CONFERENCE AIMS

- To provide a forum for emerging leaders in nursing and midwifery to explore advances in nursing
- To promote the development of nursing and midwifery research in practice.
- To provide a forum for debate and discussion on nursing and midwifery knowledge and research.
- To encourage the development of evidence-based practice.
- To facilitate and encourage national and international speakers on research dissemination.
- To contribute to the professional development of nursing and midwifery.

This book contains the final abstracts and biographical details submitted by presenters.
President’s Welcome

It is my great pleasure to welcome you to the 27th Annual International Nursing & Midwifery Research Conference organised by the Faculty of Nursing and Midwifery at the Royal College of Surgeons in Ireland. This is a very special event in the annual College programme and is usually well attended and respected by the nursing community. Without research we do not have new knowledge and without knowledge we do not make progress.

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 analysis and feedback which is informed by practical experience. The conference mechanism is essential to this type of interactivity 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.

This is the 27th Annual International Nursing & Midwifery Research Conference at the Faculty of Nursing and Midwifery in RCSI. Continued strong support for this meeting reflects not only the importance of the program content but also the success of previous meetings and the respect and esteem of the nursing faculty of the college throughout the community of nurses. It further reflects the important role of nursing, nurse development and teamwork in health care delivery. It also reflects the imperative of continued professional development 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 and also drivers of reform in the modern healthcare environment.

Implementing changes requires development of the human capital but also drivers of reform in the modern healthcare environment. What is also pleasing is that each year an increasing number of Irish nurses 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 & Midwifery Practice Development: Meeting the Challenges’, which is very appropriate in the current healthcare climate.

Organising a conference is a major task and in this regards a special word of thanks to the conference committee and in particular Mary O’Neill and Amanda Campbell. May I also take this opportunity to wish overseas delegates a pleasant stay in Ireland.

Seamus Cowman
Professor of Nursing
Head of Department

CONFERENCE WELCOME

On behalf of Ms. Maeve Dwyer, Dean of the Faculty, Board members of the Faculty and staff of the Faculty, I would like to welcome all delegates to the conference. The Faculty of Nursing and Midwifery has now been in existence for 33 years and during that time it has remained at the forefront of developments in Nursing and Midwifery. The Board and Staff of the Faculty continue to look forward to accepting leadership roles in an innovative and creative way in supporting future health service developments in policy formulation, education and research.

This is our 27th annual International conference and the event is one of the oldest conferences in Europe and a main event in the Irish nursing calendar and as such, it continues to enjoy outstanding support. It’s now very much an international event and this is a reflection of the standards that set that more and more delegates from overseas attend and present at our conference.

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 16 post graduate diplomas / MSc programmes run in conjunction with other relevant and related Masters qualification.

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 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 16 post graduate diplomas / MSc programmes run in conjunction with our partners institutions and approved through the National University of Ireland. These programmes are inclusive of many specialties, for example Gerontological Nursing, Practice Nursing, Wound Management and Tissue Viability, and Infection Control. 

Assessment will take the form of Portfolio submission and viva voce.

Guidelines on portfolio presentation are available from the Faculty.

Examination Fees: €920.00

Applications Details: Application form may be obtained from:

Fellowship Applications
Faculty of Nursing & Midwifery
Royal College of Surgeons in Ireland
123 St Stephens Green, Dublin 2
Tel: 402-2206/2202/2445
Email: facultynmsrcsi.ie
Web: www.rcsi.ie

Closing date for submission of Portfolio and payment of Examination Fee: Thursday 26th September 2008
COURSES

The Faculty of Nursing & Midwifery at the Royal College of Surgeons in Ireland, a recognised college of the National University of Ireland, will offer the following RCSI/NUI accredited education programmes commencing September 2008.
- PhD
- MSc (Research)
- MSc in Nursing
- Post Graduate Diploma in Nursing/MSc (Wound Management and Tissue Viability)
- Post Graduate Diploma in Nursing/MSc (Infection Control Nursing)
- Post Graduate Diploma in Nursing/MSc (Respiratory Care in Nursing Practice)
- Post Graduate Diploma in Nursing/MSc (Practice Nursing)
- BSc in Nursing
- BSc in Nursing Management
- Access to BSc Nursing programme
- Pathway to Post Graduate Diploma (for non graduate students)
- Certificate in Pain Management (level 8)

Stand Alone modules in:
- Nursing Research Appreciation
- Teaching & Assessing in Clinical Practice
- Communications and Interpersonal Skills in Nursing
- Personal and Professional Development
- Infection Control Nursing (Microbiology)
- The Assessment and Management of Individuals with Leg Ulceration
- The Assessment and Management of Individuals with Diabetic Foot Ulceration
- The Assessment and Management of Individuals with Pressure Ulceration.

In association with Beaumont Hospital:
- Post Graduate Diplomas in Nursing: (Intensive Therapy Nursing)
- (Coronary Care Nursing)
- (Accident & Emergency Nursing)
- (Neuroscience Nursing)
- (Operating Department Nursing)
- (Oncology Nursing)
- (Gerontological Nursing)
- (Renal Nursing)

In Association with Connolly Hospital Blanchardstown
- Post Graduate Diploma in Nursing (Gerontological Nursing).

In Association with The Royal Victoria Eye & Ear Hospital
- Post Graduate Diplomas in Nursing: (Ear Nose and Throat Nursing)
- (Ophthalmic Nursing).

In Association with Cappagh Orthopaedic Hospital
- Post Graduate Diploma in Nursing: (Orthopaedic Nursing).

In association with the National Maternity Hospital, Coombe Women’s Hospital, and the Rotunda Hospital
- Post Graduate Diploma in Nursing: (Neonatal Intensive Care Nursing).

The opportunity exists to progress to MSc following completion of all Post Graduate Diploma programmes.

Applicants to Post Graduate Diploma programmes must have a minimum of 6 months – 1 years post registration experience. Previous experience appropriate to the specialist area of the programme is desirable. Further information may be obtained from the associated hospital.

The Faculty uses a modular approach with credit incorporating access, progression and transfer and this provides flexibility in study patterns. Prior learning of applicants is assessed on an individual basis.

APPLICATION PROCEDURE

Application forms are available from the RCSI website
www.rcsi.ie

Or from:
Administration
The Faculty of Nursing & Midwifery
Royal College of Surgeons in Ireland
123 St Stephens Green
Dublin 2
Tel: (01) 402 2445/2206/2202
Fax: (01) 402 2445
E-mail: facnurs3@rcsi.ie
Web site: www.rcsi.ie

Closing Date for receipt of applications is Friday 9th May 2008.

AN OPEN EVENING WITH STAFF IN ATTENDANCE WILL BE HELD IN THE COLLEGE ON THURSDAY 6TH MARCH 2008 FROM 3.30PM -5.30PM. ALL ARE WELCOME.
CALL FOR ABSTRACTS 2009

28TH ANNUAL INTERNATIONAL NURSING & MIDWIFERY RESEARCH CONFERENCE 2009

Wednesday 18th and Thursday 19th February 2009

TITLE: ADVANCING NURSING & MIDWIFERY PRACTICE AND PERFORMANCE IN MODERN HEALTHCARE SYSTEMS

Plenary, Concurrent Papers and Poster Presentations

CALL FOR ABSTRACTS

Application forms and further information from Administration Co-ordinator
Faculty of Nursing & Midwifery
Royal College of Surgeons in Ireland
123 St. Stephens Green
Dublin 2
Tel: +353 (1) 402 2206/ 2202/ 2445
Fax: +353 (1) 402 2245
Website: www.rcsi.ie
E-mail: nursingconf@rcsi.ie

ABSTRACT SUBMISSION

Abstract (max. 200 words) for oral and poster presentations should be submitted, using the abstract template, with completed Presenter Profile and Biographical details by e-mailing to nursingconf@rcsi.ie.

Deadline for submission is 12th September 2008.

Abstract template is available at www.rcsi.ie.

ABSTRACT LAYOUT

- Relevant contextual and background
- Aims/research question
- The research design
- Data analysis with
- Results
- Contribution to nursing practice.
- You are requested to indicate which of the following categories best reflects your abstract:-
  1. Greatest potential contribution for nursing/midwifery practice
  2. Greatest contribution to the body of Nursing & Midwifery knowledge
  3. Pushing the boundaries in nursing/midwifery research methodology
  4. Innovation in healthcare
- To accommodate as many presenters as possible, the Selection Committee reserves the right to limit each presenter to only one presentation.

CONCURRENT SESSION

Concurrent session papers are allocated 30 minutes including time to set up and five minutes of discussion.

POSTER PRESENTATION

Poster presentations are presented and exhibited throughout the duration of the conference.

For further information please contact
Conference Administrator
Faculty of Nursing & Midwifery
Royal College of Surgeons in Ireland
123 St. Stephens Green
Dublin 2
Tel: +353 (1) 402 2206/ 2202/ 2445
Fax: +353 (1) 402 2245
Website: www.rcsi.ie
E-mail: nursingconf@rcsi.ie

ST LUKE’S INSTITUTE OF CANCER RESEARCH AWARDS

The Faculty of Nursing and Midwifery on the occasion of its 27th Annual International Nursing & Midwifery Research Conference is pleased to announce a collaborative venture with St Luke’s Institute of Cancer Research.

Awards will be presented by St Luke’s Institute of Cancer Research to nurses and midwives in recognition of outstanding research and knowledge development that contributes to patient care. There will be six category awards and one for overall presentation.

A judging committee representing a range of Nursing & Midwifery interests will select the winners for the awards in the following categories:

<table>
<thead>
<tr>
<th>Category</th>
<th>Award Fund</th>
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</thead>
<tbody>
<tr>
<td>Best Overall Presentation</td>
<td>€1,500</td>
</tr>
<tr>
<td>Greatest Potential Contribution for Nursing &amp; Midwifery Practice</td>
<td>€500</td>
</tr>
<tr>
<td>Greatest Contribution to the body of Nursing &amp; Midwifery Knowledge</td>
<td>€500</td>
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<tr>
<td>Pushing the Boundaries in Nursing &amp; Midwifery Research Methodology</td>
<td>€500</td>
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<tr>
<td>Innovation in Healthcare</td>
<td>€500</td>
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<tr>
<td>Best Poster Presentation (x2)</td>
<td>€500</td>
</tr>
<tr>
<td>Best Poster MSc (Year 2) Student</td>
<td>€500</td>
</tr>
</tbody>
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LIST OF SPEAKERS

KEYNOTE SPEAKER

Thursday, 21st

Professor Patricia Benner

PLenary Speakers

Thursday, 21st

Professor Hugh McKenna 19
Dr Anne Marie Ryan 15
Professor John Keady 12
Dr. Sion Williams 12

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Thursday, 21st

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Dr Maire Dowling 32
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List of Speakers

Royal College of Surgeons in Ireland - Faculty of Nursing & Midwifery

Closing Address

Thursday, 21st

Bridget Fitzgerald 103

Chairpersons

TIME  
WEDNESDAY, 20TH

CHAIR  
VENUE

14.15–14.45 Professor Hugh McKenna, Chair of the UK Nursing and Midwifery Research Assessment Panel

Dr Georgina Gethin, Faculty of Nursing & Midwifery, RCSI

Albert Lecture Theatre

14.45–15.15 Dr. Anne Marie Ryan, Chief Education Officer, An Bord Altranais

Dr Georgina Gethin, Faculty of Nursing & Midwifery, RCSI

Albert Lecture Theatre

15.15–15.45 Professor John Keady & Dr Sion Williams

The University of Manchester & University of Bangor (respectively)

Dr Georgina Gethin, Faculty of Nursing & Midwifery, RCSI

Albert Lecture Theatre

TIME  
THURSDAY, 21ST

CHAIR  
VENUE

09.00 Key Note Address: Professor Patricia Benner, University of California, San Francisco School of Nursing

Ms Maeve Dwyer, Dean, Faculty of Nursing & Midwifery, RCSI

Cheyne Lecture Theatre

10.15–13.00 Wound Management & Tissue Viability

Ms Zena Moore, Faculty of Nursing & Midwifery, RCSI

Tutorial Room 2

10.15–13.00 Infection Control

Ms Rina Ruddy, Honorary Member of the Infection Prevention Society

Nightingale Lecture Theatre

10.15–13.00 Oncology & Palliative Care

Ms Marie Lavin, President of the Irish Association for Nurses in Oncology

Tutorial Room 4

10.15–13.00 Practice Development

Ms Eileen Maher, Faculty of Nursing & Midwifery, RCSI

Cheyne Lecture Theatre

10.30–12.30 Midwifery

Ms Nicola Clarke, Honorary Treasurer, Faculty of Nursing & Midwifery, RCSI

Tutorial Room 1

10.30–12.30 Contemporary Issues in Nursing

Ms Noreen Keane, Faculty of Nursing & Midwifery, RCSI

Newman Lecture Theatre

14.00–14.45 Plenary Speaker: Professor Brendan McCormack, Institute of Nursing Research, University of Ulster

Professor Seamus Cowman, Head of Department, Faculty of Nursing & Midwifery, RCSI

Cheyne Lecture Theatre

14.45–16.15 Philosophy - Topics for Debate

Ms Edna Woolhead, Faculty of Nursing & Midwifery, RCSI

Tutorial Room 2

14.45–16.15 Psychiatry/ Public Health

Professor Seamus Cowman, Head of Department, Faculty of Nursing & Midwifery, RCSI

Nightingale Lecture Theatre

14.45–16.15 Oncology & Palliative Care

Ms Kay Leonard, Honorary Secretary, Faculty of Nursing & Midwifery, RCSI

Tutorial Room 4

14.45–16.15 Practice Development

Ms Kathleen Kinella, Faculty of Nursing & Midwifery, RCSI

Cheyne Lecture Theatre

14.45–16.15 Education

Ms Catherine Claire Mulvaney, Faculty of Nursing & Midwifery, RCSI

Tutorial Room 1

14.45–16.15 Age Related Health/ Chronic Illness

Ms Anita Duffy, Faculty of Nursing & Midwifery, RCSI

Newman Lecture Theatre

16.45 Closing Remarks: Professor Roger Watson, Professor of Nursing, Sheffield University

Dr Aine Colgan, Vice-Dean, Faculty of Nursing & Midwifery, RCSI

Cheyne Lecture Theatre
**EDUCATION AND RESEARCH FUTURES: HORIZON SCANNING FOR THE BIG ISSUES**

The educational and research landscapes for nursing are changing radically. The emphasis is less on education for education sake and more on building workforce capacity for service improvement and delivering educational support for health service priorities. To achieve these there must be a strengthening of partnership working between universities and clinical settings to ensure strategic educational commissioning, interprofessional education and research, and quality of provision. With these opportunities come challenges to established ways of planning, delivering and assessing teaching and research. Those who rise to these challenges will develop the future nursing workforce and the evidence to shape its practice.

This presentation will deal with a number of these challenges. These include workforce issues, new roles for nursing, workforce and funding implications, workforce planning and supply issues, and research and evaluation issues.

Professor Hugh McKenna

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**MEETING THE REGULATORY CHALLENGES OF EXPANDING THE PRACTICE OF NURSING IN NURSE PRESCRIBING**

The introduction of prescriptive authority for nurses and midwives by regulations of the Minister for Health and Children, as provided for in the Irish Medicines Board (Miscellaneous Provisions) Act 2006, is an important element of practice expansion for nurses and midwives. The Regulations stipulating certain conditions also provide for regulation and professional guidance of An Bord Altranais.

From a regulatory perspective the four critical elements the regulator required for implementation of nurse prescribing were setting standards and guidance for education, competence, registration and clinical governance. The Board through the development of requirements and standards for education, competencies and practice standards for the Registered Nurse Prescriber have determined a governance structure within which safe nurse prescribing can occur. A decision-making framework and collaborative practice agreement devised by the regulatory body facilitate the local and national clinical governance frameworks and policies being constructed for this initiative.

Guidance to Nurses and Midwives on Medication Management (An Bord Altranais, 2007) has been revised to reflect the expanding scope and responsibilities of nursing and midwifery professional practice with medication. It incorporates the recent initiatives for nurse prescribing and provides additional guidance on medication management issues that have been identified during the course of the Review particularly the development and use of medication protocols for the supply and administration of medicines.

This paper will present an overview of how An Bord Altranais has met the regulation and professional guidance structures to support nurse prescribing.

Dr Anne-Marie Ryan

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**PLenary Speaker: Wednesday: 14.15**

**Professor Hugh McKenna**

PhD, B.Sc(Hons), RMN, RGN, RNT, DipN(Lond), AdvDipEd, FFN FRC SI FEAMS, FRCN.
Professor of Nursing and Dean of the Faculty of Life and Health Sciences, University of Ulster

**Dr Anne-Marie Ryan**

PhD, RGN, RNT, BNS, MSc, FFNMRCSI
Chief Education Officer, An Bord Altranais

Anne-Marie Ryan, PhD, RGN, RNT, BNS, MSc, FFNMRCSI is employed as Chief Education Officer in the nurse regulatory body in Ireland, An Bord Altranais since 2001, overseeing the setting and maintenance of educational standards for nurse/midwife education and guidance to the profession. Anne-Marie has represented An Bord Altranais on many national committees to develop policy and implement regulatory structures to support the developing role of the nurse and midwife. Anne-Marie completed her doctoral studies examining the regulatory approach to general nurse education in Ireland. Anne-Marie’s previous experience was as a nurse educator in Trinity College Dublin, and previously University College Dublin and she was also the Principal Nurse Tutor in Beaumont Hospital School of Nursing. Anne-Marie’s clinical nursing experience was in surgical nursing and she specialised in oncological nursing.
DEVELOPING NARRATIVE RESEARCH IN PRACTICE: LONG TERM CONDITIONS AS A CASE EXAMPLE

Within this plenary presentation, John Keady and Sion Williams will outline the key components of narrative research and analysis using their chapter in Researching Nursing Practice: Designs and Methods (Williams and Keady, 2008) as the primary vehicle for dissemination. In the address, they will cover some of the main issues in narrativity such as: the diversity of the narrative field; that narrative is concerned with storied lives, representation and identity; and that narratives have dimensional, structured and temporal components. At its most basic level, narrative research and analysis is about asking for people’s stories, listening and making sense of them and establishing how individual stories are part of a wider ‘storied’ narrative of people’s lives. Riessman (1993) highlights the lack of a precise definition resulting in researchers adopting a variety of stances that use narrative as a metaphor for ‘telling about lives’ that often includes ‘just about anything’ (p.17) or is particularly restrictive. The defining attributes of narratives as research focus on their quality as ‘discrete units’ that incorporate a beginning and ending and at the heart of the narrative enterprise is the study of lives through the use of biographical research approaches. However, the conceptual diversity of narrative approaches, and the lack of a ‘binding theory’, results in a range of strategies proposed to interpret and represent people’s lives based upon their individual accounts. We will cover these issues and apply some of the underlying constructs to our research programme in nursing and long-term conditions.

References

Professor John Keady
PHD, RGN
Professor of Older People’s Mental Health Nursing, The University of Manchester/Bolton

John Keady is Professor of Older People’s Mental Health Nursing at The University of Manchester/Bolton, Salford and Trafford Mental Health NHS Trust. John’s post graduate qualifications, including his PhD study, were all conducted part-time and commenced at the turn of the 1990s when he was embedded in clinical practice. John has maintained an active research, publication and teaching profile in dementia care and is founding and co-editor of ‘Dementia: The International Journal of Social Research and Practice’. His most recent publications include ‘Partnerships in Community Mental Health Nursing and Dementia Care’ (with Clarke and Page, Open University Press 2007) and ‘Involving Families in Care Homes: A Relationship-Centred Approach to Dementia Care’ (with Woods and Seddon, Jessica Kingsley 2007).

Dr. Sion Williams
Ph.D., B.A (Hons), RGN, Cert. H.Ed., RNT

Sion Williams is a Research Fellow/Lecturer in Nursing in the School of Healthcare Sciences at the University of Wales, Bangor. He is currently engaged in a RCBC Wales post-doctoral fellowship examining later-stage adjustment in people with Parkinson’s disease. This contributes to an ongoing collaborative programme of constructivist grounded theory studies in North Wales, centred on examining adjustment to life with Parkinson’s disease, Alzheimer’s Disease, stroke and rheumatoid arthritis. He has a particular interest in seeking to understand adaptation and coping in long term conditions through participatory approaches, using grounded theory, narrative research and testimony.

TEACHING AND LEARNING FOR KNOWLEDGE USE AND SKILL ACQUISITION IN PRACTICE

Nursing and midwifery faculty prepare students prior to actual encounters with patients. Students are coached on how to plan and execute clinical interventions with little or no trial and error learning. Notice students’ learning is planned so that they can progress from more simple to more complex clinical practice. However, simplification has its limits in teaching and learning for a complex practice. The student must, over time learn to recognize the nature of particular patient care situations and what is most salient in that particular situation. Understanding the most salient aspects of the situation lies at the heart of clinical, and all practical, reasoning. Even the most advanced student must be coached to recognize the most salient aspects of a complex, under-determined clinical situation. It is mistaken to separate theory and practice, and for academics to overlook the fact that students have really not learned theoretical knowledge or science until they put it into use in practice. The findings from the Carnegie National United States Nursing Study will be presented focusing on pedagogies of contextualization, performance, interpretation and formation. While some areas of practice are quite ordered and “routinized” such as the giving of prescribed injections to cover appropriate health risks for different international locations. Even complex situations such as birthing a baby are typically quite ordered, predictable and orchestrated by the rhythms of the laboring woman. However, in the midst of any ordering and predictability lies uncertainty that can never be entirely eliminated in actual practice. This is why situated teaching and learning are required for all practice disciplines.

Professor Patricia Benner
R.N., Ph.D., F.A.A.N., F.R.C.N.
The Thelma Shobe Chair in Ethics and Spirituality, University of California, San Francisco School of Nursing

Patricia Benner is a noted nursing educator and has just completed the first national nursing education study in 30 years under the auspices of the Carnegie Foundation for the Advancement of Teaching. Dr. Benner is an internationally noted researcher and lecturer on health, stress and coping, skill acquisition and ethics. Her work has had wide influence on nursing both in the United States and internationally. She is a Fellow of the American Academy of Nursing. She was elected an honorary fellow of the Royal College of Nursing. Her work has influence beyond nursing in the areas of clinical practice and clinical ethics. She has received two honorary doctorates. She is the author of From Novice to Expert and 12 other notable books.

Professor Patricia Benner

Acquisition in Practice

Teaching and Learning for Knowledge Use and Skill

Developing Narrative Research in Practice: Long Term Conditions as a Case Example

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The Thelma Shobe Chair in Ethics and Spirituality, University of California, San Francisco School of Nursing

Patricia Benner is the Thelma Shobe Endowed Chair in Ethics and Spirituality in the Department of Social and Behavioral Sciences in the School of Nursing at the University of California, San Francisco. Dr. Benner is a noted nursing educator and has just completed the first national nursing education study in 30 years under the auspices of the Carnegie Foundation for the Advancement of Teaching. Dr. Benner is an internationally noted researcher and lecturer on health, stress and coping, skill acquisition and ethics. Her work has had wide influence on nursing both in the United States and internationally. She is a Fellow of the American Academy of Nursing. She was elected an honorary fellow of the Royal College of Nursing. Her work has influence beyond nursing in the areas of clinical practice and clinical ethics. She has received two honorary doctorates. She is the author of From Novice to Expert and 12 other notable books.
HUMAN FLOURISHING AND PERSON CENTREDNESS: THE CONTRIBUTION OF TRANSFORMATIONAL PRACTICE DEVELOPMENT

Practice development (PD) is a growing and significant movement in the UK and internationally. Practice development should be firmly embedded in health service modernisation agendas, clinical governance strategies, team and cultural developments and in quality improvements that directly impact on patient care. Over the past ten years significant conceptual, theoretical and methodological developments have been made in the development of frameworks to guide PD activities. Of most significance has been our increased understanding of key concepts underpinning PD work irrespective of methodological perspective being adopted. For example, workplace culture; person-centredness; practice context; evidence; values and approaches to action learning for sustainable practice. A number of researchers have explored the meaning of PD through conceptual analysis, action inquiry and evaluation. Over the years, theoretical developments have resulted in technical and emancipatory theories of practice development being systematically developed and used in practice and research. More recently, McCormack & Titchen (2006) have furthered our understanding of PD and articulated a framework of ‘transformational practice development’ located within critical social science and drawing on a new theory of ‘critical creativity’. Enabling all human beings to flourish and developing person-centredness are key attributes of this theoretical perspective. In this presentation I will explore the concepts of human flourishing and person-centredness and demonstrate the contribution that transformational practice development makes to these agendas.

