in older persons with dementia living in long term residential homes. To analyse the data collected find alternative approaches to the management of dementia in older persons living in long term residential homes

Methods: To perform a systematic review of available research literature regarding aggressive and violent behaviour in older persons with dementia living in long term residential homes
To analyse the data collected find alternative approaches to the management of dementia in older persons living in long term residential homes
Inclusion and Exclusion Criteria: In order to meet the criteria only the literature of Older persons with dementia living in long term homes are to be included. Literature of persons with no dementia should not be included
Primary and Secondary Outcome: To identify appropriate strategies to manage aggression and violent behaviour in older persons with dementia. To increase staff moral by fostering a safe and therapeutic environment which benefits both patients and nurses welfare

Potential Outcome: By having a greater understanding of how to manage aggressive and violent behaviour in older persons this could form the basis of practice guidelines with ultimate of enhan

Notes
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
Title of Presentation: Impact of Myocardial Infarction on Health Related Quality of Life

Background: Every individual deserves the best quality of life possible. When life is hit with diseases, it has devastating consequences on the individual, the family unit and society. Myocardial infarction (MI) has been reported to put a substantial burden on affected individuals. Many aspects of life and its qualities are subject to change after MI such as physical, mental, social and environmental dimensions. Assessing health related quality of life (HRQOL) in post MI patients has been considered as a significant outcome measurement. HRQOL is a predictor for further Massive adverse cardiac event. Measuring quality of life plays an integral role in rendering comprehensive and holistic care. It holds benefit for patients, health teams and policy makers.

Aim and objectives: The aim of this study is to assess the impact of myocardial infarction on health related quality of life. 1. To assess the health related quality of life of myocardial infarction patients on physical, psychological, social and environmental domains. 2. To identify the domain which is most strongly affected in myocardial infarction patients. 3. To compare the health related quality to selected variables of myocardial infarction patients.

Methods: Quantitative, descriptive design will be utilised. Purposive sampling technique will be employed. WHOQOL – bref questionnaire will be utilized to assess HRQOL on physical, psychological, social and environmental domains.

Analysis and Results: The data obtained will be analysed using descriptive and inferential statistics. Findings related to the domains of HRQOL would be presented in mean, standard deviation and range. Findings related to the comparison of HRQOL with the selected variables would be presented with mean, standard deviation and t-test or one-way ANOVA.

Recommendations: Measuring HRQOL assists to prioritise care in Coronary care unit and Cardiac rehab unit. The author recommends that assessing HRQOL be done in a routine manner, so as to render holistic care.

Notes

_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
**Presenter:** Donna Mitchell PG Dip Infection Prevention & Control, Nurse Prescribing, BSc Specialist Practitioner Community Nursing in the Home, First Level Registered Nurse  
**Organisation:** Royal College of Surgeons in Ireland  
**Authors:** 1. Donna Mitchell 2. Mary O'Neil  
**Title of Presentation:** Antibiotic Use: Registered Nurses Experiences in a Healthcare Setting  

**Background:** People are living longer, so the population of over 65s will increase over the coming years. RNs work closely with people aged 65 and over in different settings and are the largest group of healthcare workers. Antimicrobial resistance is a global issue. Longer life expectancy increases the chance of receiving antibiotics. RNs build good relationships with patients therefore it would be beneficial to explore their experiences in relation to the use of antibiotics, caring for patients and managing care from this perspective. The study will explore RNs’ experiences of antibiotic use in a healthcare setting caring for people over sixty-five. This data will generate knowledge in nursing and aid discussion around guideline development for antibiotic use for people over sixty-five. The researcher works as a Clinical Nurse Specialist in Infection Prevention and Control and so has an interest in this area. Many studies in relation to antibiotics use quantitative methods.  

**Aim and objectives:** RESEARCH QUESTION: What are Registered Nurses’ experiences of antibiotic use in a healthcare setting caring for people over sixty-five years of age?  
AIM: The study aims to explore Registered Nurses’ experiences of caring for patients who are receiving antibiotics as part of their care plan.  
OBJECTIVE: 1. To explore Registered Nurses’ experiences of caring for patients who are receiving antibiotics. 2. To describe how Registered Nurses care and manage patients who are receiving antibiotics. 3. To inform discussions in relation to guideline development on antibiotic use for people over sixty-five years of age.  
POTENTIAL OUTCOMES: • Data will be gathered from a nursing perspective on the care and management of patients receiving antibiotics. • The findings will raise awareness of Registered Nurses’ experiences of antibiotic use in a healthcare setting caring for people over sixty-five. This will inform guideline development in relation to antibiotic use for people over sixty-five.  