Reference

Professor Brendan McCormack
D.Phil (Oxon.), BSc (Hons.), PGCEA, RMN, RGN
Professor of Nursing Research, Institute of Nursing Research, University of Ulster

Professor Brendan McCormack is currently finalising the follow-up book, Practice Development in Nursing: International Perspectives. He has co-authored Practice Development in Nursing which has now been translated into two languages and published in several countries, including the USA and Taiwan. His writing and research work focuses on gerontological nursing and practice development and he serves on a number of editorial boards, policy committees, and development groups in these areas. He has a particular focus on the use of arts and creativity in healthcare research and development. He is the co-editor of the “International Journal of Older People Nursing”. He has co-authored Practice Development in Nursing which has now been translated into two languages and is currently finalising the follow-up book, Practice Development in Nursing: International Perspectives.

Professor Roger Watson
PhD, RN, FIBiol, FAAN
Professor of Nursing, School of Nursing and Midwifery, Sheffield University

Professor Roger Watson is a biology graduate of The University of Edinburgh, UK. Following a PhD in biochemistry from The University of Sheffield, UK he entered nursing and qualified in 1984 after studying at St George’s Hospital, London, UK. He worked in Scotland with older people and then entered academic nursing at The University of Edinburgh in 1989. His first chair was in Ireland in 1998 where he became the first Professor of Nursing in Ireland at Dublin City University. He returned to the UK in 1999 to the Chair in Nursing at The University of Hull and, in 2005, the Chair in Nursing at The University of Sheffield. Since 2003 he has been Editor of the Journal of Clinical Nursing, currently ranked fifth in the world of nursing journals.

Professor Watson is best known for the development of the Edinburgh Feeding Evaluation in Dementia scale which is now used in several countries, including the USA and Taiwan. His research interests are wide and he has also researched the areas of caring in nursing and work and study related stress in nurses and nursing students. He is well published in refereed journals and has several textbooks on science in nursing, accountability and research methods. Professor Watson is a frequent visitor to China and Taiwan where he has a visiting chair in Hong Kong and has established several consultancies based on helping Chinese nursing scholars to publish in English in nursing journals.
RISK FACTORS FOR PRESSURE ULCERATION: A SYSTEMATIC REVIEW (PURE PROJECT) AND IMPLICATIONS FOR PRACTICE PROJECT

Background: A major problem with current pressure ulcer (PU) prevention practice and research is the inability to identify patients at high risk of PU development. In 2001 a EURUP working group formulated an evidence based position statement on risk assessment in PU prevention and management (DeFloor et al. 2001). Although this statement was accepted at the meeting in Le Mans in September 2001, debate remains about the predictive value of various risk factors mentioned in the literature and included in risk assessment scales. In recent years there has been an increase in the number of studies undertaken and reported and in order to provide a foundation for further research and development of the risk assessment process, the existing research base has been systematically appraised.

Methods: A systematic review of primary research (Pressure Ulcer Risk Evaluation (PURE) Project) was undertaken to identify variables which are independently predictive of PU development in adult patient populations. A search strategy consisting of PU search terms and OVID maximum sensitivity filters for Prognosis and Aetiology or Harm and for RCTs was used in 7 databases (AMED, British Nursing Index, MEDLINE, EMBASE, PsycINFO, CINAHL, EBM reviews-CCTR). In addition specialist journals and conference proceedings were hand searched, theses and dissertation abstracts were searched and experts in the field were contacted.

Study inclusion and exclusion criteria were determined using quality criteria for the publication of cohort studies (STROBE) and these will be discussed. Prospective cohorts and RCTs of adult patient populations in any setting where the primary outcome was the development of (or time to development of) a new PU(s) were included if they met the following criteria: the study outcome was clearly defined as a Grade 1; length of follow-up was at least 3 days; multivariate statistical methods were used to identify factors affecting PU outcome and, for prospective cohort studies no more than 20% of the study sample were excluded from analysis for reasons including withdrawal, death, lost to follow-up and missing records and for RCTs no more than 5% of the study sample excluded from the analysis for reasons including withdrawal, death, lost to follow-up and protocol violations.

Results: 3591 abstracts were retrieved and 360 of these were prospective cohorts and RCTs of adult patient populations with an outcome of development, or time to development of, a new PU(s). Of these 318 studies were excluded and 42 fulfilled the criteria for inclusion in the review. The 42 studies include a total of 31,156 patients in a range of patient populations including intensive care, surgery, various mixed specialty acute care environments, long-term rehabilitation and nursing home populations, community populations and specific diagnostic groups eg fractured hip and spinal cord injured. The studies used a median of 11 potential risk factors in multivariate analyses and identified a median of 3 factors as independently predictive of pressure ulcer outcome. The factors identified as predictive of PU outcome included a total of 102 differently named variables. These variables were reviewed and summarised by theme and will be presented. A major finding of importance to practice is the relationship between alterations to intact skin including non-blanching erythema and the development of Grade 2 pressure ulcers.

Conclusions: There is considerable evidence about PU risk factors, but the interpretation and application of this evidence in practice is complicated by the heterogeneity of patient populations, methodological limitations and the absence of a minimum data set in risk factor research.

PURE Collaborative Group: Claudia Gorecki and Prof Julia Brown, CTRU, University of Leeds, Prof Jose Closs and Dr E Andma Nelson, School of Healthcma, University of Leeds, Prof Tom DeFloor, University Gent, Belgium, Assoc Prof Ruud Halfens, Maastricht University, the Netherlands and Dr Lisette Schoorhoven, University Medical Centre Nijmegen, the Netherlands.

Dr Jane Nixon

Dr Jane Nixon, University of Leeds
PhD, MA, RN

I qualified as a nurse in 1983 and worked clinically as an anaesthetic nurse and in elderly care followed by a 6 year period at St James's University Hospital in Leeds as Head of Nursing Research and Practice Development leading work in the improvement of pressure ulcer prevention and wound care.

I have been involved in tissue viability research since 1991 and gained an MA in 1996 and PhD in 2001 in pressure ulcer development in the operating rooms/surgical patients. Interests include pressure ulcer diagnosis, risk factors and pressure ulcer prevention. I have direct research experience in epidemiological methods and randomised-controlled trials.

I am currently a Smith and Nephew Foundation Post Doctoral Nursing Fellow and Deputy Director of the Clinical Trials Research Unit (University of Leeds), recently completing the HTA funded PRESSURE Trial and two systematic reviews looking at risk factors and quality of life issues associated with pressure ulcer development.
THE DEVELOPMENT OF RESISTANCE TO ANTISEPTICS AND DISINFECTANTS: A CONCERN FOR PUBLIC HEALTH AND INFECTION CONTROL?

The development of resistance to anti-infectives (including antibiotics, anti-virals and anti-fungal agents) is a significant healthcare concern. However, less is known and considered about the resistance mechanisms to the various biocidal methods (such as heat, radiation and chemicals) that are extensively used in healthcare and public health applications. These include various types of anti-septic, disinfectant, preservation, sanitation and sterilization products. Biocide resistance mechanisms can be classified as being intrinsic and acquired. Intrinsic mechanisms are considered as naturally occurring within a group of microorganisms that allow them to survive the biocidal process, such as spore development and biofilm formation. Acquired mechanisms can be similar to those described for antibiotic resistance in bacteria, being acquired by mutation or genetic acquisition in order to survive exposure to a biocide. In some cases, these mechanisms of resistance challenge our current understanding of the ability of these anti-septic, disinfectant and sterilization products to be clinically effective. It is speculated that the widespread use of many biocides has prompted not only resistance development, but also cross-resistance to antibiotics. This presentation will review some of the more significant reports of biocide resistance, with emphasis on the clinical implications of these reports. This will include sporulation (in relation to Clostridium difficile) and other survival mechanisms, various protozoa, prions (as unique infectious agents), biofilm development and notable examples of extreme resistance development to certain types of biocides and, in some cases, cross-resistance to some antibiotics.

Dr Gerald McDonnell

THE FUTURE IS NOT WHAT IT USED TO BE: ADDRESSING THE NEEDS AND CONCERNS OF CANCER SURVIVORS

As treatment options increase and survival rates improve, more and more people are living with cancer and its impact for months and years after diagnosis. Cancer is increasingly viewed as a chronic disease, but services are not generally geared towards the needs of patients beyond diagnosis and treatment. Although rehabilitation programmes are widely available for people living with cardiac or pulmonary disease, they are seldom incorporated into mainstream cancer services. Current conventional models of follow up care do not address the everyday or existential concerns of people living with cancer, and little attention is paid to promoting lifestyle change in cancer survivors.

Nurses are in an ideal position to address the needs of people living with or after cancer more effectively, and we must ensure that we utilise the skills and opportunities we have to respond to this challenge. This paper will question whether existing models of survivorship, recent policy and research evidence provide a sufficient basis upon which to develop supportive care services for future survivors, and whether indeed the notion of "cancer survivor" will continue to be appropriate. Strategies for identifying individual needs and concerns, targeting rehabilitation and support services appropriately and supporting healthy living will be discussed. In conclusion, this paper will consider future directions and opportunities for research in this increasingly important and complex area of cancer care.

Dr Mary Wells
How do we judge the quality of our practice development?

This paper will draw on recent action research literature to explore how we might examine the quality of our efforts to develop practice.

Practice development is an eclectic activity flowing in many directions that can seem oppositional to one another. Nurses engaging in practice development activities may understandably be torn between espoused definitions reflecting an emancipatory ideal, while on the other hand, implementing policy directives in which they have had little or no input. There is some evidence of a considerable gap between the reality of the process of engagement in practice development and claims regarding the definitions for and defining features of practice development. The consequences of these apparent contradictions include difficulties in judging the quality of practice development activities.

The process of developing practice has been paralleled with action research as an inquiry process. This is not surprising given the primacy of the practical as a defining feature of action research. Recent debates within the action research literature on criteria for judging the quality of the process of inquiry may provide a useful framework that can accommodate the apparent contradictory approaches within practice development.

Geralyn Hynes

Geralyn Hynes, RCSI (Research Leave)
RGN, RM, MSc, Dip Asthma, FFNMRCSI
HRB Clinical Nursing and Midwifery Fellow

I was awarded a HRB Clinical Nursing and Midwifery Fellowship in 2006 and am currently on leave from the RCSI. My research focus is on addressing palliative/supportive care needs of patients with advanced chronic obstructive pulmonary disease.
Testing the Motivational Effects of "Designer Breastfeeding": A Randomised Controlled Trial

Background: Breastfeeding benefits baby, mother and society through nutritional, psychological and economic enhancement. The WHO has challenged health professionals globally to achieve higher rates of breastfeeding. Initiation rates are increasing, but evidence on duration is equivocal.

Aim and objectives: To examine the effect of motivation on women’s breastfeeding behaviour, a randomised control trial was completed, comparing motivationally enhanced breastfeeding instruction by midwives, namely “Designer Breastfeeding” with Baby Friendly Initiative instruction.

Method: Following literature review, an experiment was designed and subject to Research Governance and Ethics approval. Primigravida women were recruited at the 20 week antenatal appointment and written consent obtained. Women were randomised to receive the motivationally enhanced instruction or current best practice. Midwives supporting the experimental group attended a one-day training course. Women’s motivation to breastfeed was measured prior to discharge from hospital by structured interview. Follow-up telephone calls determined duration of breastfeeding.

Analysis and Results: 181 women were recruited. With attrition, analysis was performed on an intention to treat basis using Chi Squares. No significant difference in the initiation rates was noted. On discharge from hospital more intervention cases (44) were breastfeeding than controls (33), p<0.01. Persistence at 3-4 weeks was noted in 36 intervention cases (15 controls), p<0.001. Independent t-tests explored the differences in duration of the 69 intervention cases that commenced breastfeeding (75 controls). The differences in motivation to breastfeed were explained in part by the uptake of relevant breastfeeding instruction (p<0.001) and increased maternal confidence (p<0.01).

Recommendations: Breastfeeding is a complex activity with many benefits and influences. As motivational enhancement of routine instruction has a positive effect on breastfeeding duration, further research is required to establish effectiveness in different cultural contexts. Trial Registration: ISRCTN 47056748

Funded by Research & Development Office for Northern Ireland

Dr Janine Stockdale

Dr Janine Stockdale, University of Ulster PhD., BSc., RM, RGN

Dr Janine Stockdale qualified as a midwife from the Jubilee Maternity Hospital in Belfast 1985, and has worked mainly within the NHS but spent three years working in the USA (1989-1992). Janine has just completed her doctoral research.

Successful Breastfeeding Promotion- A Motivational Instructional Design Model Designed and Tested whilst she was employed as a midwife at the Ulster Community & Hospitals Trust. This research was funded by the Northern Ireland Research and Development Office.

She is currently a postdoctoral fellow working part time at the University of Ulster. Janine is the Public Relations Officer at the recently formed Doctoral Midwifery Research Society www.doctoralmidwiferysociety.org.
THE ROLE OF SELF-EFFICACY AND COPING IN ADAPTATION TO PAIN IN SICKLE CELL DISEASE

Aim: To examine the role of self-efficacy beliefs and coping strategies in adaptation to pain in Bahraini adults with sickle cell disease. Patients admitted to hospital in Bahrain.

Method: The data collection instrument was a self-report questionnaire translated from English to Arabic. It included the 48-item coping strategies questionnaire (CQS), the sickle cell self-efficacy scale (SCSES) and a number of health outcomes measures.

Results: Self-efficacy and coping strategies accounted for significant variances in health outcome measures such as coping effectiveness and frequency of hospital admissions. Self-efficacy accounted for 22.1% of the variance in ability to control pain, 8.2% in the ability to decrease pain and 1.4% of the variance in frequency of hospital admissions. Coping strategies also accounted for 7% of the variance in the ability to control pain, 7% in the ability to decrease pain and 2.8% of variance in frequency of hospital admissions.

Recommendation: This study suggests that psychological factors such as self-efficacy and coping strategies are important in relation to adjustment to pain in sickle cell disease. Future management should include psychological interventions that enhance both self-efficacy and adaptive coping strategies in management of sickle cell disease patients.

Naila Hejji Al Zayani

THE EMOTIONAL EXPERIENCE OF NURSING CHILDREN WITH BURNS

Background: The nature of nursing practice is such that it inevitably generates some form of emotional response in nurses, and the manner in which nurses deal with these emotions can impact on their nursing care. Burns are amongst the most common and traumatic causes of childhood injury. However, the emotional experience of nurses caring for children with burns has received scant research attention.

Aims: The aim of this study was to explore Registered Children's Nurses' emotional experiences of nursing children with burns to identify a) the emotions experienced by the nurses in the course of their work and b) how the nurses deal with their emotions.

Method: This study was conducted using Husserlian phenomenology. A sample of eight Registered Children's Nurses who have worked on the burns unit of an Irish paediatric hospital were purposively selected. Data were collected using in-depth, unstructured interviews which were recorded and then transcribed verbatim.

Analysis and Results: Colaizzi's seven stage framework was used to analyse the data. The participants' emotional experiences of nursing children with burns were captured within four themes: 1) Caring for children with burns, 2) Caring for the parents, 3) Sustaining nurses' emotional well-being and 4) Learning to be a burns nurse. The participants' emotions represent a pendulum shift between the sense of satisfaction arising out of helping children recover from their injuries and the negative emotions arising from the challenges of nursing children with burns and their parents.

Recommendation: Nurses must be supported to recognise their emotional response to their nursing practice and how this may impact on their care. A supportive nursing team can be a valuable source of support to help nurses to deal with the emotional challenges of their practice.

Naila Hejji Al Zayani

Carol Hilliard

Carol Hilliard, Our Lady's Children's Hospital, Crumlin
RCN, RGN, BSc Nursing (Hons), MSc Nursing (Hons)

Carol is a Nurse Practice Development Coordinator in Our Lady's Children's Hospital, Crumlin. Prior to this, she was the Clinical Facilitator of the Paediatric Burns Unit within that hospital. Carol qualified as a registered children's nurse in 1994 in Our Lady's Children's Hospital and completed a post-registration general nursing training in St. Michael's Hospital in 1997. Carol completed the BSc Nursing in 2004 in RCSI and achieved the highest academic results in the NUI affiliated colleges that year. Following this, she completed her MSc Nursing in RCSI and her dissertation explored the emotional experience of nursing children with burns, the findings of which are presented in this paper.
Aim and objectives: The aim of this study was to explore the lived experience of chemotherapy-induced alopecia for women with breast cancer.

Methods: This phenomenological study was conducted, using the philosophy of Heidegger. Five women who had experienced chemotherapy-induced alopecia in the past 12 months were interviewed.

Analysis and results: The data was analysed using Colaizzi’s Framework. Four themes emerged from the analysis of the data. The importance of hair, protecting loved ones, threat to body image and thoughts on the future. Four sub-themes were also identified. Living with the wig, feelings of shame and awkwardness, feeling different and support.

Recommendations: There are implications for oncology nursing practice within the findings of this study. Given the social significance of hair, the provision of practical information on the purchase of and wearing of the wig is essential. Effective ways of addressing the issue of hair loss with children and family members should be discussed with patients in an effort to reduce anxiety levels. Programmes such as the “Look Good, Feel better programme” should be made readily available to patients in an effort to enhance body image. It is apparent from the findings of this study that participants felt unprepared for the loss of hair other than scalp hair. The development of a checklist may be beneficial in ensuring that vital information on chemotherapy-induced alopecia is not omitted. Finally, re-growth of hair does not necessarily mean a return to normality. The benefits of using formal and informal systems of support through all stages of treatment should be emphasized to patients.

Sinead Power, University College Cork
RGN, BSc, MSc

Sinead trained as a general nurse at Cork University Hospital in 1993. She has over seven years experience in Oncology Nursing and has worked with cancer patients in out-patient and in-patient settings. In September 2007, Sinead joined the School of Nursing and Midwifery, University College Cork and now works there as a college lecturer on the undergraduate nursing programme. Her research interest is in the area of the physical and psycho-social impact of cancer and it’s treatment on patients and their families. As part of her MSc in Nursing, in 2006 she conducted a research study to explore the lived experience of chemotherapy-induced alopecia for women with breast cancer. The findings of her study featured in the Irish Times Health Supplement in November 2007.

Determining the Effectiveness of Facilitation in Developing Practice with Older People

Introduction & Background: In recent years, various authors (McCormack et al., 2006; Larsen et al., 2005; Simmons, 2004; Unsworth, 2000) have articulated the need for qualitative study to be undertaken to increase understanding of what practice developers mean when utilising the term facilitation to describe their activities, to explicate how practice developers facilitate change in practice, and to elucidate how the recipients of facilitation describe this experience. Previous research by Kitson et al. (1998) and Rycroft-Malone et al. (2004) has highlighted the centrality of facilitation to the effective implementation of evidence into practice. However, little evidence currently exists about the meaning of facilitation, the role of facilitators and the effectiveness of differing models in order to achieve practice cultures that are evidence-based and person-centred (Greenhalgh et al., 2004). It is to this gap in knowledge that this study intends to make a contribution.

Aim: To determine the effectiveness of facilitation strategies in the implementation of evidence into practice.

Objectives:
1. Undertake a review of the theory and practice of facilitation in order to delineate the differing models and approaches in use/available for use.
2. Complete a structured review of published literature on approaches to the evaluation of facilitation.
3. Identify a menu of facilitation strategies that can be offered to participating sites.
4. Work with the participating sites to establish a facilitation framework focusing on the implementation of the Essence of Care ‘Concerto’ Benchmark standards.
5. Describe the participants and facilitator experiences of engaging in facilitation.
6. To gather appropriate outcome data, before and after implementation of facilitation strategies.

Randal Parlour, NMPDU Ballyshannon
RGN, RMN, BSc (Hons), MSc, PhD candidate

I have spent the majority of my nursing career working within the ‘Care of Older People’ in both a managerial and practice development capacity. I took up the post of Regional Practice Development Coordinator for Older Person Services, HSE-West, in August 2002 and was appointed Deputy Director, Nursing/Midwifery Planning & Development Unit (NMPDU) in December 2005. Our aim is to increase effectiveness in caring for older people & to transform the ‘real world’ practice context within which care is delivered, including the values and beliefs of personnel involved.

I am presently working towards a PhD via the University of Ulster. During the course of this study I will evaluate the effectiveness of facilitation interventions in developing practice with older people.
WOMEN’S EXPERIENCES OF URODYNAMIC STUDIES

Urodynamic studies (U.D.S) are focused on the lower urinary tract to investigate bladder filling and voiding function, to define bladder storage disorders accurately and to assess objectively the severity of voiding dysfunction. Although U.D.S. have widespread use as an investigative procedure to identify the factors contributing to urinary incontinence, there is an absence of descriptive data on women’s experiences of U.D.S. In comparison with American and British sources, there appears to be a dearth of information from Irish sources in medical, nursing or midwifery literature on this topic. Descriptive qualitative methodology was the theoretical framework underpinning this study. The aim of the study was to explore women’s experiences of U.D.S. and to describe their experiences of U.D.S. Sampling method was non-probability sampling strategy using purposive sampling. Data collection was by means of semi-structured interviews with seven participants. Colaizzi’s (1978) Framework for Qualitative Data Analysis was used to analyse the collected data. Findings centred on five major themes which emerged from the data: the role of the specialist midwife, attitudes towards urinary incontinence, experiences of U.D.S., women’s recommendation for care related to U.D.S. and perceived barriers to understanding urinary incontinence. This study provides innovative information concerning women’s experiences of U.D.S. from an Irish perspective and recommends key issues for practice, education and research. The role of the professional as perceived by the women centred around two fundamental areas, the role of professional support and the role of education. A recurring theme occurring throughout the study was that urinary incontinence is a hidden condition, which has the potential to lead to shame, despair and grief. U.D.S. was viewed as a positive step towards the participants’ recovery and as a baseline for future treatment with recommendations for increased professional awareness being made for the management of urinary incontinence.

Mary Jacob

Mary Jacob is an Advanced Midwife Practitioner in Women’s Health at the National Maternity Hospital Dublin since June 2007. This is the first Advanced Midwife Practitioner post in Ireland. She completed the Four Year Integrated Children’s and General Nurse Training between Temple Street and St. Vincent’s Hospital, Elm Park. In 2002, she completed a Bachelor of Science degree in Nursing Management (Hons) in Royal College of Surgeons in Ireland. More recently, she was awarded the degree of Master of Science in Midwifery at University of Dublin, Trinity College, Dublin and Fellowship from the Faculty of Nursing and Midwifery from the Royal College of Surgeons in Ireland. Other educational achievements include a Diploma in Counselling and various certificates from the Royal College of Surgeons in Ireland. Mary is a member of the Association of Continence Advisors (England), Irish Continence Interest Group and Continence Foundation of Ireland and has published nationally and internationally. Mary is currently studying for a Certificate in Nurse/Midwife Prescribing in Royal College of Surgeons as part of the second cohort of nurses/midwives who will be Registered Nurses/Midwife Prescribers.

“BACK TO THE BEDSIDE” TERMINOLOGY THAT FITS WITH FUNDAMENTAL PRACTICE: RESULTS OF AN IRISH STUDY

Background: Irish general nursing has experienced tremendous change and development within the acute healthcare sector over the last decade in response to changes in health policy, demographics, technology, society and the need to contain healthcare costs (Department of Health and Children, 2003). Nurse’s roles are developing and expanding with the intention to enhancing patient care, promoting job satisfaction and achieving cost effectiveness within the healthcare services (An Bord Altranais, 2000).

Aim:
• Explore registered nurses perceptions of role expansion in the acute health care setting

Objectives:
• Understand and clarify role expansion within nursing
• Provide recommendations to guide practice development

Methodology: The study adopted a triangulation approach using both survey and focus group data collection methods. A questionnaire developed specifically for the study was administered to a sample of nurses in two acute Hospitals in the Mid West area of Ireland (n=500). In addition three focus group interviews (n=17) was undertaken with a purposeful sample of nurses.

Analysis: Qualitative data was analysed using the statistical package (SPSS™ Version 13). Descriptive and inferential analysis were undertaken with data subjected to cross tabulation and tested for levels of significance for strength of association. Focus group data was analysed using a thematic analysis approach as set out by Braun and Clarke (2006).

Results: Confusion emerged in relation to conceptual distinctions relating to extended and expanded roles as well as specific grade functions in nursing. Findings indicate a conditional willingness to engage in changed roles for nurses. The conditions relate to the issue of objective value. Participants expressed willingness to accept new roles where they could see added value to the patient experience, the organisation and the profession.

Recommendations: Further work to be undertaken in relation to nurses expanded roles and the influence on nursing practice and patient care.

Anne Fahy

Anne Fahy, University of Limerick
MSc, BSc, RGN, RM.
Lecturer at the Department of Nursing & Midwifery, University of Limerick teaching on pre-registration and post-registration nursing programmes since 2005. Previous posts included Clinical Placement Co-ordinator with responsibility for student learning while in the clinical learning environment. Extensive nursing experience across medical, surgical and specialist areas caring for patients with acute and chronic illness while leading and managing patient care. Professional interests include student competency assessment development, nursing practice development and reflective practice.
People in Ireland are living longer and chronic diseases such as leg ulceration are an increasing source of morbidity and costs. Public health nurses are the primary health care providers for people with leg ulceration in the community setting and the challenge is to provide an evidence-based cost effective service to people.

**Aim:** The aim of this study is to describe public health nurses' (PHNs) knowledge and management practices of people with venous leg ulceration in the Republic of Ireland.

**Method:** A cross-sectional survey method was used to gather data from a random sample of (N=500) registered PHNs administered by An Bord Altranais. The data collection instrument was a self completion postal questionnaire, which generated both quantitative and qualitative data.

**Results:** 132 PHNs (n=132) took part in the survey yielding a response rate of 32.5%. The sample was randomised and geographically spread indicating that the findings may be generalised to the wider population of PHNs within the Republic of Ireland. Themes that emerged during the survey included factors that influenced clinical decision-making, knowledge and management practices, constraints to providing best practice and education and training.

The profile of the group studied suggests they are highly experienced and a valuable resource in managing people with venous leg ulcers in the community. The findings suggest that managing leg ulcers is an integral component of the role of public health nurses in Ireland.

The findings indicate that the majority of PHNs regard other nursing colleagues as the experts in leg ulcer management to inform their clinical decision making, especially Clinical Nurse Specialists and nurses working in a leg ulcer clinic.

The findings suggest that the majority >90% of PHNs surveyed described knowledge and management practices that are consistent with good practice and in line with current leg ulcer guidelines.

The findings highlight the importance of assessing and maintaining quality of life in people with leg ulceration. The findings suggest that client concordance is the most frequently reported barrier to providing best practice in leg ulcer management. The vast majority of PHNs (79%) sought further education and training related to leg ulcer management practices. This survey has generated valuable data to inform the debate on the challenges public health nurses experience in managing people with leg ulceration in the community.

**Sandra Barrett, Smith & Nephew Ltd. RGN, BSc, MSc Nursing**

Following registration as a nurse from The Royal London Hospital I gained extensive clinical experience in both coronary care and intensive care nursing in Ireland. I developed a passion for wound care when nursing several people suffering from burns following the Star Dust tragedy of 1984. Since then I have completed my BSc in nursing studies at the University of Limerick and a Tissue Viability course in Toronto, Canada.

Since 1990 I have worked with Smith and Nephew Ltd first as clinical nurse advisor and more recently as Clinical Support and Education manager. My role with Smith and Nephew is very dynamic and led me to develop a series of booklets on wound management including Pocket-guides on leg ulcers, pressure ulcers and general wound management. As part of my role I have initiated, developed and delivered An Bord Altranais approved study days on leg ulcers, pressure ulcers infection control and general wound management. More recently my role has incorporated research in the form of clinical evaluations and multi centre trials. This expanded role has given me the impetus to complete my Masters through research at the University of Limerick. The national survey presented was completed as part of my MSc through research and was fueled by a passion for wound management and education.
THE SATISFACTION AND THE WORRY: EMOTIONAL EFFECTS ON ONCOLOGY NURSES FROM CLOSE RELATIONSHIP WITH PATIENTS

Aim: This concurrent paper reveals findings from a phenomenological study exploring the meaning of intimacy in nurse-patient relationships in oncology care settings.

Methodology: An interpretive phenomenological (also known as philosophical hermeneutics) design was chosen, with insights from the philosophy of Phenomenologist, Gadamer (1975) utilised to guide the study process. Twenty-three oncology nurses were interviewed twice; with the interview data analysed and interpreted using guidance from Hermeneutical interpretation and van Manen's (1990) phenomenological approach.

Results: Nurses’ narratives revealed a sense of satisfaction in their intimate relationships with patients, which sustained their caring efforts. For some nurses, the satisfaction they gained from this intimacy with oncology patients had clearly an existential quality for them, and influenced their personal views of life. However, simultaneously, nurses expressed their efforts to achieve and maintain a comfortable emotional distance from patients for fear of over-involvement. Satisfaction for nurses from emotional engagement with patients is also reported elsewhere (e.g. Tumer 1999, Henderson 2001, Williams 2001). Moreover, Wengstrom and Edelhøf (2006) report how cancer nursing influenced nurses’ belief system. However, the potential for emotional pain is clearly high in oncology care settings. It is not surprising, therefore, that most nurses in this study expressed their need to be careful about getting too intimate with patients because of the possible emotional effects on them. The work of sociologist, Hochschild (1983), on ‘emotional labour’, is one that applies to this study. Many of the nurses interviewed expressed the need to hide some of their emotions from patients. These revelations contribute to the growing body of knowledge on ‘emotional work’ involved in nurse-patient relationships in oncology.

Dr Maura Dowling

Nurses from Close Relationship

The Satisfaction and the Worry: An interpretive phenomenological approach.

References


CO-CONSTRUCTED INQUIRY: A NEW APPROACH TO THE GENERATION OF SHARED KNOWLEDGE IN LONG TERM CONDITIONS

Aims: The paper outlines the development and application of a new qualitative research methodology, Co-Constructed Inquiry (CCI) (Keady and Williams, 2007), and its application with three specialist nurse practitioners in North Wales. It confronts the challenge set by Charmaz (2006) in developing grounded theory so that the ‘mutual creation of knowledge by the viewer and viewed’ (p.510) becomes the centre-stage storyline, not the objectivist approach of the traditional method of grounded theory generation using constant comparative analysis.

Methods: A number of key criteria underpin CCI, including: longitudinal design, constructivist principles, life story work and the need to establish a more egalitarian relationship between supervisor(s), researcher and participant(s). CCI enables theory to be built through the lens of lay understanding(s) and in partnership with the person living with the diagnosis. Within CCI the stages of theory construction are: 1) The Life Story Script; 2) Developing ‘Personal Theory’, and 3) Developing ‘Collective Theory’. The method uses dramaturgical metaphor, visual prompts and diagramming.

Analysis: This paper will report upon the development of Personal Theories with people with Parkinson’s disease (PD), Alzheimer’s Disease (AD) and stroke. It will outline the development, composition, ownership and utility of Personal Theories around adjustment co-developed by/with two people with PD, AD and stroke during a period of 18-24 months.

Results: To date, the Personal and Collective Theories highlight the complexity of family-based adjustment to the diagnosis of AD and PD and the sudden impact of stroke. The outputs of CCI identify opportunities for innovation that may improve the care and support of people with long-term conditions.

Recommendations: Implications for nursing research and practice development, focused on opportunities from the Life Story Script, Personal Theories and Collective Theories centred on the importance of relationship, biographical and theoretical sensitivity in addition to a longitudinal design.

Dr Sion Williams

CONSTRUCTION OF MEANING IN SELF-CARE: THE EXPERIENCE OF Women WITH RHEUMATOID ARTHRITIS

Aims: The aim of this paper is to explore the construction of meaning in self-care and the experience of women with rheumatoid arthritis (RA) in their daily lives. A grounded theory approach was used to explore the women’s experience of self-care, and to then develop a theory that reflects the women’s understanding of self-care in the context of their experience of living with RA.

Methods: Using a qualitative, grounded theory approach, a series of in-depth interviews were conducted with 10 women living with RA. The interviews were transcribed and coded, and a theoretical framework was developed based on the women’s experiences of self-care.

Analysis: The analysis revealed that the women’s experience of self-care was influenced by a range of factors, including the physical symptoms of RA, the emotional impact of the condition, and the social and environmental factors that affected their ability to engage in self-care. The women developed a range of strategies to cope with the challenges of self-care, including the use of medication, alternative therapies, and social support networks.

Results: The results of the analysis indicated that the women’s experience of self-care was characterized by a constant state of uncertainty, and that they developed a range of strategies to cope with this uncertainty. The women’s experience of self-care was also characterized by a sense of agency, and their ability to take control of their own care.

Recommendations: The findings of this study have implications for the provision of care to women with RA, and for the development of interventions to support self-care. The women’s experience of self-care highlights the importance of adopting a patient-centered approach to care, and tailoring interventions to meet the specific needs of each individual.

Dr Sion Williams
IRISH MIDSIVES’ NEEDS WHEN PROVIDING PERINATAL BEREAVEMENT SUPPORT TO PARENTS EXPERIENCING PERINATAL DEATH

Background: Perinatal death is a traumatic experience for both parents and midwives. Many midwives feel unprepared for this aspect of their role. (Chan et al, 2003, Gardner, 1999) A literature review identified one qualitative study exploring Irish midwives’ needs(Nallen, 2004). This study proposed to provide further research into perinatal bereavement support.

Aims: To identify midwives’ concerns and support needs when providing perinatal bereavement support. To identify the knowledge, practices and confidence levels of midwives when providing perinatal bereavement support.

Methods: Quantitative descriptive methodology was used. In April 2006 a questionnaire was designed based on the literature reviewed and sent to a convenience sample of 190 midwives and neonatal nurses working in two large maternity hospitals in Ireland. Data was analysed using SPSS.

Results: The response rate was 63% (n=118).
Over 69% of midwives (n=80) were concerned with the lack of time they were able to give to bereaved parents. Lack of support, knowledge and experience were other areas of concern. While midwives used informal peer support as a coping strategy they perceived that debriefing sessions would enable them to enhance care. While these midwives reported using caring practices that parents find helpful to facilitate their grieving process, lack of time and lack of continuity of care inhibited midwives from providing psychological care. Over 90% of respondents reported moderate and/or high confidence levels when providing perinatal bereavement care. Length of midwifery experience correlated positively with levels of confidence (r= 0.27, p=0.000). 102 respondents reported that perinatal bereavement education was not adequately addressed in their midwifery curriculum and all the participants identified a need for continuing education in this area.

Discussion: Midwives need protected time when providing perinatal bereavement support. Continuity of care and privacy should be facilitated where possible. Senior midwives could provide invaluable support and education for less experienced midwives.

Conclusion: This study identifies pertinent issues for practice and education that could enhance the provision of perinatal bereavement support.

Siobhan M Bourke

NURSE PRESCRIBING – WHERE ARE WE NOW?

It is now over twenty years since the inception of nurse prescribing in the UK and nearly one year since the (non-pilot) courses were delivered for the first time in the Republic of Ireland.

It is the intention within this paper to outline the major landmarks that have led to this paradigm shift and to try to assess the value of these courses in the delivery of patient care.

In the UK nurse prescribing has been widened and is now known as non medical prescribing as several more groups have been added to the list of those who can prescribe. These include physiotherapists, pharmacists, podiatrists and radiographers.

These groups are not yet allowed to prescribe independently; at this point they are only allowed to be supplementary prescribers, having to liaise with registered medical practitioners to produce tripartite clinical management plans, and patient group directions.

Nursing groups however are able to independently prescribe from the whole of the BNF within their own scope of professional practice.

In the one year since Nurse Prescribing has been in force in Ireland, courses have been offered within the Faculty of Nursing and midwifery at the Royal College of Surgeons in Ireland, at University College Cork, and at University College Dublin. 119 nurse practitioners have completed the course and in October 2007 the next cohorts started – these cohorts are now well on their way to completing their course. In both the UK and Ireland the courses are always over subscribed, and people are disappointed if they cannot access the courses at their first attempt. This fact alone surely shows that there is a great need for nurses to be able to prescribe. In the UK it was shown that there were many barriers to nurses actually being able to prescribe, even although they completed the course. It will be interesting to see if the nurses in Ireland find the same barriers to practice, and how they will overcome them.

Maureen Duff

Maureen Duff, University of Stirling / NHS Forth Valley
B.Sc, MSc, R.G.N., S.C.M., Dip.H.V., R.N.T., TQFE, PG cert ED, Pg Dip APS, TNIC (AAACN) FF Cert Florence Nightingale Scholar, NIP, FNIMRCSI

Maureen has worked in Nurse Education since 1990, and is employed by the University of Stirling in Scotland as a Teaching Fellow. She undertook the Nurse Prescribing Course in 2004, and is involved in teaching courses on Telephone triage and Minor Illness, and also teaching on undergraduate and post graduate nursing courses.

She also works with an “Out of Hours” centre as a Nurse Practitioner where she autonomously sees, diagnoses, treats, discharges or refers to hospital patients with undifferentiated, undiagnosed conditions.

In this post she is able to prescribe medication from the whole of the BNF within her scope of professional practice.

She was a Florence Nightingale Scholarship in 2001 to investigate competence in Telephone triage, and her MSc Thesis took the form of an action research study looking at the development of Telephone triage and Minor Illness courses. She was awarded a Fellowship of the Faculty of Nursing and Midwifery of the Royal College of Surgeons in Ireland in 2006.

At present she is also an external examiner on the nurse prescribing courses in RCSI and UCC and in Minor Illness, Minor Injury, Autonomous Practice and Clinical Decision Making in Oxford. She is also a doctoral student on a clinical doctorate programme.

Siobhan M Bourke, University College Cork RNLI, RM, BSc(Nursing Studies) MSc

I have recently joined the School of Nursing and Midwifery, UCC as a midwifery lecturer. Prior to this, I was employed as evidenced based clinical care coordinator at Cork University Maternity Hospital. I have worked in many aspects of midwifery in the UK and Ireland for the last 10 years. My areas of interest are perinatal bereavement support, evidence based practice and diabetes in pregnancy. I completed my MSc in clinical practice at UCC in 2006.
Nurses Knowledge of Pressure Ulcer Prevention

Background: Pressure ulcers are a significant health problem, impacting negatively on the individual's quality of life and compounding rising health care costs. It is argued that neither the prevention nor incidence of the problem is reducing despite continued investment in the use of preventative equipment. Nurses have a unique role to play in pressure ulcer prevention; however, effective practice needs a good foundation in appropriate knowledge and skills. A previous Irish study identified that education and training in pressure ulcer prevention was sporadic, lacking consistency and not well availed of by nurses. The study did not explore whether this had an impact on actual knowledge. Therefore, in planning ulcer prevention it is important to determine nurses' knowledge levels.

Aim: The aim of this study was to explore staff nurses' knowledge of pressure ulcer prevention.

Design: The research design was a quantitative descriptive, cross-sectional survey design using a validated questionnaire as the data collection tool. Ethical approval was granted from the Local Research Ethics Committee.

Analysis: Data were analysed using SPSS, descriptive and inferential statistics were undertaken as appropriate.

Results: Nurses' (n=142) overall knowledge was found to be good. Interestingly, knowledge levels were not as good in relation to the less obvious contributory factors such as the use of sedation and the role of nutrition.

Discussion: In keeping with the international literature, nurses working in the Irish health care setting have good knowledge of most of the pertinent aspects of pressure ulcer prevention. Successful pressure ulcer prevention is dependent on the knowledge, skills and attitudes of the staff involved in this aspect of patient care. It appears that there may be barriers that exist which impede the transfer of knowledge and attitudes into effective pressure ulcer prevention and this warrants further exploration.

Conclusion: Nurses knowledge of pressure ulcer prevention was found to be good suggesting that there are other contributory factors that influence pressure rates. It would be of value to explore actual care delivery in pressure ulcer prevention to determine target areas in planning prevention strategies.

Helen Strapp, AMNCH
RSCN, RGN, Post Graduate Diploma in Wound Healing and Tissue Repair, MSc Nursing
Helen started in nursing in Our Lady's Hospital for sick Children, Crumlin. After working there for a total of three years she then went on to do a post graduate course in general nursing in the Meath Hospital. After being there for four years she then moved nearer home to work in St. Vincent's University Hospital, Elm Park. She worked there for a total of 12 years of which the last five years was as a Clinical Nurse Manager on a vascular thoracic ward with a four bedded HDU unit. She also had a high interest in wound management and after completing a post graduate course in wound healing and tissue repair in the University of Wales, College of Medicine, Cardiff, she became involved in wound care and education. She did an MSc in nursing and graduated in 2007. At present Helen is working in AMNCH as Tissue Viability Clinical Nurse Specialist. She is a member of the WMAI, Leg Ulcer Form, EPUAP and EWMA.

A Comparative Study Exploring the Attitudes of Doctors and Nurses Towards Hand-Hygiene and Alcohol-Based Hand-Rubs

Background: Hospital-acquired infections place an enormous burden on the health-service. Hand-hygiene substantially reduces the risk of cross-infection within the health-service. Attitudes, behaviours, poor compliance and barriers exist towards hand hygiene. Alcohol-based hand-rubs (ABHRs), however, are quick, effective and user-friendly and counteract this problem.

Aim and objectives: The aim of this comparative-study is to explore and compare compliance, perceived-behaviours and attitudes and barriers towards hand-hygiene and ABHRs between doctors and nurses.

Methods: A quantitative positivist methodology, utilising a cross-sectional design was used. Data collection consisted of a validated attitudinal survey comprising of a five-point Likert-scale. This study was conducted in a large, Acute, Irish Teaching Hospital. A stratified random sample (N=423) achieved representation of doctors and nurses. Data were analysed descriptively and cross-tabulated. Chi-square (Pearson's) and Mann-Whitney-U statistical tests, using SPSS version 14.0 were conducted.

Outcome: Several statistically significant differences between doctors and nurses attitudes, behaviours, self-reported compliance and barriers towards hand-hygiene and ABHRs were identified, (p<.05). Results demonstrated several statistically significant differences, (p<.05) between the professions self-reported compliance, perceived-behaviours and attitudes and barriers towards hand-hygiene and ABHRs.

Analysis and Results: These research findings differ from published hand-hygiene research as several barriers towards using ABHRs including dermal tolerance and time factors were evident among Irish Healthcare-professionals. Despite their advantages, only 47% of participants reportedly use ABHRs >90% of the time, with noteworthy differences between the professions (p<.05). Lack of awareness of local, national and international guidelines was notable among doctors. This study suggests that the level of acceptance of ABHRs among healthcare-professionals may be a barrier towards the implementation of hand-hygiene recommendations.

Recommendations: There is a paucity of Irish hand-hygiene studies and a dearth of international studies specifically exploring attitudes towards ABHRs. These research findings provide a valuable contribution to the existing hand-hygiene evidence base. Further studies are necessary to determine if these findings are evident in other healthcare settings.

Barbara Slevin, Mid-Western Regional Hospital
RGN, Cert Preparative Theatre Nursing, PG H-Dip Infection Control Nursing, MSc (Hons)

I work as a Clinical Nurse Manager in Infection Control in the Mid-Western Regional Hospital, Limerick. I also cover two other hospitals in the area including the Mid-Western Orthopaedic Hospital Croom and the Mid-Western Regional Maternity Hospital. Before taking up my position in Infection Control in 2002, I worked as a Perioperative nurse in Theatre for several years.

I received a postgraduate Higher Diploma with distinction, in Infection Control from the Royal College of Surgeons in Ireland in 2004 and in 2007, I graduated with an MSc (Hons) from the same.

I have always been particularly interested in the area of hand hygiene and undertook a research study which actively explored the compliance and perceived attitudes, behaviours and barriers towards hand hygiene and alcohol-based hand rubs in part fulfilment for my MSc. Other broad research interests include outbreak management, decontamination practices, and behavioural aspects of Infection Control practice.
A SYSTEMATIC REVIEW OF QUALITY OF LIFE RESEARCH ON CHILDREN WITH ACUTE LYMPHOBlastic LEUKAEMIA.

Background: Acute lymphoblastic leukemia (ALL) is the most common childhood cancer. Although survival rates have greatly improved, treatment protocols can adversely impact on children’s quality of life (QOL). Despite increasing numbers of studies being conducted to investigate treatment related QOL, there has been little systematic review of these studies to determine how they contribute to methodological and empirical knowledge on QOL in children with ALL.

Aim & Objectives: To systematically review studies on QOL in children during treatment for ALL, and specifically (i) to describe methodological approaches and quality of studies undertaken (ii) to summarise research findings on QOL as reported by children and/or their parents and (iii) to determine whether children and parents differ in their reports on QOL.

Methods: Principles and procedures of systematic reviews were applied. Searches were conducted in biomedical, psychological and behavioural science databases using combinations of key terms yielding 60 papers for consideration: seven papers met inclusion criteria. Data specific to objectives were extracted for analysis.

Results: There was little consistency in how QOL was investigated across studies. Designs varied to include cross sectional (n=4), longitudinal (n=1) and qualitative longitudinal (n=2). Measurements of QOL varied. Small sample sizes and lack of comparison groups limited the quality of studies. Children’s reports on QOL were represented in three studies (n=2). Measurements of QOL varied. Small sample sizes investigated across studies. Designs varied to include cross sectional yielding 60 papers for consideration: seven papers met inclusion criteria. Data specific to objectives were extracted for analysis.

Recommendations: There is a need to push the boundaries in nursing and healthcare research on QOL concerning children with ALL. Larger sample sizes are needed and methodological rigour needs to be applied to studies. Qualitative research would provide insights of relevance to parents and children’s experiences. Including children as participants is critical since their views may differ from parents. Developing the research agenda on QOL is important to providing empirical evidence of practical value to practitioners caring for children with ALL.

Anna O’Riordan
University College Cork
BSc RGN

Ms Anna O Riordan has obtained a Bachelor of Science degree in Nursing Studies from University College Cork in 2006. Since becoming a registered general nurse in 2006 she has worked as a general nurse in Cork. She has also been working part time as a research assistant to Dr. Eileen Savage in the School of Nursing & Midwifery, University College Cork. As part of her role as research assistant she has been actively involved in many aspects of the research process for a number of projects including data collection and data analysis for the present study.

Eileen Savage
PhD MEd BNS RSCN RGN

Dr. Eileen Savage is a Senior Lecturer and Cochrane Fellow at the School of Nursing & Midwifery, University College Cork. She has obtained a primary degree in Nursing from University College Dublin, a masters degree in education (MEd) from University College Cork, and a PhD from the University of Manchester UK. She has professional qualifications in general, sick children’s nursing and midwifery and has worked in Ireland and in the UK. She has presented and published papers for both national and international audiences. She is actively involved in research involving a number of projects relating to chronic illness during childhood and adolescence. She has been awarded research grants and scholarships from various funding agencies including the HRB, An Bord Altranais, Cystic Fibrosis Association of Ireland. Children’s Leukaemia Project.

Mary Hughes
MSc BSc HDip (Children’s Nurses), RSCN RGN

Ms. Mary Hughes began her nursing career training as a general nurse in Beaumont Hospital. From there she attained a Higher Diploma in Children’s Nursing in The Children’s University Hospital Temple Street in conjunction with University College Dublin. She attained her BSc and MSc in Nursing through the Royal College of Surgeons in Ireland. She has recently registered for a PhD in Nursing through University College Cork. She has been employed in UCC for the past two years, and is currently working there as a Lecturer Practitioner. She teaches on both the Integrated Children’s and General and General BSc Pathways. She has been awarded the Martha McI menamin Scholarship for her study on The Shared Care Model for Childhood Cancer Treatment. She has presented posters at National and International Nursing Conferences.