**Methods:** The research will use a qualitative approach using hermeneutical phenomenology.  

**Analysis and Results:** Data analysis will be carried out using the hermeneutic phenomenological tradition as outlined by Cohen, Kahn & Steeves (2000) to capture the meaning of experiences in the context of the lives of participants. This framework involves 5 steps of analysis. Which are: 1) Analysis actually begins while the interviews are being conducted. Each interview is transcribed verbatim. 2) Careful analysis is made of the data as the researcher reads and rereads the data. This phase is called “immersing oneself in the data.” 3) This phase includes data reduction. 4) Thematic analysis will begin once the researcher has an overall understanding of the text. 5) The final step is writing and rewriting. At this point, the researcher takes the themes as parts and brings them together as a coherent impression of the whole. Results will then be presented from the emerged themes.  

**Recommendations:** The researcher is carrying out the study in part fulfilment of a Masters of Science in Advanced Nursing Practice. The research project will be complete by May 2013. This data will be useful for discussions around guideline development for antibiotic use for people over sixty-five.  

**Notes**
Presenter: Julie Day BSc (Hons.) General Nursing PG Dip Neuroscience Nursing

Organisation: Royal College of Surgeons in Ireland

Authors: 1. Julie Day 2. Joyce Cousins

Title of Presentation: The Role of the Nurse in Assessing and Managing Depression in Stroke Patients.

Background: Approximately 30% of stroke patients develop post stroke depression (PSD). Both National and International guidelines recommend routine PSD screening of all stroke patients, however routine PSD screening has not yet been implemented locally.

Aim and objectives: The aim of the study is to explore the role of the nurse in assessing and managing PSD. The objectives include describing the experiences of this and to find the strengths and limitations of the nurse’s role in assessing and managing PSD.

Methods: A qualitative approach will be used with an exploratory and descriptive design chosen to answer the research question. A convenient, non-probability sample will be chosen including ten nurses working in an Irish Acute Stroke Unit who will participate in semi-structured interviews.

Analysis and Results: The interviews will be transcribed to confidential Microsoft Word documents and the Colazzi approach will be used for data analysis using the seven step method. This will allow for common themes to be identified with the data. A discussion of the research process and the findings will be discussed in detail within a dissertation.

Recommendations: The study might identify areas where improvement in patient care or staff education can be made, such as implementation of PSD screening tools. There is the potential to improve the care of patients admitted to the Acute Stroke Unit.

Notes
Title of Presentation: A Systematic Review of the Health Promotion Strategies Aimed at Obese Cardiac Patients

Background: In 2011 over 130,000 adults were diagnosed with coronary artery disease in Ireland. Previous to this in 2010, the principal cause of death for 17.1% of the population was attributed to cardiac disease. The Cardiovascular Strategy 2009-2019 suggests the heart health of the nation is at the forefront of our policy makers minds however can this become reality if we are required to make a €1.75billion cut to our health budget in 2012. Hence, we must question how are we addressing the modifiable cardiac risk factors of individuals and what are other nations facing the same health crisis doing? This systematic review will focus on weight as a modifiable cardiac risk factor, taking into consideration those who are obese. Cardiac patients who are obese are currently eating into 2.7% of our yearly spend on health with an estimated €1.billion required to cover their health related needs.

Aim and objectives: On completion of this review a comprehensive picture will emerge of where we stand in Ireland in terms of promoting health for this cohort of patients in comparison to other countries

Methods: A systematic review will unearth all the relevant high quality evidence including qualitative and quantitative research surrounding the review question.

Analysis and Results: On completion of this review a comprehensive picture will emerge of where we stand in Ireland in terms of promoting health for this cohort of patients in comparison to other countries

Recommendations: Data synthesis and analysis will be presented via a narrative summary.

Notes

_________________________________________________________________________________________________________

_________________________________________________________________________________________________________

_________________________________________________________________________________________________________

_________________________________________________________________________________________________________

_________________________________________________________________________________________________________

_________________________________________________________________________________________________________

_________________________________________________________________________________________________________

_________________________________________________________________________________________________________

_________________________________________________________________________________________________________
Presenter: Gemma McLaughlin Dip Nursing BSc Nursing(Hons) PGDip Critical Care Nursing PG Dip Rehabilitation & Habilitation

Organisation: Royal College of Surgeons in Ireland

Authors: Gemma McLaughlin

Title of Presentation: A Study to Measure Stroke Patients Functional Ability at the Two Month Post Discharge Stage of Care

Background: Stroke is the main cause of adult disability across the world (1), which is associated with significant cost to the current economy, recent estimations to cost on average over one billion euro per year in Ireland (2). Stroke services in Ireland have been highlighted to be inferior in comparison to neighbouring regions, such as those in Northern Ireland and England. (3) The government in Ireland has acknowledged these findings and has subsequently funded additional stroke units and services throughout Ireland, Nevertheless, although at the time Ireland had less services, studies indicated that stroke patients had significantly better functional abilities post stroke than their neighbouring counterparts.(4). The previous studies finding have prompted a need for a more detailed look at how much and at what timeframe does functional ability improve post stroke. Previous research has highlighted a need to quantify in detail the differing levels of patient independence levels post stroke.