ASSESSING ORGANISATIONAL READINESS TO SUPPORT DEVELOPMENT OF PRACTICE AND QUALITY IMPROVEMENT ACTIVITY

Background: In 2005, the Northern Ireland Practice and Education Council for nursing and midwifery began a programme of work aimed at promoting the development of practice as an organisational activity, particularly in view of the expanding context of patient safety and experience (DHSSPSNI, 2006²).

Initial work clarified that a key component of effective development of practice activity was the nature of the environment or setting in which the proposed activity was occurring. Subsequently, it was agreed that a tool to assess the systems in place within an organisation to support this type of activity could be of great use.

Aim and Methodology: The aim of the paper is to outline the process to produce a tool that would assist an organisation engaging in health and social care delivery to assess the readiness of systems to support development of practice activity. The methodology involved three interrelated activities: structured interviews with each of the 18 Trust Nurse Directors in Northern Ireland to map development of practice activities within each organisation; a review of the relevant literature; and, convening of a development of practice expert group to validate themes and outcomes.

Results: The structured interviews carried out with Trust Directors of Nursing identified a number of enablers and barriers to effective development of practice activities which were analysed and themed. The emerging themes were validated through an analysis of relevant literature. In addition, the expert working group convened confirmed three emerging facts that comprised; people, infrastructure and systems. The final outcome was the development of an assessment tool which encapsulated the validated themes.

Conclusion: Successful practice and quality improvement requires an appropriate environment within which it can develop. The Organisational Guide can help organisations assess their readiness, enabling systems to be put in place to support such activity.

To view the guide, go to http://www.nipep.n-i.nhs.uk/docs/diporgguide.pdf


Angela MM Drury

Angela MM Drury, Northern Ireland Practice and Education Council for Nursing and Midwifery RGN

Angela completed training in 1988 following which she worked in the Belfast and Northern Trusts, Northern Ireland. During her time as a senior staff nurse she participated in a number of projects inclusive of implementation of Primary nursing, benchmarking care Trust wide using the “Monitor” audit tool and external auditing as the Nurse consultant with Price Waterhouse. As manager of a surgical ward from 2003, she supervised a number of development of practice projects looking at various infection control issues, essence of care benchmarking and pre-assessment for elective surgical patients. Angela took up post as a Professional Officer with the Northern Ireland practice and Education Council for Nursing and Midwifery (NIPEC) in January 2007 and from June has been acting into the Senior Professional Officer role for practice and quality. She finishes her BSc (Hons) in Health Studies, Management in Care Giving pathway in January 2007.
MEETING THE CHALLENGE OF BULLYING IN MIDWIFERY

Background: Bullying in the workplace is a stark reality for many midwives; yet it is relatively uncharted and poorly understood.

Aim and Objectives: To define and examine the nature and manifestations of bullying in midwifery.

Method: This was a four phase study which incorporated both quantitative and qualitative methodologies. Initial telephone interviews with midwives were followed up by a concept analysis of bullying. In order to contextualise the findings of the concept analysis within practice, focus groups with practising midwives, midwife managers, union representatives, and academic midwives were undertaken. These validated, contextualised and confirmed the findings of the concept analysis. The defining attributes of bullying were used to inform the development of a survey questionnaire which was administered to student midwives (n=400) at a UK student conference.

Analysis and results: Of the 164 student midwives who responded, 35% (n=75) reported that they had been bullied and 36% (n=59) had witnessed bullying. The people who were most likely to bully them were midwives, mentors and supervisors of midwives. The behaviours that were experienced included excessive criticism 21% (n=35), questioning of competency 19% (n=31), intimidation 23% (n=37), belittling of work 20% (n=33), undervaluing of skills 20% (n=33) and undervaluing of effort 20% (n=33). In addition, physical bullying was also reported by a small number of the student midwives. There were a number of consequences for these students including leaving the course and one midwife contemplated suicide.

Recommendations: In a profession where there are problems with retention and recruitment of staff, there is a need to manage bullying behaviour. Challenge one is to raise awareness of bullying at all professional levels. Challenge two is to engage statutory midwifery associations in the prevention and management of bullying in midwifery.

This research was funded by the RCM Ruth Davies Research Bursary

Dr Patricia Gillen, University of Ulster
PhD, PG Dip Nurse Education, MSc Midwifery, BSc Hons, RM, RGN

Patricia Gillen is the Coordinator of Post Registration Education in the School of Nursing University of Ulster. Prior to joining the University of Ulster in January 2002, Patricia worked in a variety of midwifery posts and settings including as manager of a rural maternity unit. Patricia has recently completed her PhD which explored bullying in midwifery.

Professor Marlene Sinclair
PhD, Med, DASE, BSc RNT RM RGN

Professor George Kernohan
PhD, CPhys, CMaths, FIMA, BSc

FACTORS INFLUENCING WORK ENVIRONMENT AND JOB SATISFACTION AMONG EMERGENCY NURSES IN IRELAND

Background: Nursing shortages, job dissatisfaction and poor staff retention rates are effecting health systems internationally and impacting on the quality of healthcare provided to patients (Aiken et al., 2001; Thompson and Burtn, 2004). Decreased levels of job satisfaction and motivation may lead to lower staff recruitment and retention rates (Aiken et al., 2001b, Shirley, 2006). Findings relating to the work environment and job satisfaction levels in the Emergency Department will have direct implications for staff recruitment and retention in the hospitals studied.

Aim: The aim of the study is to investigate the work environment experiences and job satisfaction levels of nurses working in the accident and emergency department.

Objectives:
1. Describe the factors that influence work environment and job satisfaction among Emergency nurses.
2. Investigate the relationship between work environment and job satisfaction.
3. Determine if work environment rating and job satisfaction levels differ among clinical grades and levels of experience.

Methods: This study uses Triangulation as a research approach incorporating methodological triangulation (between methods) and data triangulation to measure the factors effecting work environment and job satisfaction.

Results:
1. The relationship between work environment and job satisfaction levels is statistically significant at both P<0.05 and P<0.01 levels.
2. The relationship between clinical grade and job satisfaction levels was statistically significant for two subscales; satisfaction with achievement, value and growth and satisfaction with the job itself.
3. The relationship between clinical grade and work environment levels was statistically significant for two subscales; supervisor support and work pressure.
4. There was not statistically significant relationship between work environment and level of experience.

Conclusion: Job satisfaction levels of emergency nurses are affected by their work environment. Job satisfaction levels vary among different clinical grades of nurse. This study provides an insight in to the factors that influence nurses’ work environment and their job satisfaction levels.

Gerard White

Gerard White, Beaumont Hospital
RGN, RNS, Hlsp (A&E), Dip MGMT

Gerard White works as a Clinical Nurse Specialist in Minor Injuries in the Emergency Department in Beaumont Hospital, Dublin. He has worked in Beaumont Emergency Department for seven years.

In his current role, Gerard works as part of the team of Clinical Nurse Specialists who deliver a nurse-led minor injuries service to ambulatory care patients in the Emergency Department. In addition to clinical practice, he is involved in research, education and the development of an Advanced Nurse Practitioner service in the Emergency Department. This study was conducted in fulfilment of the M.Sc. by research in Nursing at the Faculty of Nursing and midwifery, Royal College of Surgeons in Ireland. The study was funded by the Health Research Board as a Clinical Research Training Fellowship in Nursing.
PREVALENCE OF PRESSURE ULCERS IN AN IRISH HOSPITAL POPULATION

**Aim:** Pressure ulceration is a significant, but often preventable, cause of morbidity in hospital populations. This study aimed to identify the point prevalence rate of pressure ulcers in 3 teaching hospitals in Ireland and the risk factors for their development.

**Methods:** Eight teams of one doctor and one nurse visited 672 adult patients over 2 days. Each patient was examined and pressure ulcers graded with the European Pressure Ulcer Advisory Panel (EUPAP) grading system. Abbreviated Mental Test Score, Barthel Index and support surface type were recorded for each patient.

**Results:** Point-prevalence rate was 18.5%. 77% of pressure ulcers were hospital acquired. 49% of pressure ulcers were grade 1, 37% grade 2, 6% grade 3, 3% grade 4 and 5% could not be staged. 44% of patients with pressure ulcers did not have an appropriate risk assessment. 66% of patients with pressure ulcers were positioned on an appropriate support surface. The factors significantly associated with the presence of pressure ulcers were reduced mobility, urinary incontinence, cognitive impairment and duration of hospital stay. However, following logistic regression analysis that accounted for all significantly associated variables, only reduced mobility and length of hospital stay predicted the presence of pressure ulcers.

**Recommendations:** The point prevalence is similar to international studies. While the identification of such risk factors is not a new, the strong associations re-iterate that those with such risk factors are more likely to develop pressure ulcers and should be the focus of preventative strategies. Although there was no significant association between having a pressure ulcer and having a risk assessment performed documentation of pressure ulcer risk ensures that communication and transfer of information between clinical staff is optimised. Regular audit of pressure ulcer care must be performed according NICE guidelines so that performance can be assessed and, ultimately, patient care optimised.


Irene Hartigan

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INNOVATIVE APPROACHES IN ENHANCING INFECTION PREVENTION & CONTROL PRACTICES.

**Introduction:** Hand hygiene prevents cross-infection in hospitals, but health-care workers’ adherence to guidelines is poor. Compliance with hand hygiene recommendations varies between hospital wards, among professional categories of health-care workers, and according to working conditions, as well as according to the definitions used in different studies. Compliance is usually estimated as <50%. In-service education, distribution of information leaflets, workshops and lectures, and performance feedback on compliance rates have been associated with transient improvement.

**Action / Intervention:** Practice of “Standard Precautions” is essential in delivering safe quality care to patients. To enhance Hand hygiene practice, a key element of standard precautions, a multi pronged approach was taken to address needs of various stake holders.

Organisation mandatory staff induction, incorporating basic Infection Prevention & Control elements implemented since January 2006. Blitz generic training sessions for general staff and road shows targeting clinical staff were delivered. Trainers on hand hygiene were trained in units & divisions to promote practice locally. To identify & recognise best practice champions locally, staff nominated a colleague “Role model of Infection Prevention & Control from each unit”. Specific sessions were delivered at grand rounds targeting clinicians & sessions targeted for professional staff. Relevant Surveillance & audit data was presented to groups linked with hand hygiene audit results.

Units topped on observational practice and overall hand hygiene compliance was named and presented a perpetual trophy in a well represented ceremony.

**Discussion:** No single intervention has consistently improved compliance with hand hygiene practices. Organisational commitment & support of senior management coupled with local champions promotes change in practice. Identifying hand hygiene compliance as a key performance indicator within directorates / divisions and rewarding consistent performance should encourage broader compliance on hand hygiene. Mandatory staff induction and periodic refresher programs, periodic feed back of hand hygiene audit results as performance indicator has shown promising results in changing the culture.

Toney Thomas

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Ms. Irene Hartigan is a College Lecturer at University College Cork. Irene trained as a RGN with the voluntary hospitals in Cork in conjunction with UCC and then travelled to Australia where she was worked in a variety of settings. She holds a Degree in Nursing Studies, a Diploma in Health and Safety and an MSc in Clinical Health Science Education. Her background is in Care of the Older Adult with a keen interest in stroke patients. Irene was one of the data collectors for the National Audit in Stroke care and she has published on aspects of patient assessment.

Irene Hartigan

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Irene Hartigan, University College Cork

MSc, HDip, BSc, RGN
AN ENQUIRY INTO NURSING ROLE DEVELOPMENT IN A CHILDREN’S CANCER DAY CARE UNIT

**Background:** Advanced nursing practice in paediatric haematology oncology is a relatively new concept in Ireland and is currently evolving. International literature highlights the benefits of advanced nursing practice to the paediatric patient and their families.

**Aims:** The aim of this study was to determine the potential for nursing role development within a children’s cancer day unit. To evaluate the nurses and consultants understanding of the registered nurses’ role in this clinical setting and to evaluate nurses and medical consultants understanding of the registered nurses’ and Advanced nurse practitioner role.

**Method:** A qualitative approach using a case study design. A total of ten nurses were interviewed in focus groups. A total of four medical consultants were interviewed using semi-structured interviews. Data was analysed using the Strauss and Corbin (1998) approach and SWOT analysis of ‘what if all the nurses in the day unit developed their roles’.

**Analysis and Results:** Five main themes were identified namely the current role of the nurse, continuity of care, the potential for change, boundaries of practice and barriers to role implementation. The development of a new nursing role was identified by all participants with some seeing a definite role implementation. The development of a new nursing role potential for change, boundaries of practice and barriers to role development within a children’s cancer day unit.

**Recommendations:** Educational sessions should be provided for all members of the multidisciplinary team with regard to the development of the ANP role in the haematology oncology setting.

Ensure ongoing collaboration between education and practice to identify and support role development. Patient care must remain central to nursing role development in paediatric cancer care.

Frieda Clinton

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A STRATEGIC FRAMEWORK FOR DEVELOPING NURSING AND MIDWIFERY PRACTICE

The purpose of practice development is to continuously improve both the quality of the patient’s health care experience and the competence of those who deliver this care. It involves a wide range of activities, such as the introduction of changes to practice, the support and development of practitioners and the implementation of evidence-based practice. To be successful, these activities must be systematically planned, implemented and evaluated. The purpose of this strategic framework, therefore, is to provide nurses and midwives with a coherent and standardised approach to practice development activity. This will assist them to develop healthcare, maintain patient safety and increase the performance of the Trust.

This presentation aims to share this new strategic framework with the audience. We would like to share the four phases of the practice development cycle which represents a systematic approach to practice development and provides staff with a series of sequential steps that should be undertaken when making improvements to healthcare. Included within this model we would like to outline the Practice Development Plans which form an integral part of the strategic framework. We will demonstrate how these are used in practice, how the information is communicated to enable Practice Development Nurse's to share good practice, ideas and workload and how the achievements are collated and reporting to various boards within the Trust.

Sharon Yates
**Background**: Being in labour is momentous for women and signifies the beginning of an exciting journey towards their labour and birth. Women are often unsure and anxious at this time. The official diagnosis of established labour is often dependent on a number of factors including the midwife who is caring for the women and her assessment of how the woman is coping and the culture of the institution.

**Aim**: To explore women’s experiences of labour and birth and to identify aspects of the experience that are important to women.

**Methodology**: Following ethical approval from both academic and clinical committees a qualitative, descriptive study consisting of a series of five focus group interviews was carried out. A purposeful sample of 25 participants was recruited from four randomly selected maternity hospitals, to obtain a diversity of cultural, socio-economic demographic and service provision perspectives.

A qualitative descriptive analysis, which emphasised the interaction and synergy of the groups using thematic analysis to generate categories and themes.

**Results**: Early labour is an important time for labouring women. The impact of being in this ‘twilight zone’ between early labour/induction and established in labour was that women felt isolated, ignored and seen as clogging up the ‘system’. Participants were often anxious and afraid at this time and worried about a range of issues including the wellbeing of the baby, their ability to cope, pain relief and losing ‘their place’ in the labour ward.

**Recommendations**: Women in early labour are a vulnerable group who often fall in between the more intensive support in labour ward and the busy maternity ward. Midwives and other health professionals need to be aware of the anxieties that women may feel at this time to provide timely and individual support and information and individual assessment.

Patricia Larkin

Patricia Larkin has worked in midwifery practice in several different countries for seventeen years. She became a Midwifery tutor in London and worked as a senior lecturer in Middlesex University for several years. She completed her Masters Degree in Royal Holloway University of London returning to Ireland in 1998 as Principal Midwifery Tutor to the Regional School of Midwifery in Drogheda. Patricia worked as a part time adviser in the Department of Health and more recently has been awarded a HRB fellowship. Patricia is currently undertaking a PhD study on women’s expectations and experiences of childbirth in Ireland.

Marie Courtney

Marie Courtney is employed as Professional Development Co-ordinator for Practice Nursing (HSE South) and is based in the Nursing and Midwifery Planning and Development Unit having commenced her post in January 2003 and supports 240 Practice Nurses across the Cork and Kerry area. She has worked in both the UK and Ireland specialising in primary care practice development for the past 6 years.

Marie has been chair of the Southern Region Practice Development Association from 2005-2007, representing members locally and nationally. She was invited as primary care nursing expert on the Advanced Nurse Practitioner Accreditation Committee at the National Council for the Professional Development of Nursing and Midwifery from 2004-2006.

Marie is a Registered General Nurse and her clinical experience includes practice nursing, respiratory care, family planning, urology and as a Clinical Research Nurse (Sexual Health).

Marie holds an Honours Degree in Nursing with a minor in Women’s Health from Middlesex University, London and has completed a Higher Diploma in Health Care Management in 2006. She is currently undertaking a Masters in Healthcare Management with the Royal College of Surgeons, Dublin.

A PHENOMENOLOGICAL STUDY EXPLORING THE ORGANISATIONAL AND PROFESSIONAL ISSUES AFFECTING SPECIALIST AND ADVANCED NURSING PRACTICE ROLES WITHIN PRIMARY CARE IN THE REPUBLIC OF IRELAND.

Primary care based Nursing is an increasingly important aspect of the Irish Healthcare system. Advanced and specialist nursing posts are based within practices privately managed by GPs and the emergence of primary care teams with differing governance structures poses an organisational challenge.

This study explores using a phenomenological approach the organisational and professional issues affecting Advanced Nurse Practitioners (Primary Care) and Clinical Nurse Specialists (General Practice) within the Republic of Ireland.

The study aimed to identify these issues and consider the implications on management, education and clinical practice and will create new knowledge in this area.

The data collection method chosen is by semi-structured interview with analysis undertaken using a qualitative thematic approach. The sample (ANP n=2 and CNS n=5) was obtained from the data base of accredited Advanced Nurse Practitioners (Primary Care) and Clinical Nurse Specialists (General Practice) held by The National Council for the Professional Development of Nursing and Midwifery.

Preliminary findings indicate that advanced and specialist Nurses working within primary care face many challenges identified in the literature including issues relating to role recognition, lack of adequate resources and the pressures attached to promoting the role within the primary care sector.

Opportunities identified include the ability to instigate and develop new or improved services to meet emerging patient needs within this sector, in collaboration with the multi-disciplinary team. Extrapolating the data would suggest that advanced and specialist nurses within primary care possess social and professional characteristics that facilitate responsive service development. Awareness of and utilisation of the social network within primary care is a core leadership skill adopted by ANP (Primary Care) and Clinical Nurse Specialist (General Practice).

Recommendations have been made that impact on management, clinical practice and education and will increase the nursing body of knowledge on the organisational and professional issues affecting advanced and specialist nurses within primary care.

Marie Courtney
MANUKA HONEY VS HYDROGEL. COMPARISON OF DESLOUGHING EFFICACY AND HEALING OUTCOMES IN VENOUS LEG ULCERS – RESULTS OF AN RCT

Introduction: Venous ulcers affect up to 2% of the population [1-3]. Approximately 50% will heal with compression therapy after 12 weeks. However, research regarding which ulcers heal at 12 weeks and the condition of the wound of those that do not is lacking. Slough can delay healing but the effect of desloughing on healing outcomes has not been quantified. Honey has been reported to have desloughing properties [4-6] but robust clinical evidence of efficacy in chronic wounds is lacking.

Aims: To determine if Manuka honey could deslough venous leg ulcers in comparison to a standard agent. To determine the % of wounds healed after 4 and 12 weeks. To quantify the effects on healing when wounds are desloughed. To determine the efficacy in chronic wounds is lacking.

Methods: Prospective, open label, multicentre, randomised controlled trial. Randomisation via remote telephone. Wounds having a 50% area covered in slough were included. Manuka Honey or Hydrogel applied once or twice weekly for 4 weeks in conjunction with compression therapy, followed by appropriate care based on clinical evaluation for next 8 weeks. Outcome measures included: % area covered in slough, wound size, healing rates, culture swab results. Intention to treat analysis was conducted. Ethical approval was granted.

Results: 35 males, 73 females age 24-89 years (mean 73 yrs). Baseline comparability was established. At week 4: the mean wound area covered in slough reduced to 29% (honey) vs 43% (gel) (p = 0.056); the median reduction in size was 34% vs 13% (z = -4.609, p = 0.001). At week 12: healing rates were higher in honey group vs gel 30% (n=24) vs 21% (n=18) (RR 1.38, p = 0.037). A slough reduction of ≥ 50% after 4 weeks was associated with a higher probability of healing at 12 weeks (95% CI 1.12 - 9.7, RR 3.3, p = 0.029). Epithelization was visible earlier in honey group vs gel (p = 0.042), MRSA was eradicated by week 4 in 70% of Manuka honey vs 16% hydrogel treated wounds.

Conclusion: The probability of sloughy venous ulcer healing after 12 weeks is higher when wounds are effectively desloughed and when Manuka honey is used compared to control. It is recommended that further clinical research is conducted to investigate the clearance of MRSA from chronic wounds when honey is used.

Dr Georgina Gethin, RCSI
PhD, RGN, Dip HE wound care

Background as a tissue viability nurse specialist in Sligo General Hospital. In 2004 awarded a clinical nursing and midwifery research fellowship from the Health Research Board of Ireland for a three year period. During that time completed a PhD with the Faculty of Nursing in the Royal College of Surgeons in Ireland. The PhD studied the use of Manuka honey in chronic wound healing.

Have published and presented both nationally and internationally on many aspects of wound management.

Currently president of the wound management association of Ireland and member of both European Wound Management association and Cochrane Wounds Group. Peer-reviewer for two major wound journals.

Currently, lecturer/researcher in a new research centre in the faculty of nursing and midwifery in the RCSI.

References

CARE OF THE SELF IN A KNOWLEDGE ECONOMY: HIGHER EDUCATION, VOCATION AND THE ETHICS OF MICHEL FOUCAULT

Perhaps it is time to place recent policy developments in practice and education in the wider context of what is now commonly referred to as a knowledge economy. The paper begins with an outline of what different commentators have intended by the term ‘knowledge economy’. The paper then examines the presence of ‘knowledge-economics’ in the discourse-practices of nursing and education. To do this I introduce Michel Foucault’s concept of ethics as a relationship that one has with one’s self ( rapport à soi). In filtering the implications of a knowledge economy through Foucault’s notion of rapport à soi, I develop the idea that practitioners and educators are now being asked to carry out a work on themselves that is presented as a prescriptive moral code. Two questions are asked. First: in the changing context of a knowledge economy, what might it mean to carry out a work on one’s self? Second: what are the potential relations between such a work and what it means to engage in what now appears to be the ever-changing business of practice and education?

Introducing the dimension of Foucauldian ethics will allow us to consider the knowledge economy in a manner that introduces the self into a relation with knowledge, and yet which also calls us to work on ourselves in that manner that is a permanent provocation with respect to its incitements. In the final part of the paper, I argue that a knowledge economy requires a new kind of critical awareness in which both an ethics and aesthetics of education may play a central part. I do this by introducing the ancient Greek concept of ‘care of the self’ ( epimeleia heautou).

Dr John Drummond

Dr John Drummond, University of Dundee

RN; RNT, Dip N; Cert Ed; M.Ed (Hons), PhD.

John Drummond is a senior lecturer at the University of Dundee. His research interests lie in the field of philosophy and social theory as applied to nursing, education, policy and research. He is a co-founder and current treasurer of the International Philosophy of Nursing Society (IPONS) www.ipons.dundee.ac.uk.
SUPPORTING PARENTS AND CARERS OF YOUNG PEOPLE WITH SELF-HARM

Background/Aims and Objectives: Being the parent/carer of a young person who has engaged in suicidal behaviour is a frightening experience. There is little ‘evidence-based practice’ to guide professionals in how best to provide support for such parents/carers (1). This project set out to seek the views of parents/carers of young people with suicidal behaviour on the type of support they want, and to develop and evaluate a programme incorporating their views.

Methods: The parents/carers of all young people who had attended the Emergency Department of a tertiary paediatric hospital with self-harm over a three year period were invited to participate in a qualitative focus group discussions about support needed by parents/carers in this situation. Discussions were recorded, transcribed and submitted to thematic analysis.

Results: 65 parents/carers were invited to participate, of which 26 attended the focus group discussions. Parents welcomed the opportunity to meet other parents, as they felt greatly stigmatized. The main themes to emerge included needs for the following: peer support for parents/carers; further information about suicidal behaviour in young people; skills for parenting an adolescent; help with re-establishing family structures/boundaries after an incident of self-harm by an adolescent; advice on how to handle threats or further incidents of self-harm.

Conclusion: Given the international endorsement of the importance of involving service users and carers in service development, we adopted a qualitative research approach to developing a programme informed by the needs of parents/carers of young people with self-harm. An eight week group programme covering the above themes has been developed for parents/carers of young people with self-harm. The programme will be evaluated using both quantitative and qualitative measures. Two programmes involving thirty parents/carers have been completed with the third programme commencing in October 2007. Initial results are available for the Conference.

Reference:

Carole Boylan

Carole Boylan, Childrens University Hospital RPN, RCN, Higher Diploma in Nursing Studies (Sick Children’s).

Carole Boylan qualified as a Registered Psychiatric Nurse in 1990 and has many years experience in the learning disability area of dual diagnosis. She undertook the Higher Diploma in Nursing Studies (Sick Children’s) in the Children’s University Hospital, Temple Street in 2003 and is currently employed as Clinical Nurse Manager in Child and Adolescent Mental Health in St Francis’ Clinic, Childrens University Hospital.

CHALLENGES ENCOUNTERED WHILE RESEARCHING END OF LIFE CARE IN A SPECIALIST PALLIATIVE CARE HOSPICE DAY CARE SERVICE IN THE REPUBLIC OF IRELAND

Background: Our society is experiencing an increase in numbers of older people. Coupled with this we need to recognise that end of life care is valued by our society. Ireland has a rich culture of hospice and palliative care organisations involved in end of life care. The goal of palliative care is a good quality of life, as defined by the patient, by maintaining dignity and controlling symptoms (Ferrell and Borneman, 2002). More recently, hospice care has expanded to include specialist palliative day care. The international literature suggests that hospice day care services are the most rapidly expanding component of palliative care and are a recognised priority area for development. While the National Advisory Committee Report on Palliative Care (Department of Health and Children, 2001) and A Baseline Study of the Provisions of Hospice/Specialist Palliative Care Services in Ireland (Irish Hospice Foundation 2006) highlight the crucial role which Hospice Day care provides to patients with cancer, there is a lack of empirical work which explores this role.

Aim of study: To examine the role of hospice day care in the care of patients with life limiting illness.

Objectives
1) To describe the context in which hospice day care is delivered in terms of the nature of the service, what is delivered and how it is delivered.
2) To examine the perceptions and experiences of individuals delivering and receiving hospice day care.
3) To identify the components of hospice day care services that have the greatest impact on patients’ lives.
4) To explore and analyse the impact of receiving day care services on patients with a life limiting illness over time.

Methods: This study used an ethnographic approach. It gives the patients perspectives of receiving care from all disciplines within a Hospice Day Care Service. A sample of patients is followed through the service from their presentation to Hospice Day Care to three to six months in the service. Various tools of data collection are used, namely non participant observation, informal interviews and in-depth individual interviews with patients and their carers. While conducting fieldwork issues relating to the uncertainty surrounding participants knowledge and understanding of their diagnosis and prognosis can present multiple challenges to the researcher. These challenges in addition to the researcher's satisfaction gained while conducting this research will also be presented.

This study received funding from the Irish Cancer Society.

Kathleen Neenan

Kathleen Neenan, Trinity College Dublin RGN RCN RNT BNS MSc

Kathleen Neenan is a PhD Student School of Nursing and Midwifery, Trinity College Dublin. Researching Hospice Day Care in a Specialist Palliative Care Hospice Day Care Service.
AN EVALUATION OF A SENIOR NURSE PRACTICE DEVELOPMENT LEADERSHIP PROGRAMME

Background: It is widely accepted that in health care there is a correlation between the quality of patient care, staff morale and effective nursing leadership. To address these issues A Senior Nurse Practice Development Leadership programme was designed and delivered by the Practice Development Co-ordinator within a healthcare organisation. The programme used a practice development (PD) approach and was underpinned by the principles of transformational leadership.

Aim: The aim of the programme was to facilitate the development of transformational leadership skills for senior nurses.

Programme objectives: Participants would
- identify the role that senior nurses play in implementing person centred care,
- begin to facilitate the development and growth of an enabling culture,
- develop transformational leadership skills,
- become aware of the culture they create in their area,

Method: The programme was delivered to 133 senior nurses from both acute and community settings using a Practice Development approach.

Evaluation: Data was collected throughout the programme and evaluated using both quantitative and qualitative methodology.

Results: The following summarises the main findings from the project:
- participants found the programme relevant to their practice and were able to make clear links between their own leadership behaviours and the development of effective teams.
- examining roles and responsibilities emphasised the importance of reflecting, challenging, supporting, modelling and creating a positive attitude within teams.
- participants now understand the importance of organisational culture as the patient at the bedside experiences it.

Recommendations: Health care organisations need to develop leadership skills within the senior nurse cohort to implement the reform and modernisation agenda.

Organisations need to move into focused PD programmes to facilitate the development of person centred practice.

Succession planning is necessary to ensure Nursing can meet the ongoing challenge of reforming and modernising the Health Service.

Rita Devlin

SERVICE LEARNING A POWERFUL PEDAGOGICAL TOOL WHICH CONTRIBUTES TO NURSING AND MIDWIFERY PRACTICE

Background: Preparing nursing students to appropriately care for clients from diverse cultural backgrounds is an important element of nurse education programmes and such programmes have the greatest potential to contribute to and enhance nursing/midwifery practice in Ireland. One method of promoting a global perspective and encouraging cultural sensitivity is through the innovative process of service learning. Service learning is a powerful teaching strategy that enables students to make meaningful connections between classroom theory and real life experiences (Callister and Hobbins-Garbett 2000).

Aims and objectives: The aim of this study was to explore nursing student’s experiences of undertaking service learning and the impact this has had on their nursing and midwifery practice and their own personal development.

Methods: In 2007 a total of 20 students from Dundalk Institute of Technology and the National University of Ireland, Galway spent up to four weeks in a service learning placement in a culture different to their own. A descriptive qualitative study was undertaken and semi-structured interviews were used to collect the data which was recorded and transcribed verbatim. Confidentiality and anonymity were guaranteed.

Analysis and results: Thematic analysis was used to code and classify the themes emerging from the data. This analysis is currently under way and the themes emerging include ‘becoming aware’ and ‘making a difference’. Key similarities and differences in student’s experiences from the different third level institutions will also be examined and these finding will be presented.

Recommendations: The indications are that service learning as a pedagogical tool has the potential to contribute and improve nursing/midwifery practice. Over all we believe that students who participate in this service learning experience bring back important knowledge, skills and understanding to the Irish Health system. The findings from this research will demonstrate this clearly.

Dr. Dympna Casey

Dr. Dympna Casey is a registered general nurse with expertise in care of the elderly and working in developing countries. She has worked in several different cultures including Australia, Sudan, Kosovo and Angola and most recently as a primary health care programme co-ordinator in Africa. Currently she is a Senior Lecturer in the School of Nursing & Midwifery at the National University of Ireland Galway. Her specialist subjects include service learning, health promotion and research. She teaches across a range of programmes from diploma to master’s level and supervises students undertaking research dissertations at postgraduate and PhD level. Her research interests include issues relating to service learning, culture and health, health promotion, and care of the elderly.

Rita Devlin, South Eastern Health and Social Care Trust
RGN, Dip N (Lon), BSc (Hons), MSc lifelong Learning

Dr Dympna Casey, National University of Ireland
RGN, BA, MA, PhD.
Theoretical Concepts to be explored this with mainly short term impact. Many approaches have been utilised in healthcare to encourage modification of lifestyle factors requires behaviour change and physical activity and cessation of smoking (IDF 2005). Complications in diabetes include changing patterns of eating. Guidelines regarding lifestyle management to reduce remain undiagnosed (Smith, 2003). Type 2 Diabetes is one of the most common of the chronic diseases and it is estimated that there are approximately 200,000 people who have diabetes in Ireland half of whom. Type 2 Diabetes. Coaching in supporting behaviour change in people who have Type 2 Diabetes. 

Background and Context: In this paper the concept of wellness coaching in chronic illness will be discussed as a potential health care initiative. This paper is part of a PhD study investigating the effects of telephone based wellness coaching on behaviour change in Type 2 Diabetes. Type 2 Diabetes is one of the most common of the chronic diseases and it is estimated that there are approximately 200,000 people who have diabetes in Ireland half of whom remain undiagnosed (Smith, 2003).

Guidelines regarding lifestyle management to reduce complications in diabetes include changing patterns of eating and physical activity and cessation of smoking (IDF 2005). Modification of lifestyle factors requires behaviour change and many approaches have been utilised in healthcare to encourage this with mainly short term impact.

Theoretical Concepts to be explored: Coaching is defined as ‘a close relationship and partnership with a coach, providing the structure, accountability, expertise and inspiration to enable an individual to learn, grow and develop beyond what s/he can do alone’ (Welcoach.com, 2006).

Wellness coaching draws on a number of theories including Motivational Interviewing (Rollnick and Miller, 1995) the Transtheoretical Stages of Change Model (Prochaska, 2005) and Appreciative Inquiry (Cooperrider and Whitney, 2005).

The aim of wellness coaching is to help the individual to develop their vision for wellness and choose the behaviour they want to change. At each session weekly goals are set and the coach assesses the client’s confidence in achieving them. At each coaching session the previous week’s goals are reviewed and the strengths that led to success are highlighted. Obstacles to goal achievement and strategies to overcome them are also identified and discussed.

Helen McGloin

AN EXPLORATION OF WELLNESS COACHING IN PEOPLE WITH CHRONIC ILLNESS

Helen McGloin, St Angelas College
MSc, PGDip (Ed), RGN

Currently employed as a nurse lecturer in St Angelas College, Sligo. Worked for a number of years in London in Intensive care in a clinical and a research capacity. Main area of teaching is physiology and associated nursing topics. Undertaking a PhD in the University of Ulster exploring the use of telephone based coaching in supporting behaviour change in people who have Type 2 Diabetes.

A SOCIO-POLITICAL LENS: NEW CONCEPTS LEADING TO A DEEPER UNDERSTANDING OF THE MORAL WORK OF NURSES IN HEALTH CARE SYSTEMS

Some professional activities in health care never seem to change. The discourses we use however, to articulate them do change. A recent editorial in JAN (Fawcett, 2007) raised some pertinent questions as to the connection between nursing knowledge and nursing shortages. The article focused on the concepts of ‘nursing qua nursing’ as opposed to ‘nursing qua medicine’. A central question posed was: ‘what would happen if nurses did not perform activities that were driven by physician orders’.

I invert this question, to ask: ‘what would happen if nurses only performed activities that were physician driven’?

My focus of concern in this paper is not with nursing shortages. Rather, my discussion resides in the ethical mandate of nursing to ensure the good of the patient.

Nursing knowledge is central to patient care. This knowledge is not only clinical; it is also knowledge of health care systems and of the human factors involved in working collaboratively with other professionals (Storch & Kenny, 2007). Understanding and expressing the barriers to good patient care require concepts that convey the relations between and among professionals and an articulation of how everyday work routines are frequently ruled by external socio-political visions and plans (Adelaide Hospital Society & the Jesuit Centre for Faith and Justice, Policy Paper, 2007).

Drawing on the work of sociologist Dorothy Smith (2005, 2006) and her concepts of ruling relations and work organisation, I argue that we can make nursing knowledge explicit, particularly as it pertains to the structures of the organisation, and in doing so extend and maintain our vision and mandate of ensuring good patient care.

My argument is supported by empirical data generated as part of an ethnographic study exploring how treatment decisions are made in care of older patients in Irish hospitals.

Catherine O’Neill

Catherine O’Neill, RCSI
RGN, BA (Hons), MA, DipSSR, M. Soc.Sc.

I completed my BA (Hons) in 1989, and soon after an MA in philosophy. This was followed by a Higher Diploma in Research and an M.Soc.Sc. I am currently finishing my PhD through the School of Sociology in UCD where all of my academic degrees have been undertaken.

My paper today is a small cameo of my PhD research which was an ethnographic study exploring treatment decisions in the care of older patients in hospitals. I am employed in the Faculty of Nursing & Midwifery as a lecturer in ethics. I am currently leading one aspect of a national research project looking at patient autonomy at the end of life. This is part of a broader project funded by the Hospice friendly Hospitals Programme which is designed to develop an ethical framework for a ‘Good Death’.
WORKING WITH VULNERABILITY AND RISK: A PUBLIC HEALTH NURSING PERSPECTIVE

The importance of assessing the stresses experienced by parents in raising a family and assessing the relevant support services is highlighted by the findings of a large body of research (Rose & Killien, 1983; Iwaniec et al., 1988; Stevenson, 1998; Ward & Rose, 2002). Groups are labelled as vulnerable because certain stresses they encounter in life place them at greater risk of harm (Spieren, 2000) and therefore the role of the public health nurse relating to vulnerable families as identified by Rose and Killien (1983), is to assess individual responses to health or social problems and provide appropriate intervention. O’Rourke (2006) identified that public health nurses working with vulnerable families often have difficulty distinguishing vulnerability from “at risk”.

The aim of this study is to explore the role of public health nurses in assessing vulnerable families and the influences on their decision to refer these “at risk” families for social work intervention. In order to realise this aim, the objectives of the study are to:

1. Identify the extent and nature of vulnerable and at risk families from the public health nurses perspective.
2. Clarify what supports or undermines their decision making process.

The research was carried out in one Community Services Area in the HSE South. The design was both quantitative and qualitative including four focus groups and a short postal questionnaire to all public health nurses employed in the area.

The key findings from the study were the need for a standardised assessment tool to provide definite criteria for referring suspected child abuse cases to social workers, a call for child protection specialists and clarification of the threshold set by social workers for accepting cases from public health nurses.

Mary O’Rourke

A PRELIMINARY REVIEW OF SHARED CARE SERVICES FOR CHILDREN WITH CANCER

Background: Childhood cancer is not only a devastating diagnosis for the child, but also for parents and siblings. As treatment protocols develop, influencing the rate of survival from childhood cancer this study provides a preliminary examination of the perspectives of children and their parents on the Irish Shared Care model of cancer care management. The literature search was conducted using CINAHL, PUBMED and Science Direct databases.

Aims and Objectives: This preliminary study examined the views of children and parents of clinical management, psychological support and provision of treatment in the Shared Care Model.

Methods: Descriptive Qualitative study using in-depth interviews with children and parent(s) in their homes. Interviews were guided but not limited to topics gleaned from the literature. Interviews were audio-recorded and were transcribed in full.

Analysis and Results: Data was analysed using thematic content analysis and coded to refine and common themes arising from the literature were: information sharing, support, decision making and normality.

Recommendations: Recommendations are made based on the evaluation of the children and their parents on the Shared Care Model for Children with cancer. The focus of this research was to link the data with existing knowledge to provide preliminary insights to give direction for future research into this area.

This study was funded by the Martha McMenamin Memorial Scholarship.

Mary Hughes

Mary O’Rourke, HSE South  
RGN, RM, PHN, BSc, PGCIPW, MSc.

Mary is a public health nurse working in the Kerry Community Services of the Health Services Executive South. She completed her general nursing and midwifery training in St. Finbarr’s Hospital Cork and qualified as a public health nurse in University College Cork. She achieved a first class honours Bachelor of Science in Nursing in 2004 which was followed by an Honours Post Graduate Diploma with her dissertation Exploring Public Health Nurses’ Experiences in dealing with vulnerable families. She then completed a Masters of Science in Child Protection and Welfare at Trinity College Dublin in 2007.

Mary is currently introducing The Framework for the Assessment of Vulnerable Children and their Families in conjunction with the Director of Public Health Nursing Monica Sheehan to all public health nurses in the Kerry area. Following introduction it is anticipated that the framework will be adopted by the Primary Care Teams in the Health Services Executive South.

Mary Hughes, University College Cork  
MSc, BSc, H-Dip, RCN, RGN.

Mary started her nursing career in 1994 when she commenced training as a general nurse in Beaumont Hospital. From there she attained a H-Dip in Children’s Nursing in The Children’s University Hospital Temple Street in conjunction with UCD. She attained her BSc and MSc in Nursing through the RCSI. She has been employed in UCC for the past two years, currently working as a Lecturer Practitioner. She teaches on both the Integrated Children’s and General and General BSc Pathways. She has recently registered for a PhD in Nursing through UCC.

Mary is currently introducing The Framework for the Assessment of Vulnerable Children and their Families in conjunction with the Director of Public Health Nursing Monica Sheehan to all public health nurses in the Kerry area. Following introduction it is anticipated that the framework will be adopted by the Primary Care Teams in the Health Services Executive South.

Mary Hughes
ORAL PRESENTATION: THURSDAY : 15.15

AN INVESTIGATION INTO THE IMPACT OF THE NEW DEGREE PROGRAMME ON THE QUALITY OF PSYCHOLOGICAL ASPECTS OF CLINICAL PSYCHIATRIC NURSING

The aim of this preliminary and on-going study was to examine the perception of newly qualified Psychiatric Nurses. They were asked for their views on how well they thought the College input, plus clinical teaching of skills during their education & training, equipped them for their role as clinicians. Their views were also sought on how these taught clinical skills were being applied in their current practice. Specifically and Critically, they were questioned in relation to the core element of Psychiatric Nursing - PSYCHOLOGICAL aspects - with central focus on INTER-PERSONAL, COMMUNICATION, COUNSELLING AND PSYCHO-THERAPEUTIC SKILLS.

Methodology: A representative group of Nursing graduates (N=30) at three centres in the state, Dublin, Cork & Galway were included in the study. A pre-coded closed, force choice questionnaire, designed by the investigator, was administered to the respondents. Two essential criteria for inclusion in the study were that the respondents must:

- Be 2006 graduates of the 4 year degree programme
- Have circa 1 year post-graduate experience

It was decided to use a questionnaire in this study since it was regarded as being the most practical way of eliciting the required information. The validity & reliability of the questionnaire as an instrument were tested in advance in a small pilot study. In view of the relatively small number of graduates available at each location, it was decided to include ALL of them in the study. The statistics used are descriptive in character and the study did not engage in finer statistical procedures in view of the relatively small size of the sample involved. While this may be a drawback, none the less the procedures engaged in do represent a systematic approach to data analysis and classification appropriate for the sample used and the purpose of the study.

Summary of analysis and results: Methods of classroom teaching - mainly didactic - Lecture format (94%).
- Psychological skills aspects of Psychiatric Nursing - poorly taught & haphazardly applied in clinical practice (75%). Strong evidence of lack of integration between classroom input & clinical application (80%). Perception that Lecturers, Clinical Placement Supervisors, Staff Nurses & Clinical Nursing Managers were inadequately skilled to teach Psychological skills (85%).

Recommendations: All clinical Psychiatric Nurses should be properly trained in use of PSYCHOLOGICAL SKILLS - mandatory in service.

ALL Lecturers to spend specified minimum period of time in clinical practice annually.
- All students, Junior post-graduate Nurses, to have access to SKILLED clinical supervision by an ACCREDITED practitioner (Nurse, Psychologist or Psychiatrist) during counselling and other psychologically-centred interactions with patients.
- Work towards the procurement of joint Academic/clinical appointments as a means of improving the quality of both teaching and clinical standards - especially in view of the fact that students confidence in lecturers who are not teaching from a clinical perspective is poor, as demonstrated by this and other international research.

Pat O'Brien

Pat O'Brien, Freelance Lecturer

Pat O’Brien is a former Lecturer in Psychiatry and Psychiatric Nursing at Trinity College Dublin, former visiting Lecturer at Dublin City University and former Psychiatric Tutor with the Eastern Health Board. He has written and lectured extensively on various aspects of Psychiatry, Psychiatric Nursing and cognate subjects.

His special interest and area of expertise, lie in the spheres of acute Psychiatry and specifically in the area of the Nurses role in Psychological Methods of Treatment and Care.

His Masters Thesis focused on the area of correlation between theory and practice in Psychiatric Nursing Education and his current preliminary Doctoral Research is centred on investigating impact trends of the new graduate programme on the quality of psychological aspects of clinical Psychiatric Nursing.

He qualified in Psychiatric Nursing at Nethrone Hospital, Surrey and General Nursing at St Thomas’ Hospital London prior to posts as Staff Nurse and Charge Nurse in the Dept of Psychological Medicine at Guys Hospital London, and Clinical Tutor in The Thomas Guy School of Nursing.

He pursued post-graduate Nursing studies at London University, the Royal College of Nursing, London, and University College York, prior to completing a Masters Degree in Education, with first class honours, at the National University of Ireland, Maynooth.

He is currently a free-lance Lecturer, Writer and Researcher.

ORAL PRESENTATION: THURSDAY : 15.15

HEALTH PROFESSIONALS’ KNOWLEDGE, SKILLS AND ATTITUDES TOWARDS INFORMATION COMMUNICATION TECHNOLOGY: CHALLENGES FOR THE FUTURE

Background: The use of ICT is steadily increasing within organisations. However, the benefits are contingent on how individual users appropriate and apply ICT. The Health and Personal Social Services ICT Strategy (2005) calls for greater integration of information communication through creation of an information-valuing culture.

Aim: The aim of this study was to explore health and social care professionals’ perceived knowledge, skill and attitudes towards ICT.

Method: The design was exploratory and descriptive. The target population was all professional staff on the DHSSPS Workforce Database (n=22,220). A proportionate, stratified, random sample of eight professional groups was drawn (3687, 17%) to represent full time hospital and community staff. A valid and reliable postal questionnaire was developed and administered.

Analysis and Results: Descriptive statistics were generated using SPSS (12). Group differences were explored using Kruskal-Wallis and Mann-Whitney tests. Qualitative data were managed using NVivo. Northern Ireland Research Ethics Committee granted ethical approval. Participation was voluntary and willingness to respond implied consent. A response rate of 1060 (29%) was achieved. Participants were mainly aged 30 - 59 (86%), hospital based (n=660, 62%) and female (n=883, 86%). The between groups analysis showed significant differences in perception of ICT (p<0.01) and skills rating (p<0.01). Skills rating was significantly different in female (n=883, 86%). The between groups analysis showed significant differences in perception of ICT (p<0.01) and skills rating (p<0.01). Skills rating was significantly different in relation to age (p<0.01) and years of experience (p<0.01). NVivo confirmed participant’s request for a two-tier integrated approach; where a multi-professional core curriculum is complimented with uni-professional group specific training. Key to integration is 24/7 ICT support and regular up-dates.

Recommendations: Two main challenges result from this study: first, current training requires standardisation. Secondly the training requirements of varying professional groups.

This research was funded by the Northern Ireland HPSS ICT Training Group.

Prof Marlene Sinclair
Dr Janine Stockdale

Prof Marlene Sinclair, Ulster University
Dr Janine Stockdale

Prof Marlene Sinclair, a native of Northern Ireland, has recently become Northern Ireland’s first professor of midwifery research at the Institute of Nursing Research, University of Ulster. A personal chair was awarded for a specific contribution to research and development and her profile demonstrates dedication and commitment to building the evidence base for midwifery research. Her research experience spans qualitative and quantitative methods and she has been involved in research using phenomenology, ethnography, action research and RCT’s. She has fifteen years of experience in higher education and was employed as a senior lecturer in Midwifery at the University of Ulster in 2001. Currently, she is focusing her energy on developing clinical midwifery researchers at doctoral level. Her specialist area of research is in birth technology and most of her students are undertaking research that will enhance our knowledge and understanding of technology in the birthing process and birth outcomes. She has worked in partnership with medical colleagues and educationalists locally, nationally and internationally.

Recently she has been elected to sit on Senate and the Research and Innovation Committee of Senate at the University of Ulster.

She is the founder and editor of the RCM Evidence Based Midwifery journal and is a member of RCM Council.