Aim and objectives: Stroke is the main cause of adult disability across the world (1), which is associated with significant cost to the current economy, recent estimations to cost on average over one billion euro per year in Ireland.(2). Stroke services in Ireland have been highlighted to be inferior in comparison to neighbouring regions, such as those in Northern Ireland and England. (3) The government in Ireland has acknowledged these findings and has subsequently funded additional stroke units and services throughout Ireland, Nevertheless, although at the time Ireland had less services, studies indicated that stroke patients had significantly better functional abilities post stroke than their neighbouring counterparts.(4). The previous studies finding have prompted a need for a more detailed look at how much and at what timeframe does functional ability improve post stroke. Previous research has highlighted a need to quantify in detail the differing levels of patient independence levels post stroke.

Methods: The design is a quantitative descriptive design, which will be comprised of a detailed survey of patients functional ability. The participants will be assessed using the Barthel index assessment tool, allowing each patients functional ability to be numerically scored. The assessment carried out at the two month follow-up outpatient appointment on all stroke patients from mid-January until mid-March

Analysis and Results: Independence level / functional ability will be quantified by using a numerical score obtained by using the Barthel index. The Barthel index will be assessed two months post discharge, at the two month follow up appointment. The data will be analysed using SPSS.

Recommendations: The study carried out investigates stroke patients overall functional ability two months post discharge at the outpatient follow-up. The analysed data collected at the two month outpatient follow up appointment will allow an objective insight into functional abilities post stroke. The detailed findings will obtained from an in-depth quantitative descriptive design. The assessment tool used for data collection will be the Barthel index. This will give a numerical scoring system which will allow individual patient comparisons to be made, The findings will form the basis for recommendations which may support better planning on services. Hence, will allow future recommendations to be made.

Notes

_________________________________________________________________________________________________________

_________________________________________________________________________________________________________
**Presenter:** Lilly Roseline Mathew BSc Nursing PG Diploma in Specialist Nursing-Intensive Care  
**Organisation:** Royal College of Surgeons in Ireland  
**Authors:** Lilly Roseline Mathew

**Title of Presentation:** Factors Influencing Nurses Work Environment in Intensive Care Unit (ICU).

**Background:** The need for critical care services and trained professionals in the same area has grown substantially in recent time. However recruiting and retaining the health care professionals has become difficult with issues like aging workforce, lengthy time to train and work environment of these professionals. The work environment of critical care nurses are demanding, stressful and involves interaction with the most intense emotional aspects of life. The American Association of Critical Care Nurses have listed six essential, evidence-based and relationship-centered, standards for establishing and sustaining a healthy work environment - skilled communication, true collaboration, effective decision making, appropriate staffing, meaningful recognition and authentic leadership. There are various factors that influences nurses work environment in ICU and this systematic review set out to review the physical, emotional and professional factors.

**Aim and objectives:** Aim: To identify the factors that influences nurses work environment in ICU. Objectives: 1. To describe factors that influences nurses’ work environment in ICU. 2. Use the findings to make recommendations regarding changes and improvement required in ICU work environment.

**Methods:** Inclusion criteria: Studies describing factors influencing nurses work environment in ICU. Exclusion criteria: Studies describing factors influencing nurses work environment in areas other than ICU and involving other health professionals. Search Strategy-Database of Abstracts CINAHL MEDLINE OvidSP Cochrane library.-Reference lists of included studies. Data Extraction & Quality Appraisal: Structured Data Extraction and critical appraisal done based on the literature searched, assessed and reported findings like methods used in the study, participants in the Studies etc. -RCSI Data Extraction sheet and RCSI Quality Appraisal tool is used.

**Analysis and Results:** -Narrative summary appropriate to the systematic review of the studies is done after aggregation of the findings.

**Recommendations:** Identify the physical (unfriendly lighting, annoying noise, awkwardly placed equipment, overcrowding), emotional (stress) and professional (effective communication, autonomy, supportive management, group cohesion) factors that influence the nurses work environment in ICU. Make recommendations to change and improve the ICU work environment.

**Notes**
Thank You,

On behalf of the Board & Staff of the Faculty of Nursing & Midwifery, I sincerely hope that you have enjoyed the proceedings of our conference. Each year our conference becomes diverse, the range of topics and the quality of research improves and grows exponentially. We would like to thank our guests, our delegates, our sponsors and all who supported the conference and we hope to see you again next year.

Yours Sincerely,

Ms Edna Woolhead
Dean
"Building on our heritage in surgery, we will enhance human health through endeavour, innovation and collaboration in education, research and service"