Dr Janine Stockdale

Dr Janine Stockdale qualified as a midwife from the JUBLIEE Maternity Hospital in Belfast 1985, and has worked mainly within the NHS but spent three years working in the USA (1989-1992). Janine has just completed her doctoral research: Successful Breastfeeding Promotion: A Motivational Instructional Design Model Designed and Tested whilst she was employed as a midwife at the Ulster Community & Hospitals Trust. This research was funded by the Northern Ireland Research and Development Office.

She is currently a postdoctoral fellow working part time at the University of Ulster. Janine is the Public Relations Officer at the recently formed Doctoral Midwifery Research Society www. doctoralmidwiferysociety.org.

Pat O’Brien

Pat O’Brien is a former Lecturer in Psychiatry and Psychiatric Nursing at Trinity College Dublin, former visiting Lecturer at Dublin City University and former Psychiatric Tutor with the Eastern Health Board. He has written and lectured extensively on various aspects of Psychiatry, Psychiatric Nursing and cognate subjects.

His special interest and area of expertise, lie in the spheres of acute Psychiatry and specifically in the area of the Nurses role in Psychological Methods of Treatment and Care.

His Masters Thesis focused on the area of correlation between theory and practice in Psychiatric Nursing Education and his current preliminary Doctoral Research is centred on investigating impact trends of the new graduate programme on the quality of psychological aspects of clinical Psychiatric Nursing.

He qualified in Psychiatric Nursing at Nethrone Hospital, Surrey and General Nursing at St Thomas’ Hospital London prior to posts as Staff Nurse and Charge Nurse in the Dept of Psychological Medicine at Guys Hospital London, and Clinical Tutor in The Thomas Guy School of Nursing.

He pursued post-graduate Nursing studies at London University, the Royal College of Nursing, London, and University College York, prior to completing a Masters Degree in Education, with first class honours, at the National University of Ireland, Maynooth.

He is currently a free-lance Lecturer, Writer and Researcher.

ORAL PRESENTATION: THURSDAY : 15.15

Pat O’Brien, Freelance Lecturer

Pat O’Brien is a former Lecturer in Psychiatry and Psychiatric Nursing at Trinity College Dublin, former visiting Lecturer at Dublin City University and former Psychiatric Tutor with the Eastern Health Board. He has written and lectured extensively on various aspects of Psychiatry, Psychiatric Nursing and cognate subjects.

His special interest and area of expertise, lie in the spheres of acute Psychiatry and specifically in the area of the Nurses role in Psychological Methods of Treatment and Care.

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He pursued post-graduate Nursing studies at London University, the Royal College of Nursing, London, and University College York, prior to completing a Masters Degree in Education, with first class honours, at the National University of Ireland, Maynooth.

He is currently a free-lance Lecturer, Writer and Researcher.
RESEARCH STUDY: NURSING RESEARCH PRIORITIES IN THE ACUTE CARE OF THE ELDERLY: A DELPHI SURVEY

Jacinta Kelly, Trinity College Dublin
RN., H.Dip., MSc, FFNMRCSI

Jacinta Kelly is currently Lecturer and Course Coordinator (BSc Yr 3) in the School of Nursing and Midwifery, Trinity College Dublin. From 2005-2006 she held a lectureship post at the Catherine McAuley School of Nursing and Midwifery, University College Cork. Prior to that she held various generalist and ICU/CCU specialist nursing and management posts both nationally and internationally.

Background: Despite the increasing elderly population presenting to acute hospitals in Ireland and the associated drive for quality and cost effective healthcare there are no studies available which explore the nursing research priorities relating to acute care of older people either internationally or within an Irish context.

Aims & Objectives: The aim of this study is to provide impetus and direction for research initiatives in the acute nursing care of the older person in Ireland. Objectives:

• To gain consensus on important research questions in aged nursing care in Ireland.
• To gain consensus on priority of research questions in nursing aged care in Ireland.

Methods: As no research to date has identified the research priorities of acute elderly care, the Delphi technique will be used as it is an effective way of gathering information on a subject where there is currently scant evidence available. Applying a 3 round postal Delphi Survey technique, information and judgements will be elicited from an expert panel of nurses (n=120) working with the elderly in 4 major acute hospitals in the Republic of Ireland. Data analysis will be conducted using consensus and standard deviation calculations. ‘Quasi-anonymity’ will be maintained, where participants’ judgements and opinions remain strictly anonymous through the use of numerical coding of returned questionnaires (McKenna, 1994).

Expected findings: This research will provide direction to researchers as to what problems or questions are present in clinical practice so that quality and cost effectiveness of the service can be enhanced. This study is presently ongoing and the findings of this study will be available in January 2008 and a report in February 2008.

Jacinta Kelly

CONCEPTUALISING ETHICAL RESEARCH PRACTICE IN TERMS OF SUPPORTIVE ETHICAL PILLARS: AN EXPLANATION OF ONE RESEARCHER’S EXPERIENCES

Louise Nolan, Trinity College Dublin
MSC., BNS, RNT, RGN

I am a nurse with a clinical practice background in care of the older person and a specific interest in dementia care. I qualified as a nurse tutor in 1999 and worked in the College of Nursing in the Adelaide and Meath Hospital Dublin Incorporating the National Children’s Hospital, before taking a position as a lecturer in the School of Nursing and Midwifery Trinity College Dublin. From September 2005 to March 2006, I was seconded to the Dementia Services Information and Development Centre as a ½ time education officer. From April to September 2006, I completed work on a funded project for the Alzheimer Society of Ireland, which explored the subject of stigma in dementia and I am currently continuing this work as the subject of a PhD study.

This presentation relates to an ongoing PhD study to systematically produce theoretical knowledge to build a conceptual understanding of living with dementia. The research question is ‘what is the nature of living with dementia from a carer/family members perspective?’ Being diagnosed with dementia can imply that the person can be perceived as different and creates the potential for people with dementia to be marginalised and stigmatised. Importantly, carers/family members can also be subject to stigma by association. The initial six months of this study, was funded by the Alzheimer Society of Ireland, to explore stigma-related to dementia and the impact on those affected. Consistent with grounded theory method, as the funded component was completed (n=24), it became clear that the main concern of participants, while involving stigma, reached beyond stigma-related issues.

From the outset, I was conscious that participants could be considered potentially vulnerable and recounting experiences relating to the sensitive topic of dementia could be challenging. The potential to provoke anxiety, distress or pain requires an active preventative approach, including ongoing evaluation of ‘harm and benefit’ for each participant beyond data collection. To ensure an ethical research process I adopted a pillared approach. My intent was to safeguard participants’ rights and protect their well-being. As it turned out these pillars serve a dual purpose. They are fundamental to ensuring my ethical comportment to the ‘encountered other’ and they contribute to the protection of my ‘ethical self’. This is important as sensitively and ethically conducted research can benefit/protect participant and researcher. The presentation will explore the ethical considerations encountered to do date and how I have addressed them by conceptualising my ethical research practice using the following ethical pillars:

1. Considering participant vulnerability
2. Gaining ethical approval
3. Ensuring participant well-being and protection
4. Considering my vulnerability as a researcher

Louise Nolan
INVESTIGATING SUICIDE IN MIDWIFERY RESEARCH AND PRACTICE.

**Background:** Suicide is the leading cause of maternal death. It is a major concern in the care of pregnant women and those in the postpartum period. Suicide presents a serious challenge to midwives and other professionals both in the recognition of suicidal intent and in the treatment of suicidal people.

**Aims & Objectives:** The aims of this paper are to examine the challenges faced by midwives in assessing suicide risk and to highlight appropriate assessment materials that are suitable for midwives. It is important to identify new mothers and pregnant women who are at risk of suicide. The objectives of the paper are to critically review the current literature on suicide risk assessment, and to outline possible opportunities for midwives and those caring for pregnant women and new mothers. This paper will be presented in three sections.

Initially, the presentation will outline the development of midwifery research in the mental health field. Drawing from contemporary international research literature, the authors will outline the incidence and prevalence of psychiatric disorders in pregnancy and the first postpartum year. The international trends of maternal suicide will also be presented. This will be followed by the results of a structured review examining the predictive value of suicide assessment tools that will be presented.

Finally, the presentation will examine the training needs and opportunities for suicide assessment by midwives and explore the potential for preventing suicide. By the end of this paper, participants will be able to:

- Discuss how effective suicide assessment tools are in predicting suicide.
- Discuss the challenges faced by those charged with caring for pregnant women and new mothers in assessing suicide risk.
- Outline opportunities available to healthcare providers in caring for suicidal women.

Iain McGowan

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FATIGUE AND DEPRESSION IN BREAST CANCER SURVIVORS: PREVALENCE, AETIOLOGY AND IMPACT ON QUALITY OF LIFE

**Background:** Cancer has been recognized as a psychosocial stressor. As a result, fatigue and depression in patients with cancer occur commonly and can have adverse affects on each individual’s quality of life. However, cancer-related fatigue (CRF) is not consistently assessed and treated by healthcare professionals as the aetiology and treatments available for CRF remain unclear.

**Aim:** This study aims to examine the hypothesis that alterations in the hypothalamic-pituitary-adrenal (HPA) axis are involved in the development of feelings of fatigue and depression in cancer survivors. Consequently, the primary aim is to provide systematic research on the pathogenesis of CRF.

**Design:** A female purposeful sample (n=100) is being recruited, 50% of whom have a confirmed history of breast cancer, to establish the prevalence of fatigue and depression. All participants completed four questionnaires including the Multidimensional Fatigue Symptom Inventory-Short Form (MFSI-SF) and the Piper Fatigue scale (PFS) to analyze fatigue, while depression and quality of life was assessed using the Beck Depression Inventory (BDI) and the EORTC-30. Cortisol levels were measured in saliva samples collected by participants for up to one hour upon awakening on two consecutive days.

**Findings:** Approximately one third of breast cancer survivors assessed reported more severe fatigue, which was associated with higher levels of depression. Cancer survivors had a significant decrease in the mean level of cortisol compared to the control population. This indicates that cortisol plays some role in the pathophysiology of fatigue, resulting in endocrine changes that may cause or contribute to cancer-related fatigue.

**Conclusions:** The preliminary findings of this study suggest that cortisol may play a significant role in the pathophysiology of fatigue in patients who have survived cancer. It is envisaged that this study will contribute to management strategies used in clinical practice, which will inevitably aid clinicians in their recognition and assessment of these symptoms.

Louise Murphy

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Iain McGowan, University of Ulster
BSc (Hons), RN (Mental Health)

Iain McGowan has seven years experience in studying suicide in Northern Ireland. He is a registered mental health nurse and Eye Movement Desensitization & Reprocessing therapist. Currently employed as a lecturer in nursing, Iain McGowan has published several papers on suicide and trauma. In 2002, he was appointed by the Northern Ireland Executive as a non-executive director of the Northern Ireland Practice & Education Council (NIPEC) for Nursing & Midwifery. He is a member of the American Association of Suicidology and the International Association for Suicide Prevention.

Louise Murphy, Waterford Institute of Technology
BSc. (Hons); RPN

Miss Louise Murphy is currently a full-time postgraduate research assistant in the Department of Nursing at the Waterford Institute of Technology. She received a first-class honours degree in Psychiatric Nursing from the Waterford Institute of Technology in 2006. She was amongst the first research assistants to be appointed in the Department of Nursing in the Waterford Institute of Technology. Louise also maintains an active practice as an acute care staff nurse at the Waterford Regional Hospital. She is also actively involved in promoting nursing as a career in the South East area for Waterford Institute of Technology. She is working on this ongoing research study in collaboration with Dr. Martina Gooney, lecturer, Waterford Institute of Technology, Dr. Paula Lane, lecturer, Waterford Institute of Technology, Queens University, Belfast and Prof. Arnold Hill and Mr. Gordon Watson, Waterford Regional Hospital and the Royal College of Surgeons, Ireland.
THE RELATIONSHIP BETWEEN RESPIRATORY PATIENTS’ SIGNS AND SYMPTOMS ON PRESENTATION TO THE EMERGENCY DEPARTMENT AND THEIR SUBSEQUENT ADMISSION OR DISCHARGE.

Background: ED overcrowding and the resulting Health Service Executive (HSE) performance targets have prompted a review of the management of respiratory patients presenting to the ED. The HSE ED performance targets include the proposal for the provision of emergency outpatient clinics for patients with mild-to-moderate respiratory disease. Subsequently, this has provided the momentum to undertake a study to identify the cohort of respiratory patients that could be managed at the specialty outpatient walk-in clinic.

Aim: The aim of this study is to identify if the presenting signs and symptoms of patients with respiratory disease in the Emergency Department (ED) are related to whether the patients are admitted or discharged.

Objectives: To conduct a retrospective analysis of patients with respiratory disease who were treated on the Respiratory Care Pathway in the Emergency Department in 2006 in order to identify the presenting signs and symptoms of a subset of patients who were admitted and similarly a subset of patients who were discharged.

To determine the relationship between the patients’ presenting signs and symptoms and their subsequent admission or discharge.

Method and Analysis: A non-experimental retrospective, correlation study was conducted. The sample included 240 patients which were equally divided into two groups – admitted and discharged. Comparison between the two groups was conducted using non-parametric statistics.

Findings: A significant relationship between twelve of the patients’ presenting signs and symptoms and their subsequent admission or discharge (outcome) was identified. These variables were incorporated into a discharge patient profile. In addition, a number of new findings were identified including the relationship of presenting PEFR to outcome, vital signs of patients with a COPD exacerbation and outcome, oxygen saturation readings in the adult setting, new or worsening cough and sputum production and outcome, and decreased exercise tolerance and outcome.

Recommendations: The discharge patient profile is presented as a base for developing protocols for patients that could be treated at an emergency outpatient clinic. Further research is recommended to validate these findings in the general ED respiratory patient population in the Irish ED setting.

Rosaleen Reilly

AN EVALUATION OF THE LECTURER PRACTITIONER (LP) ROLE

Background: In the U.K., in 1980's LPs were introduced as joint appointments to assist organisations to develop creative ways of expanding and sharing specific nursing and midwifery knowledge and skills. Roles undertaken by LPs were complex and multifaceted. A but context specific 2. LPs have a positive effect on the integration of theory to practice and facilitate enhancing staff knowledge 3. The concept of the LPs is new in Irish hospitals. Although not jointly appointed, seven LPs with both academic and clinical responsibilities are employed at the School of Nursing and Midwifery in UCC.

Method: The aim of this study was examine the impact and scope of the Lecturer Practitioner role in Irish Hospitals. A descriptive design using both quantitative and qualitative approaches was employed. Non-probability purposive sampling allowed the recruitment of 150 participants which included student nurses, staff nurse and clinical nurse managers working in clinical areas where LPs engaged in practice. All participants received a questionnaire to evaluate the LPs role in 3 large teaching hospitals.

Results: Results from clinical staff yield valuable insight to the role of the LPs. 40% of staff regard LPs as effective in assisting newly appointed staff become competent practitioners. 60% of students consider LPs as very effective in assisting them develop existing skills while 44% of staff find LPs as effective in assisting them to develop new skills. 40% of staff and 43% of students regard LPs as very effective in assisting them apply knowledge to practice. 45% of staff and 46% of students agree that LPs are always available when needed. 58% of staff and 60.4% of students highlighted that LPs do not spend enough time on the ward yet 57% and 59% respectively note that LPs are easy to contact. 87% of staff consider LPs as part of the nursing team when in clinical practice. Chi-squared analysis allowed comparison between staff and students opinions of the role of LPs.

Conclusion: This study provides significant information on the impact of LPs in clinical practice as well as informing the scope of their role.

References:

Elizabeth O’Connell

ORAL PRESENTATION : THURSDAY : 15.45
IMPROVING CARE AND QUALITY OF LIFE IN CARE HOMES

**Background:** Challenging behaviour in dementia causes stress, impacts negatively on quality of life and precipitates admission to institutional care. Attempts to provide training in care homes is fraught with difficulty. Reasons vary from the culture of the setting to lack of organisational support. There is a paucity of controlled trials of training interventions aimed at improving psychosocial care. While evidence exists of short-term gains following interventions, and improvements in staff’s ability to cope, these are usually short-lived. Consequently most researchers and clinicians suggest including periodic supervision post training. The ‘Newcastle Model’ was developed within a psychology service in Newcastle-upon-Tyne. This conceptual framework uses Socratic style questioning to create cognitive dissonance and encourage staff to reflect upon their espoused views and actual care practices. It provides skilled facilitation where high challenge and high support co-exist.

**Aim/objectives:** Staff will understand challenging behaviour is not always due to the dementia process and may be an expression of unmet need.
- Improve quality of life
- Minimise use of psychotropic medications
- Reduce unnecessary admissions to hospital or moves
- Develop staff’s problem solving abilities

**Methods:** Two staff received training in the theory/application of the Model along with ongoing supervision from the Newcastle team. The Neuropsychiatric Inventory measures frequency & severity of behaviours and caregiver distress pre and post interventions. Comprehensive data collection including:
- Analysis of behaviours (what, where, with whom)
- Bio-psycho-social history including pre morbid personality, hobbies, fears, comfort behaviours
- Intensive ongoing support & supervision for staff
- Formulation/teaching sessions where staff are encouraged to devise interventions to address unmet need

**Analysis/results**
- NPI scores reduced following interventions.
- Returned anonymous questionnaire of staff’s perception of service were positive.
- Four admissions prevented.
- Cost benefit analysis highlighted service is cost effective.

**Recommendations:** Introduction of a Behaviour Sciences Nursing Service.

**Ann Scott, Northern Health & Social Care Trust MSc, BSc, RMN**

Ann Scott MSc, BSc, RMN is Practice Development Facilitator for Mental Health in the Northern Health & Social Care Trust. Ann’s career has involved all aspects of mental health nursing but her main interest is in dementia care. In 2002 she co-researched and co-produced the award winning dementia training video ‘Coping with Maggie – Caring for Margaret’, and was a finalist for the RCN ‘Nurse of the Year’ in 2004. She is an advanced Dementia Care Mapper and in 2006 piloted a Behaviour Sciences Nursing Service to work more effectively with care home staff to improve care. Following a successful pilot the Northern Health & Social Services Board funds this service. Ann hopes to evaluate this service through a Research & Development Doctoral Fellowship. Recently she received a travel scholarship through the Florence Nightingale Foundation to undertake a comparison of nurse education and service delivery in dementia care in Sweden.

CAREFUL NURSING: AN IRISH CONCEPTUAL MODEL FOR NURSING PRACTICE DEVELOPMENT

**Background:** The Careful Nursing model, introduced to the nursing literature in 2003, is a contemporary interpretation of the system of skilled nursing developed and used by Irish nurses during the early nineteenth century and the principle source of Nightingale’s nursing knowledge at the Crimean war.

**Aim and objectives:** To present a revision of the model based upon critical re-examination of the initial presentation of the model by nurses in practice and education in Ireland and in the United States.

**Methods:** Re-examination of historical records, concept analysis, further integration of the philosophy of Thomas Aquinas, and assessment of use of the model in education and practice.

**Analysis and Results:** Four main concepts; human person, environment, health and nursing; are described and explained in greater detail. A fifth main concept, transcendence is identified and described as particular to Careful Nursing. Nursing emerges clearly as the key main concept and is elucidated in detail in a practice and management structure. This structure includes four principle interrelated concepts and their sub-concepts: 1) Therapeutic milieu describes the environment created for practice and includes caritas, contagious calmness, nurses care for selves and one another, intellectual engagement, and creation of a restorative environment; 2) Practice competence and expertise describes practice excellence and includes surveillance, great tenderness in all things, ‘perfect’ skill in fostering safety and comfort, nursing interventions, inclusion of family, friends and community, and health teaching; 3) Management of practice and influence on health systems describes nurses’ management role and includes facilitating the therapeutic milieu, trustworthy collaboration, and participative-authoritative management; and 4) Professional authority, an outcome of Careful Nursing practice.

**Recommendations:** The model can be used in education and practice and has significant potential for enhancing practice development. Further use, testing and refinement of the model in a range of clinical practice settings are needed.

**Dr Therese C. Meehan, University College Dublin RGN, Ph.D.**

Therese Connell Meehan is a Senior Lecturer in Nursing at the School of Nursing, Midwifery and Health Systems, University College Dublin. Her practice background is in medical-surgical and maternal-child nursing. She received her original nursing education at the Auckland Hospital Board School of Nursing in New Zealand, a Bachelors degree in Nursing from the University of Pennsylvania, and Masters and PhD degrees in Nursing from New York University. She was Director of Nursing for Research at New York University Medical Center and received funding for a range of clinical practice studies from sources including Sigma Theta Tau International, the American Nurses Foundation and the US National Institutes of Health. She recently led a research team which conducted the first national study of nursing and midwifery research priorities for Ireland, funded by the Health Research Board. Her major interests now are the history of nursing in Ireland during the first half of the 19th century and nursing theory development, particularly development of the Careful Nursing conceptual model. Her historical research has been funded by Fellowships from the Barbara Bates Center for the Study of the History of Nursing at the University of Pennsylvania and the Center for Nursing Historical Inquiry at the University of Virginia.
THE HEALTH CONCERNS OF CLIENTS ON METHADONE MAINTENANCE

Aims and Objectives: The nurses' health promotion initiative develops patient information which is displayed in addiction treatment clinics. It was felt that in order to enhance the initiative and to move away from this passive and paternalistic approach it was necessary to ask the clients what their health concerns were. It was decided to carry out research into the health concerns of our clients. The key aspect of a health concern is that it is a subjective experience of what the client is worried about. A literature search was carried out on both medline and cinahl databases but little research was found on this topic and no literature was identified that attempted to measure the health concerns of those with addictions.

Method: The study was quantitative in nature and used The Health Concerns Questionnaire 3 (HCQ3) (Dush et al. 1999). The HCQ3 assesses the degree of concern a client towards 66 somatic and psychosocial health-related concerns. The respondent uses a simple 4 point scale, ranging from 1 (not at all worried) to 4 (very much concerned). The key aspect of a health concern is that it is a subjective experience of what the client is worried about. A literature search was carried out on both medline and cinahl databases but little research was found on this topic and no literature was identified that attempted to measure the health concerns of those with addictions.

Findings: Results indicate that clients concerns were predominately psychosocial in nature. In particular the clients seemed to endorse symptoms which are normally associated with mood problems, such as being “worried by the past” and “feeling guilty.” Clients also reported using a wide range of substances, for example 92.5% and 65% of clients reported use of alcohol and cannabis respectively in the previous three months. The national figure for Ireland as reported by the Office for Tobacco Control 2007 being 24.7%.

Philip James, Youth Drug & Alcohol (YoDA) Service
RPN, Dip N, Dip REST, BSc (Hom), MSc

Gail Hawthorne
RGN, Dip N, BSc Health Studies (Hons)

Philip James, Youth Drug & Alcohol (YoDA) Service
RPN, Dip N, Dip REST, BSc (Hom), MSc

I trained as a psychiatric nurse from 1996 to 1999 at St. Vincent’s Hospital, Fairview and Dublin City University. In 2000 I completed a Diploma in Rational Emotive Behavioural Therapy with the Institute of Cognitive Behaviour Therapy and am now the Secretary of this organisation. In 2002 I completed a BSc in Nursing and a MSc in Nursing in 2005, both with the Royal College of Surgeons in Ireland. I have worked as a psychiatric nurse in Dublin since 1999. I currently work as a Clinical Nurse Specialist in Child & Adolescent Substance Abuse with the HSE Addiction Services, Dublin mid-Leinster.

Gail Hawthorne
RGN, Dip N, BSc Health Studies (Hons)

I currently work as a Clinical Nurse Specialist in Hepatitis C liaison for the HSE Addiction Services, Dublin mid-Leinster. I qualified as a registered nurse in 1994 and began working in the area of addiction in 1996. I spent several years abroad and continued to work in the areas of addiction, harm reduction and research in locations such as NSW drug court, Sydney Australia, INSITE supervised injection facility and NAOMI (North American Opiate Medication Initiative) Vancouver, Canada. I am a member of the Addiction Nurses Health Promotion Initiative aiming to give clients on methadone maintenance the tools to make informed decisions concerning their health and lifestyle. She is also a member of the Blood Borne Virus Forum, and the Irish Hepatology Nurses association.

EVALUATION OF THE ADVANCED NURSE PRACTITIONERS CLINICAL COMPETENCIES IN BREAST EXAMINATION

Background: To date there have been no published guidelines, either locally or nationally, to advise Advanced Nurse Practitioners on training and assessment in breast and axillary examination.

Aims and Objectives: This study was a prospective audit of the clinical competence of an Advanced Nurse Practitioner in breast and axillary clinical examination, following a period of training and supervision by two consultant breast surgeons.

Methods: The examination findings of the ANP and consultant were recorded separately and then compared using a five point scoring system to document the level of suspicion.

Conclusion: The results of the this audit show that the nurse achieved a high level of concordance with the findings of the consultant breast surgeons.

Recommendation: This training and audit process could be incorporated into the training and assessment of future Advanced Nurse Practitioners in this specialist care.

Mary Murray

Mary Murray, St. Vincent’s University Hospital RGN, Onc Cert, MSc, FFNIMCSI
Mary Murray Works as 1st Advanced Nurse Practitioner in Breast Care at St. Vincent’s University Hospital, the first and largest dedicated breast clinic in Ireland. After general training she specialized in breast care and worked with Irish Cancer Society. In 2003 Mary completed the MSc Nursing Advanced Practice strand at University College, Dublin with a qualitative study on Factors that influence eligible women electing to have or not to have breast reconstruction.

M. Murray serves as Specialist Nursing Editor for The Breast. She has been appointed Honorary Lecturer in Surgical Nursing in the Department of Surgery at St. Vincent’s University Hospital and University College Dublin and Honorary Clinical Lecturer in Nurse Education at University College Dublin teaching higher diploma and MSc. nursing students. Ms. Murray was awarded the Cecil King Memorial Prize, the 11th International Reach to Recovery medal, and was a founder member of the Irish Breast Care Nurses Association, elected chairperson from 1997 – 1999 and 2004 – 2006. Fellow of Faculty of Nursing and Midwifery RCSi.
UNABRIDGED PRACTICE DEVELOPMENT: A PLEA FOR INCLUSIVITY

It is, of course, essential that emphasis should be placed on practice development for nursing and midwifery. Without developments practice becomes static and, as time goes on, becomes less and less able to respond to changes resulting from the technical and non-technical developments within and with health care. However, practice development is fair drooping with challenges: just keeping up with the developments in one's particular area of practice can be exhausting never mind the difficulties of implementing and sustaining change.

But practice development means different things to different people. For some it is the bringing together of evidence-based practice with, amongst other things, interprofessional working in the attempt to do things better and to improve the patient/client experience. For others it appears to be associated merely with advanced clinical skills and in some quarters this extends no further than a competency-only based approach.

In this paper, I explore some aspects of the ways in which the term ‘practice development’ is used and argue for what I shall call an ‘unabridged’ model of practice development in which concern with the patient experience figures prominently. I will further argue that in this ‘unabridged’ model the character of the change agent is no less important than their intellectual, research, critical appraisal, interpersonal or other competency-based skills. The challenge posed by practice development understood in this sense is profound and, as I shall argue, a failure to account for any one part of the ‘unabridged’ approach diminishes the entire enterprise of practice development.

Dr Derek Sellman, University of the West of England
PhD, MA, BSc(Hons), RGN, RMN
Denis Sellman is Principal Lecturer in Nursing at the University of the West of England, Bristol, UK where he is programme leader for the Professional Doctorate in Health and Social Care. His main interests lie in i) interprofessional working and ii) philosophy and ethics as they relate to practice, education and research in health care in general and in nursing in particular. Denis is Secretary of the International Philosophy of Nursing Society (IPONS), editor of the journal Nursing Philosophy, and co-editor of the book Interprofessional Working in Health and Social Care: Professional Perspectives.

THE REVISED TAXONOMY: A REVISIT TO BLOOM’S TAXONOMY AND ITS APPLICATION AND IMPLICATIONS FOR UNDERGRADUATE NURSE EDUCATION

Background: The development of nurse education and its move to institutions of higher education in 2002 has had a significant impact for both nurse educators and undergraduate nursing students. A common problem for nurse educators is the challenge of ensuring compatibility between teaching, learning and assessment. An additional problem is that nurse educators also have to set their teaching and learning outcomes at an appropriate level. One way of responding to these problems is to utilise the revised taxonomy.

Aim: The aim of this paper is to present and discuss the revised taxonomy and discuss its implications within nurse education.

Theoretical Focus: It is just over fifty years since Bloom et al. (1956) first published their taxonomy of educational objectives for the cognitive domain for teaching and learning. It is only since the beginning of this decade, however, that the taxonomy has been revised (Anderson, and Krathwohl, 2001). In this paper, the authors present a review of these revisions and discuss them in light of their relevance and implications for an undergraduate nursing degree course. While meaningful learning encompasses the integration of knowledge within the domains of knowing (cognitive learning) doing (psychomotor learning) and feeling (affective learning), this presentation concentrates on the cognitive domain of learning only.

The views expressed by the authors in their discussion points are that by using the revised taxonomy, nurse educators will be sensitised to students’ level of learning within the cognitive domain. It is hoped that as a consequence of using the revised taxonomy, nurse educators will be more aware of the importance of planning, designing and matching students’ level of learning with appropriately formulated learning outcomes.

Conclusion: The paper summarises the implications of the revised taxonomy for the educator, the learner and the practice of education and research in education.

Tom Noone
Dr Richard Redmond
Dr Elizabeth A Curtis

Dr Richard Redmond, PhD M.Ed. RPN RNI RNT Dip Nursing(Lond) FFNMRCSI
Richard has been a lecturer in the School of Nursing and Midwifery since 1999. Prior to that he worked as a nurse tutor in Intellectual disability services. He completed his Fellowship in the Faculty of Nursing in 1998 and in the period 1990 to 1993 he completed a Masters degree in education in Trinity College. His PhD in the area of intellectual disability nursing was carried out in Dublin City University and was completed in 2004. His current post is that of lecturer and course coordinator for the masters in science in nursing and midwifery in the School of Nursing and Midwifery. His research interests include health care quality-quality of life for persons with intellectual disability and the improvement that continuing education has upon nurse's practice.

Dr Elizabeth Curtis
PhD. M.Ed. Dip Research Methods. Dip Community Health and Health Promotion RGN ONC
Elizabeth is a lecturer in the School of Nursing and Midwifery, Trinity College and is currently co-ordinating the MSc in Nursing and Midwifery programmes. Prior to locating to Ireland she worked in the NHS in England.

Following the completion of a Master degree in Education in Trinity College, Elizabeth worked as a sessional lecturer in the School of Nursing, Dublin City University. From January 1997 she worked as a lecturer in the Faculty of Nursing, Royal College of Surgeons in Ireland until she took up her post in the School of Nursing and Midwifery, Trinity College in 2000. Elizabeth undertook her PhD in the area of job satisfaction among nurses in the Republic of Ireland in Trinity College. Her research interests include job satisfaction, leadership and nurse education.
CREATING LIFE STORY BOOKS FOR OLDER PEOPLE WITH FAMILY CARERS

Background: Life story books and personal portfolios involve collecting and recording aspects of a person’s life both past and present and consist of photographs and materials relating to a person’s life and a life history. The process of completing life storybooks provides a holistic view of the older adult. It is a useful foundation for working with families and offers the potential to promote and enhance person-centred care. Life story books can improve assessment, be as a basis for individualized care and may help to challenge ageist stereotypes about older people.

Aim: The aim of this study was to facilitate development of life story books with family carers and to explore perceptions and value of life story work.

Methods: A descriptive qualitative exploratory design was utilized for the study. A convenience sample of family carers (n=8) participated in a focus group. This was tape recorded, transcribed and thematically analyzed.

Analysis and Results: Several key themes emerged from the qualitative data. These were carers perspective of life story work, life story work and relationships and seeing and understanding the person.

Recommendations: This study demonstrated that life story books helped family carers to value the important knowledge and information they have about the older persons past and present life. The creation of the life story books enhanced the relationships between family carers and the person they are caring for.

Teresa Wills

Teresa Wills, University College Cork
MSc, BNS (Hons), RGN, RM
College Lecturer in UCC 2002 to date.
I began my nursing career as a general nurse working in the Bon Secours Hospital, Cork. I obtained an Honours Bachelor degree in Nursing from Dublin City University and an MSc in Nursing from the Royal College of Nursing Institute, The University of Manchester. I currently work as college lecturer in the Catherine McAuley School of Nursing and Midwifery, University College Cork. In my current role, I am the Coordinator of the Postgraduate Diploma in Gerontological Nursing and teach on the BSc in Nursing Undergraduate and Postgraduate programmes.

Areas of Interest: Older adult and Infection control.

Mary Rose Day
MA, BSc, HDip, PHN, Dip Mang, RCSI, RGN, RM
College Lecturer in UCC 2003 to date.
Experience in Health Services Position:
1980-2003 experience as a general nurse, midwife and public health nurse post included development Manager Services for carers SHB; Discharge Nurse, Continence advisor, Editor and founder of the carers Voice (2000-03) HSE (Formerly Southern Health Board); Joint Editor and Project manager for the development and publication of the Carers Information Pack HSE 2000 and Secretary and Member of Steering Group on Partnership Project on Home Help Services 2000-2002.

Areas of interest: Discharge planning, carers, Public Health Nursing and the Older Adult.
Cancer and Intellectual Disability: Issues for Practice

Cancer is predominantly a disease of older people and the numbers of people who will be affected with the condition are expected to rise in coming years. The overall consensus is that the incidence and prevalence of cancer in Irish people with Intellectual Disability will also increase. Additionally, current research indicates that the incidence of cancer in people with Intellectual Disability is poorly documented. Major advances have been made in the past 10 years in understanding cancer yet it is primarily caused by lifestyle and environmental factors. Studies identify that the risk of cancer in people with ID is heightened by being overweight, having a poor diet and being unfit, situations commonly found amongst the wider population of people with ID. The prevalence of these health behaviours amongst people with ID has been acknowledged as a concern by some policy makers and researchers interested in the overall health of people with ID.

Ensuring health and social care services are ready to meet these needs, current knowledge deficits in relation to cancer and its associated risk factors for this population group will need to be addressed. This paper explores some of the key research evidence available and offers some discussion on practice issues for health and social care providers in an Irish context.

Elaine Drummond

Elaine Drummond, University College Cork
MSc Nursing, BSc (Hons) Nursing, RND, Dip Health Service Mgt, Certificate in Behaviour Therapy

Ms. Elaine Drummond is a lecturer and branch leader for the Intellectual Disability programme with the School of Nursing and Midwifery, University College Cork. Following registration as a Registered Nurse in Intellectual Disabilities she worked for a number of years as a staff-nurse in both residential and community services, she has worked as a clinical nurse specialist in behaviour therapy and as a Residential Services Co-ordinator.

Her educational and professional qualifications include MSc & BSc (Hons) Nursing degrees from UCC as well as Diploma in Health Service Management from University College Limerick. She is currently pursuing a Postgraduate Certificate in Teaching and Learning in Higher Education from UCC and hopes to register for her PhD in 2008.

Her research interests include health promotion and risk for cancer amongst young adults with Intellectual Disability, the general health needs of people with Intellectual Disability and the concept of sexuality for people with Intellectual Disability. She has published in a number of peer reviewed journals and has presented her work at national and international conferences.

She is a member of the Positive Choices Organising committee who co-ordinate the largest Intellectual disability student nurse conference in Europe and also holds professional membership of IASSID (International Association for the Scientific Study of Intellectual Disability), the ISEN (Irish Sex Education Network), Inclusion Ireland, An Bord Altranais and the NNLDN (National Network for Learning Disability Nurses).

Today’s paper/poster represents an overview of the current evidence concerning Cancer and people with Intellectual Disability. Issues for Practice relating to prevalence and increased risk for some cancers in people with ID are highlighted and some recommendations for supporting people with ID in managing this chronic health condition are also made.
A Quantitative Descriptive Study of Quality of Life with Dyspepsia and Gastro-Oesophageal Reflux

Background: Dyspepsia and gastro-oesophageal reflux are common conditions requiring significant health care resources. The primary impact of symptoms is on quality of life and lifestyle factors play a significant role in alleviation and causation of symptoms. Patient perspectives of health related quality of life are important in addressing lifestyle factors which can influence symptoms.

Aim: To describe the health related quality of life of patients who attend gastroenterology out-patients with dyspepsia and gastro-oesophageal reflux.

Method: A quantitative descriptive study was undertaken to examine demographic characteristics and build a profile of a population of patients. QOLRAD, a previously validated questionnaire was used to measure the impact of the symptoms on vitality, food and drink, sleep, emotional distress and physical and social function on a seven point Likert scale. A sample of 97 respondents was obtained from a population of patients who attend out-patients.

Findings: 59.8% of respondents were female and 47.4% aged between eighteen and thirty nine. 62.8% were currently or had previously been smokers, 74.2% drank alcohol whilst aged between eighteen and thirty nine. 62.8% were currently or had previously been smokers, 74.2% drank alcohol whilst aged between eighteen and thirty nine. 59.8% considered themselves overweight. The scores generated demonstrate sub-optimal health related quality of life and lifestyle factors play a significant role in alleviation and causation of symptoms. Patient perspectives of health related quality of life are important in addressing lifestyle factors which can influence symptoms.

Conclusion: The data generated demonstrates the majority of patients report receiving no lifestyle advice pertinent to this disease. The study findings can be used to tailor the future provision of lifestyle advice and support to assist in enhancing health related quality of life in this population of patients.

Caroline Fogarty

Caroline Fogarty, Adelaide and Meath Hospital
RGN, BSc(Hons), MSc

Caroline Fogarty’s nursing career has included working in general surgery and gastroenterology, specifically endoscopy. She is currently employed as a CNM2 Colorectal Nurse in the Division of Colorectal Surgery in Adelaide and Meath Hospital, Tallaght, Dublin 24. She has a BSc(Hons) in Professional Development in Nursing from the University of Ulster, Coleraine and recently graduated with MSc Nursing from Trinity College Dublin.

Colorectal Cancer – The Patient’s Journey to Diagnosis

Colorectal cancer represents 10% of all new cancer cases in Ireland each year, and 12% of cancer deaths (NCRI 2005). When one combines the figures for both sexes colorectal cancer is the leading type of cancer in Ireland and the second leading cause of cancer-related mortality (Campo et al 2004).

In this poster we present a summary of clinical and demographic data from patients who were diagnosed with colorectal cancer in one institution during the past 3 years. This is supported by data obtained in a qualitative study of the experiences of colorectal cancer patients from onset of symptoms to diagnosis (Murray 2006). In that study:

- 14 patients participated in tape-recorded, semi-structured interviews.
- Data were analysed using Colazzi’s Framework (Colazzi 1978).
- Findings revealed that people tend to know little about colorectal cancer until it affects them personally.
- Participants all claimed to they tried to maintain a healthy diet and to exercise within their abilities.
- Patients tended to assume a less serious cause for their symptoms and to delay seeking medical advice. Willingness to seek medical help was associated with gender (men less willing to seek help) and with lower socio-economic groups. Delays in seeking medical advice ranged from no delay to 1 year.
- Patients were satisfied with the care given by general practitioners and took personal responsibility for any delays that occurred before first seeking help. Some delays occurred in accessing specialist services after referral by the GP, over which the patients had no control.
- Participants were insistent that people need to know more about the signs and symptoms of colorectal cancer and to be urged not to ignore symptoms. They also felt that doctors should alert patients to the risk factors for colorectal cancer and should question patients about bowel health even when they were attending for a non-related medical condition.

Deirdre Hyland
RGN, RM, MSc

Deirdre Hyland completed her general nurse training (RGN) and midwifery training (RM) in St James’s Hospital. She completed a Diploma in ENT Nursing Practice in the Royal Victoria Eye & Ear Hospital/Faculty of Nursing, Royal College of Surgeons in Ireland in 1999 and completed an MSc in Nursing Practice through the Faculty of Nursing, RCSI in 2003. Having spent a number of years as a staff nurse, and later as Clinical Nurse Manager, in St James’s Hospital, Deirdre is now employed as a Clinical Research Nurse in the Clinical Research Centre, RCSI.

Ailbhe Murray
RGN, RSCN, MSc

Ailbhe Murray completed her General Nurse Training (RGN) in Beaumont Hospital and later qualified as a Registered Sick Children’s Nurse (RSCN). She undertook a certificate course in Paediatric ICU Nursing and has obtained a Higher Diploma in Clinical Research through John Moores University, Liverpool as well as an MSc in Nursing Research through the Faculty of Nursing, RCSI. Ailbhe was employed as a Nurse in the ICU, Our Lady’s Hospital for Sick Children before moving to her current post of Nurse Manager in the Clinical Research Centre, RCSI.
AN EXAMINATION OF REGISTERED NURSES’ KNOWLEDGE OF THE PREVENTION AND MANAGEMENT OF CONSTIPATION IN PEOPLE WITH INTELLECTUAL DISABILITY

Constipation is considered a preventable problem in health care yet this condition has received little attention in terms of preventive interventions and management in people with intellectual disabilities. Whilst constipation is acknowledged as an important general health issue for this population group the intellectual disability often takes precedence frequently masking the symptoms making it more difficult to recognise. Delays in recognition and treatment are further exacerbated as people with intellectual disabilities are often unable to verbally express their discomfort resulting in an underestimation of the condition. Thus health professionals must possess an accurate evidence based knowledge in the prevention and management of this condition.

This study examined Registered Nurses’ current knowledge of constipation using a two section self-administered ‘Bowel Knowledge Survey’ adapted from Richmond and Devlin (2003). A quantitative and descriptive research design was utilised and a response rate of 59% (n=98) was achieved. Relatively good overall knowledge (64%) in the prevention and management of constipation was demonstrated in this study and are consistent with findings of earlier studies by both Moore et al (1996) (57%) and Richmond and Devlin (2003) (59%).

Lynne Marsh, University College Cork
BSc, R.N.I.D.

I am a lecturer in the Catherine McAuley School of Nursing and Midwifery UCC since 2005. I am a Registered Nurse in Intellectual Disability with a Certificate in Behaviour Therapy, a Batchelor of Science Degree in Nursing and a Masters in Learning Disability Studies. Prior to joining the lecturing team in UCC I worked as a Staff Nurse and Clinical Placement Co-ordinator. My research interests include; general health needs of people with intellectual disability, challenging behaviour and student nurse higher education.

PRACTICE DEVELOPMENT: THE LIVED EXPERIENCE OF THE PRECEPTOR IN EVALUATING STUDENT NURSES’ CLINICAL PRACTICE

Background: The role of the preceptor in undergraduate nurse education is summarised by An Bord Altranais, (2003) as one of providing supervision, teaching, giving of feedback, as well as the clinical evaluation of student nurses’ performance. Within the Irish nursing context the evaluation of student nurses’ clinical practice is an additional dimension to the preceptorship role, since introduction of the degree programme in 2002. Internationally, the literature is strewn with findings relating not only to the complexity concerning clinical evaluation but the whole notion of clinical competence-based evaluation. However, from an Irish perspective there is a dearth of research which has explored the perspective of the preceptor involved in the process of clinical evaluation. According to An Bord Altranais, (2003) the aim of clinical learning practice is to facilitate nursing students to develop the domains of competence, and become safe, caring competent practitioners demonstrating personal and professional accountability for evidence-based practice. As Robb et al, (2002) assert the importance of the evaluation of students’ clinical practice cannot be overestimated as development of their clinical nursing competence depends on it.

Aim: The aim of this research is to explore the lived experience of the preceptor in evaluating student nurses’ clinical practice. The third theme, competing demands, identified that while participants recount that the patient is the foremost priority there was deep concern about the lack of time for preceptoring students’. The final related theme, confidence in ability demonstrates the participants need for some acknowledgement and feedback on their role as preceptor.

Recommendations: Having considered the findings of the study in relation to pertinent literature addressing this area, implications for nurse education are explored. It is envisioned that findings will illuminate the lived experience of the preceptor in evaluating students’ clinical practice as they reveal the potential to value the formalised role of the preceptor. The challenge to nurse education is to ensure that if this is to be realised sufficient preparation for the development of this role is a fundamental requirement. These issues shall be further explored in the presentation.

Louise McDonnell, Trinity College, Dublin
RGN, RNT, BNS (Hons), MSc Nursing

My name is Louise McDonnell. I am a lecturer in Nursing Studies/ Course CoOrdinator Postgraduate Diploma in Specialist Nursing in Trinity College Dublin. My qualifications are; RGN, BNS (Hons), RNT, MSc in Nursing.

My research interests are the following: Preceptoryship, Clinical competence, Reflective practice, Retention and Retainment of Registered Nurses’ and Infection Control.

Analysis and Results: Colaizzi’s, (1978) seven stage process framework was applied to guide the study from the data. One central theme, teaching and evaluating clinical competencies and four related themes emerged from the data. These are knowledge and learning, questioning competence, competing demands and confidence in ability. Knowledge and learning reflects that all participants expressed positive feelings in relation to teaching and evaluating students’ clinical practice. However, there was much uncertainty regarding the theoretical dimension within the preceptorship role. The second related theme revealed that the meaning of competence was drawn throughout multiple ways of knowing (Carper, 1978). Competence was described in an integrated way, as a holistic approach in caring for the patient. The third theme, competing demands, identified that while participants recount that the patient is the foremost priority there was deep concern about the lack of time for preceptoring students’. The final related theme, confidence in ability demonstrates the participants need for some acknowledgement and feedback on their role as preceptor.
THE USE OF ONLINE INTERACTIVE CLINICAL PRACTICE STANDARDS TO SUPPORT NURSES AND MIDWIVES IN MEDICATION MANAGEMENT IN IRELAND.

This paper aims to demonstrate how online interactive clinical practice standards developed by An Bord Altranais and the National Council for the Professional Development of Nursing and Midwifery may support medication management standards as practiced by nurses and midwives in Ireland.

This continuing professional development need was identified as a result of the findings of the Review of Nurses and Midwives in the Prescribing and Administration of Medicinal Products demonstrating nurses and midwives concerns regarding professional practice and involvement with medication.

Utilizing the E-learning medium, the programme was written to enable nurses and midwives to reflect on the key points associated with medication management standards, the related principles, and thus support effective, safe and ethical practice. Content for this programme was developed from the revised version of the Guidance to Nurses and Midwives on Medication Management (An Bord Altranais 2007) document.

Kathleen Walsh

Áine McHugh

**Áine McHugh, University College Dublin**

RGN, RPN, RNT, BNS (hons) MSc. Health Informatics

Áine is a lecturer at UCD School of Nursing Midwifery and Health Systems. She is a lecturer in the pre-registration psychiatric nursing programme. Her teaching areas included community psychiatric nursing, interpersonal skills, acute mental health, care of the elderly with a mental health difficulty. She has a special interest in computer aided learning, nursing informatics and has extensive experience in the development and utilisation of e-learning tools for the profession. Áine was seconded from UCD to An Bord Altranais on a short-term basis to serve as project manager for the e-learning programme for medication management and has previously worked in the An Bord Altranais Scope of Practice package as a content writer. She is currently the third level education appointed member of An Bord Altranais.

Kathleen Walsh

RGN, MSN

Kathleen received a Bachelor of Science in Nursing and completed a Masters of Science in the Acute Care Nurse Practitioner Programme for the University of Pennsylvania. She has previously held positions in surgical nursing intensive care, nursing management, clinical research and as a Nurse Practitioner in the speciality of Otolaryngology-Head and Neck surgery. She has published and presented papers in this specialist area. Since 2001 she has served as Project officer for the Medication Management and Nurse/Midwife Prescribing Project, a joint project between An Bord Altranais and the National Council for the professional Development of Nursing and Midwifery. Kathleen has been involved in the development of professional guidance for registered nurses prescribers, by An Bord Altranais and e-learning programme on medication management.

HOW THE AMALGAMATION OF HOSPITALS IMPACT ON THE JOB ATTITUDES OF NURSES AND MIDWIVES

Restructuring and amalgamation of services, a feature of healthcare organisations for decades has been associated internationally with reports of negative outcomes for the nurses and midwives affected. Jick (1979) described a merger as a socio-psychological event that most employees find threatening and painful. Some people react with fear, anxiety, anger or even depression (Dianis et al, 1997). The reaction to news such as this may trigger emotions likened to that on hearing of a death of a loved one. It appears to follow the same pattern of denial, anger, negotiation, depression and finally acceptance (Cartwright et al, 1993, Powell, 1997). In surveying the literature, few studies were found that examined the psychological and emotional implications associated with job attitudes of nurses and midwives during and following amalgamation of maternity hospitals.

**Aim & Objectives:** To describe the impact of the amalgamation of three maternity hospitals on the job attitudes of Nurses and Midwives.

- a. to identify changes in job attitudes over time by comparing the job attitudes of staff at the beginning of the amalgamation process and again six months after the amalgamation.
- b. to determine those factors that influence job attitudes in an amalgamation context.

**Design:** A longitudinal descriptive quantitative design was chosen as being most suitable for this study. Data Collection: A self report questionnaire (Wagstaff, 2000) is being utilised by the researcher to gather data from all nursing and midwifery staff employed in the Unified Maternity Services and Bon Secours Hospital of Cork affected by the Amalgamation of Midwifery Services. The study commenced in March 2007 and is due for completion October 2007.

**Analysis:** Likert scales have been used to determine the opinion of the respondents (Burns et al, 2003). This data will be analysed using SPSS. Content analysis will be used for the open-ended questions.

Geraldine McLoughlin

**Geraldine McLoughlin, University College Cork**

Msc, Bsc, H.Dip in Ed, RM, RGN

**How the Amalgamation of Hospitals Impact on the Job Attitudes of Nurses and Midwives**

**Aim & Objectives:** To describe the impact of the amalgamation of three maternity hospitals on the job attitudes of Nurses and Midwives.

1. a. to identify changes in job attitudes over time by comparing the job attitudes of staff at the beginning of the amalgamation process and again six months after the amalgamation.
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**Analysis:** Likert scales have been used to determine the opinion of the respondents (Burns et al, 2003). This data will be analysed using SPSS. Content analysis will be used for the open-ended questions.

Geraldine McLoughlin
PARTICIPATION IN EVERYDAY ACTIVITIES AND QUALITY OF LIFE IN PRE TEENAGE CHILDREN LIVING WITH CEREBRAL PALSY IN THE SOUTH WEST OF IRELAND

Cerebral palsy (CP) is the most common cause of physical disability in children. The impact of CP on quality of life is not well understood. The Southern Ireland Cerebral Palsy Register (SICPR) is part of a larger European study group (SPARCLE) looking at quality of life in children with CP. The present study explored participation in everyday activities in two populations (CP and Non-CP) and quality of life in CP pre-teenage children living in CP in the South West of Ireland.

The frequency of activities done by children in mainstream schools with a CP population were compared and contrasted with a CP population and the quality of life in CP children was assessed as reported by their parents in relation to their participation in everyday activities.

For the purpose of this study two questionnaires were examined; KIDSCREEN Quality of life instrument in CP children and Everyday Activities Questionnaire (EAQ) in CP and non-CP children. All families of children with CP aged 8-12 years on the SICPR were approached. Age similar classes in two primary schools in Cork city were compared to the sample of children affected with CP. KIDSCREEN was performed on the CP population and Participation was compared in both datasets.

The key findings of this study were that in CP children both levels of activity and quality of life fell with increasing levels of disability. The levels of activity in children with mild CP were similar to similar aged children without CP when compared with children of similar age without CP. Further studies based on longitudinal designs should be carried out to determine the quality of life and activity levels of these children long into adult life.

Vicki McManus

Vicki McManus is a Lecturer in the School of Nursing and Midwifery, UCC, Cork. Vicki has worked both as a paediatric nurse and a general nurse in Ireland. Since leaving clinical practice she has developed an interest in disability and family related issues in the area of disability. Vicki managed the South of Ireland cerebral palsy Register for 8 years as research coordinator. Publications to date include work from the Register mainly on disability related issues. Vicki has completed an MSc in Medicine on issues relating to children affected by cerebral palsy and their participation, compared to children without cerebral palsy, in mainstream schools across two counties in Ireland - Cork and Kerry. She has recently taken up a post as lecturer in UCC Department of Nursing and Midwifery.

MYTHS AND REALITIES: REFLECTIONS OF A SOLITARY INTERVIEWER

Background: A large commissioned research project entitled “Socio-economic factors and outcomes in Type 2 Diabetes” will be presented to highlight areas of greatest challenge for a single researcher conducting one to one interviews. The study raised important methodological considerations facing a researcher attempting to independently interview across a disparate geographical population. This presentation will draw upon this experience of planning, co-ordinating and facilitating this study discussing important practical and ethical considerations for researchers, when interviewing patients from a broad spectrum of socio-economic situations.

Aim: To explore challenges faced when working with a sample across a disparate geographical population.

Methods: The study was a cross-sectional survey of patients registered in a large acute hospital trust in Northern Ireland. A representative stratified random sample of patients (n=541) with T2DM was selected from this hospital diabetes register. 322 Males (57.5%) and 243 Females (42.5%) participated in this study. A structured questionnaire was administered in the patient’s home. All interviews were conducted by the same interviewer using Teleform®, which afforded an ideal medium to capture the data generated from the structured interviews onto the researcher’s laptop. Thereby considerably reducing the time spent upon transferring this data unto S.P.S.S.

Issues:
- Administration
- Seeking informed consent
- Interpersonal skills
- Protracted length of interviews
- Time management
- Selection of attr.
- Animals

Recommendations: The books are full of wise advice about conducting interviews and such principles were followed as far as possible. However having spent two years involved in one to one interviews the author’s experiences testify that the reality can be much more complex than may at first be apparent. The challenge is to combine the theory with a pragmatic approach to research. The experience gained has been a valuable part of the learning process of being involved with a large research study.

Mary McMenamin

Mary McMenamin, Western Health and Social Care Trust RGN, BSc (Hons)
PROBLEM BASED LEARNING AND SIMULATION: STUDENT CENTERED TEACHING APPROACHES, DEVELOPING PERFORMANCES OF UNDERSTANDING IN THE MANAGEMENT OF CHALLENGING ACUTE NURSING EPISODES (CANE)

Background: The development of a culture of enquiry with a flexible approach to content and a student centred focus is required to prepare adaptable, flexible practitioners (Integrative Learning Project, 2007). Problem based learning (PBL) and simulations are two student centred teaching methodologies when used in combination have the potential to develop clinical competencies in undergraduate nurses. This study used PBL and simulation as instructional methodologies in a 4th year module.

Aims: The aim was to determine the effectiveness of PBL and simulation as instructional methodologies in achieving clinical competencies in the management of CANE. The secondary aim was to utilise a panel of clinical nursing experts to ensure clinically relevant content and to create and validate descriptors within a rubric to holistically assess competency in a simulated environment.

Methods: A purposive sample of clinical experts from clinical sites informed focus group interviews to identify priority CANE and descriptors of competent graduate practice. Focus group interviews were transcribed and analysed. Identified themes were used to inform the development of the module problems and simulations. Themes relating to descriptors of practice were included in newly devised assessment and used to summatively assess clinical competencies in the simulated environment.

Results: Analysis of data is in progress. Initial findings indicate that PBL and simulation enhanced the competency of undergraduate nurses in the simulated environment. Consulting with clinical experts ensured clinically relevant content and learning. Further data relating to the reliability and validity of the assessment rubric will be presented.

Discussion: PBL and Simulation can challenge students to think for themselves, creating an awareness of their critical analysis and decision making ability (Boud, D. & Feletti, G. 1997). The development of modules and assessment descriptors that are validated by clinical staff ensures competencies are developed in a clinically relevant manner that promotes the theory-practice link.

References:


Slobhan Murphy
Ms. Irene Hartigan
Angela Flynn
Nuala Walshe

Slobhan Murphy, University College Cork
MSc, BSc, RNT, RGN

Ms. Irene Hartigan is a College Lecturer at University College Cork. Irene trained as a RGN with the voluntary hospitals in Cork in conjunction with UCC and then travelled to Australia where she worked in a variety of settings. She holds a Degree in Clinical Health Science Education. Her background is in Care of the Older Adult with a keen interest in stroke patients. Irene was one of the data collectors for the National Audit in Stroke Care and she has published on aspects of patient assessment.

Angela Flynn (BSc (Hons), PGDip Ed., MSc)

Angela Flynn (BSc (Hons), PGDip Ed., MSc) is a college lecturer in the School of Nursing and Midwifery, University College Cork, Ireland where she teaches both undergraduates and postgraduate nursing students. She has a background in Cardiothoracic and Intensive Care Nursing and is currently undertaking research surrounding cardiac rehabilitation and quality of life. She maintains a strong interest in nurse education, specifically the development of advanced nursing skills.

Nuala Walshe

Nuala Walshe RN MN clinical skills manager school of Nursing and Midwifery UCC. Her interests include simulation, role-play and development of student centred teaching strategies. Recent projects include using simulated role plays for communication assessments and the introduction of scenario based OSCE examinations.
Introduction: Higher education in nursing is associated with improved patient care, enhanced critical thinking and increased autonomy in practice. However, there is a lack of consistency between studies with some identifying barriers to the incorporation of learning into practice and negative impacts of higher education. Furthermore, there is a paucity of research on the personal and professional impact of having attained a degree in a nursing related discipline. There is a lack of consistency between studies with some identifying barriers to the incorporation of learning into practice and negative impacts of higher education. Furthermore, there is a paucity of research on the personal and professional impact of having attained a degree in a nursing related discipline.

Methodology: The research design was a descriptive quantitative survey. A convenience sample of 88 clinical and non-clinical nurses were recruited from two specialties in two hospitals. Each participant had successfully completed a degree at level 8 or 0 of the national qualification framework (National Qualification Authority of Ireland, 2003).

Results: Data was analysed using descriptive and inferential statistics, using SPSS. The study supports the value and function of degree studies in the empowerment of nurses’ careers, preparation of nurses for practice, improvement of nursing practice and the enhancement of patient care. The study also identified barriers to nurses’ pursuit of degree studies and nurses translation of new knowledge, skills and attitudes into practice.

Conclusion: In view of the numerous positive behavioural changes resulting from the completion of degree studies it is essential that support and access to degree studies is promoted and barriers to the implementation of knowledge in practice are addressed.

Orla Sheahan, University College Cork
MHSc, RNT, BNS, RGN

I trained as a registered general nurse under the traditional apprenticeship programme and since then have gained nursing experience in acute hospitals in Ireland, England and Australia. My specialist area is orthopaedic nursing and I have over 10 years orthopaedic nursing experience. I am currently working as a college lecturer in the School of Nursing and Midwifery, University College Cork. Former roles include working as a nurse tutor, clinical placement co-ordinator, clinical nurse manager and staff nurse. My academic achievements include a Masters in Health Science (Nursing & Midwifery Education), Registered Nurse Tutor, Bachelor of Nursing Studies and ENB 219 (Orthopaedic Nursing).

A Survey of Registered Nurses Knowledge and Attitudes Regarding Paediatric Pain Assessment and Management: An Irish Perspective

Aim: The aim of this research study was to explore registered nurses knowledge and attitudes regarding paediatric pain assessment and management.

Design and Methods: A quantitative descriptive survey was employed. Using a simple random sample strategy, 292 registered nurses, from a variety of units in a children’s hospital in the Republic of Ireland were invited to participate in this study. Ethical approval was granted from The Faculty of Health Sciences, Trinity College Dublin and from the participating hospital. The Paediatric Nurses Knowledge and Attitude Survey (PNKAS) regarding pain, a self report questionnaire was utilised to collect data. Tool is a statistically reliable: Test-retest r = 0.859 and Cronbach alpha 0.708. A response rate of 60% (n = 174) was achieved.

Data Analysis: The Statistical Package for Social Sciences (SPSS) version 12 was employed to analysis quantitative and open questions were analysed by thematic content analysis. Descriptive and inferential statistics i.e. Chi-square, Independent Sample T-test, Analysis of Variance (ANOVA) and Kruskal-Wallis tests were performed to examine differences between groups.

Results: Total mean score on the PNKAS scale was 62%. Majority of nurses scored < 80%, which has been identified as a satisfactory level for practice standards. Nurses had knowledge deficits particularly in regard to pharmacology pharmacokinetics and non-pharmacological interventions and especially opiates i.e. the incidence of respiratory depression and risk of addiction. No differences were demonstrated between nurses’ age, nursing experience, years of paediatric experience, nursing grade and having pain education during hospital orientation on the mean PNKAS score. A statistically significant difference (p<0.001) of moderate to large effect was demonstrated between nurses whose main qualification was RCN compared to RGN on the mean PNKAS score. Also between nurses who worked in different specialties on the mean PNKAS score (p = 0.003). Nurses who had received pain education within the previous two years demonstrated a positive difference (p = 0.003) on the total PNKAS scale score.

Implications for Practice: Findings support concerns regarding unsatisfactory pain management attitudes and knowledge in nurses. RCN qualification and continuing education, including nurses area of expertise had a positive influence on nurses’ knowledge. There is a need for intensive continuing education for nurses regarding pain management and special consideration in relation to non paediatric qualified nurses. Education is needed in: pain assessment, including self report; pharmacology and pharmacokinetics of analgesia especially in relation to opiates to dispel fears and non-pharmacological interventions. Educational strategies i.e. problem based learning and reflection should also be considered.

Eileen Tiernan

Eileen Tiernan, Our Lady’s Hospital for Sick Children
RGN, RCN, ENB 160, BSc (Hons)

My nursing career commenced in London, qualifying as a Registered General Nurse at University College Hospital and staffing on the paediatric general ward. This was followed by Registered Children’s Nurse training at the Evelina Children’s Unit of Guys Hospital. Paediatric staffing and management experience was obtained in general paediatrics and specialties: cardiology; burns; plastic surgery; oncology; orthopaedic; haematology; tracheostomy management and community.

An English National Board (ENB)160 course was obtained at the Royal Brompton Hospital, in Paediatric Cardio-Thoracic Nursing. Cardiac ICU experience was subsequently obtained at the Children’s Hospital, Sydney and Great Ormond St Hospital, London. Since moving to Ireland, I have worked in the PICU, Our Lady’s Children’s Hospital, Dublin. I transferred to educational roles from 1996 when I established and coordinated a paediatric ICU nursing course. Presently I am working as a Clinical Nurse (education) Facilitator in the PICUs.

I graduated with a BSc (Hons) from RCS in 2004. This study was undertaken in part fulfillment of MSc Nursing from University of Dublin, Trinity College in 2007.
Porter Presentation: Wednesday

**The Use and Benefit of Undergraduate Nursing Student Portfolios**

**Aim:** Using audit and survey approaches, this research aims to identify the quality, quantity, structure and general standard of work presented within student portfolio and to ascertain their views on their usefulness.

**Background:** Since the introduction of all graduate education for nurse preparation in Ireland, reflection and reflective practice have been constituent elements of course learning. Students are encouraged to reflect on processes in their practical clinical placements, and to document these processes, and related learning in a student held portfolio. Portfolios use is a common feature of undergraduate nursing programmes, although type and nature vary considerably between institutions with no consistent approach emerging (Webb et al 2002, Endacott et al 2004). Despite the provision of portfolio guidelines at university a wide variety exists in the quality of work presented and students are often unclear as to constituent contents. This latter, while a reflection of the current status and development of portfolio use within the discipline (McMullen et al 2006) is a source of dissatisfaction for students and warrants further investigation.

**Method:** As a first step towards process improvement, this project aimed to quantitatively capture student views using an on-line survey approach utilizing a previously validated questionnaire (McMullen 2006). An audit tool is used to examine the structure, process and content of portfolios in current use in one School.

**Results:** The survey provides an evidence base for hitherto anecdotal comments and provides useful information for future development. While students see potential value in the portfolio work presented within student portfolio and to ascertain their views on their usefulness.

**Conclusion:** As an evolving structure within Irish universities and practice there is much room for process improvement. Building upon the experiences of the UK and the findings of this study, more directive guidelines are recommended with particular emphasis on support for reflection. This provides useful information both for academics and practicing nurses who are supporting portfolio development in practice.

Dr Fiona Timmins
Mr. Padraig Dunne

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**The Advanced Nurse Practitioners Journey: A Qualitative Study of their Experiences in an Irish Context.**

In this paper, the experience of transition to a new role in advanced neonatal nurse practitioners (ANNP) will be explored from a qualitative perspective. Four ANNP’s working in three major maternity hospitals were interviewed in depth. Through the use of a modified Burnard (1991) analysis approach, the participants revealed the many issues in getting people to understand their role. Almost all participants explained their difficulties in trying to gain a balance in their workload, managing their time effectively, and gaining clarity in their role. These issues will be debated in the context of the changing health service and nursing roles in Ireland. Claims are made for this role to be truly realised, support, education and recognition of the demands must be considered if their contribution to the neonatal service is to be truly fulfilled.

Helen Walsh

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Mr. Padraig Dunne

He began his nursing career as a Psychiatric nurse in 2000 with a diploma in nursing studies. He worked in acute psychiatry, specialising in nursing care for young adults suffering from major psychiatric illness. He then worked in nurse education involving the clinical education of staff and student nurses. He obtained an Honours Bachelor Degree in Nursing Studies from University College Dublin in 2001, completed the post graduate in nursing studies with the University of Manchester in 2003 and is currently in the second year of the MA in Dramatherapy with the National University of Ireland, Maynooth.

In 2006 he moved to Trinity College Dublin, where he currently works as Allocation Officer in the School of Nursing and Midwifery. In this role he is responsible for each student meeting the clinical requirements to become a registered practitioner.
THE CHALLENGE OF EXPLORING JORDANIAN ANTENATAL EDUCATION OUTCOMES USING A SOLOMON FOUR-GROUP EXPERIMENT

In 2002, a Primary Health Care Initiative (PHCI) was introduced in Jordan recommending free antenatal education for all pregnant women (MOH, 2002). It is important to explore and evaluate such new interventions so that appropriate development and resource allocation may be planned for future service delivery. Previous research on the effects of Antenatal education has primarily been conducted using self-report cross-sectional data without an explicit theoretical base. The resulting forms of data are vulnerable to several threats to both internal and external validity, which the Solomon Four Group Design is protected from.

Aim: To examine the effects of antenatal education on maternal confidence, anxiety and birth outcomes

Method: A natural experiment Solomon four-group design was chosen. Childbirth Self-Efficacy Inventory (CSIEI), State Trait Anxiety Inventory (STAI) were used to determine changes in maternal confidence and anxiety following antenatal education. Ethical approval, permission to use the CBSEI, STAI and access to women was obtained. Informed by power analysis, a convenient sample of 266 primiparous women was recruited from three health centres and three private clinics in Northern Jordan between December 2006 and June 2007. Two-by-two ANCOVA, t-tests and ANCOVA were used to analyse the data.

Results and discussion: Pre-testing showed differences between experimental and control group, which were controlled by ANCOVA. Results suggest that the effect of antenatal education on maternal confidence and anxiety were not significant. Experimental group post-test maternal confidence does not change significantly from the pre-test, while their anxiety state increased significantly. On the other hand, the control group demonstrated that maternal confidence increased significantly, while their anxiety does not. Further analysis showed antenatal education is a strong predictor for this change.

Conclusions: This is a challenging research design with quite complex analysis. Results were inconclusive, antenatal education is a complex intervention which needs to be studied from several perspectives: if applied inappropriately it may raise or lower maternal anxiety and confidence levels.

Sanaa Abujilban
PhD student, MSN, BSC, RM, RN

MOVE IT OR LOSE IT

Aim: To develop an educational awareness programme to prevent joint stiffness and contractures developing in the older person.

Objective: Provide general background knowledge and practical skills to carry out a range of movement exercises as part of a personal care programme.

Help prevent joint stiffness or contractures occurring.

Involving all staff in contracture prevention.

Method: Following Manual Handling assessments in two units in 2005 a need was identified by the assessor to deal with the presence and prevention of contractures among the patients. An education programme was initiated by the Director of Nursing and presented by the Occupational Therapist and Physiotherapist. Feedback showed a hunger for more knowledge and practical skills in dealing with contractures. An interdisciplinary team was set up and research carried out to source information. Link people were identified in all units, a flow chart developed to guide identification of the presence of contractures and an individual care programme would then be set up.

Analysis and Results: Analysis is on-going and evaluation constant e.g. analysis after 1 year occurred comparing the re-assessment with the initial one and a report prepared. The results confirmed the need for on-going education, implementation and re-enforcement of the education programme.

The education programme is 3 hours and topics include:

- Why and how joint stiffness and contractures occur
- Impact on the patient, the carer and the staff

Practical sessions are provided regarding joint movement

Recommendation: This is an ongoing and live educational programme. The vision is to prevent joint stiffness and contractures occurring in the hospital setting and within the wider community. This has been achieved by using an interdisciplinary approach – making it everyone’s responsibility to incorporate movement into the older person’s daily routine and thus preventing joint stiffness and contractures.

Joan Brady
RGN, RM, BSc in Nursing Science, Ass Dir of Nursing

Since qualifying as an RGN and SCM in the Meath Hospital and The Cosmote Women’s Hospital I have specialized in Care of the Older Person in St Joseph’s Care Centre Longford. The successful transition from Institutional Care to Rehabilitation and the empowering of the older person/client is at the centre of everyday life within this Person Centered Care setting. It is a challenging, invigorating and change related time for all staff involved in the ongoing care of the older person.

Motivation has always been my strong point using my knowledge in further education and expertise in practice to drive practice and patient related initiatives both as a CNM and now as an Assistant Director of Nursing. While carrying out Manual Handling Assessments on patients within The Centre I noted the incidents of Contractures and the impact they were having on quality of life of our residents.

Following consultation with an interdisciplinary approach, this innovative programme “Move It or Lose It” was initiated. A literature search on contractures was carried out in preparation. The roll-out of the programme and subsequent audit on its effectiveness has proven successful in the prevention of contractures within our care setting.
MANAGING CLINICAL GOVERNANCE. THINK GLOBAL - ACT LOCAL

Clinical governance is a systematic approach to assuring the quality of patient care (Sale, 2005) and is defined as a system which is able to demonstrate, in both primary and secondary care, that systems are in place guaranteeing clinical quality improvements at all levels of health care provision.

A system of clinical governance includes the elements of corporate, clinical and self-governance. The NHS provides a working definition of clinical governance as a framework through which accountability for continuous improvement of the quality of the service to client’s lies with the organisations (DoH, 1998). This quality process allows professionals to measure their performance, to recognise good practice, and to make improvements as health care organisations must be accountable for the quality of the services they provide (McSherry & Pearce, 2002). Clinical Governance is about instilling confidence in both the public and health care professionals by providing them with a safe, clinical environment. The generally accepted components of clinical governance include risk management, performance management, accountability, quality information and quality improvement; collectively provide a framework for adopting clinical governance.

Carmel Buckley

Carmel Buckley, HSE South
RN, RM, PHN, Dip. Nursing Management, BSc (Nursing Studies), MSc (Social Policy)

Carmel has been the Project Officer for Community Nursing, HSE South (Cork/Kerry) since 2005. She previously worked as Assistant Director of Public Health Nursing in West Cork community care. Carmel is a Registered nurse, midwife and public health nurse. She holds a Diploma in Nursing Management, a BSc (Hons) in Nursing Studies. She completed a Masters Degree in Social Policy (Hons) at UCC and she is currently undertaking a MSc in Quality in Healthcare, RCSI.

LOOK INTO MY MOUTH

Oral Hygiene - mouth care is the scientific care of the teeth and mouth. It is a vital component of holistic care given to patients/clients, although anecdotal evidence suggests that it is often considered a low priority. It is essential that consideration is given to these patients at risk from illness, Drug therapy and treatments.

The last few years have seen advances in the management of oral complications yet it still is in its infancy. To address some of these issues an oral care working group was formed in May 2006 with staff from many clinical areas in KGH along with the Nurse Practice Development Team. The aim of the oral care working group is to standardise oral care based on the most up to date evidence based practice. The group liaised with the Key stakeholders throughout this change process.

A comprehensive literature review was completed and a clear policy was formulated along with the development and introduction of a comprehensive Assessment Tool. The purpose of the policy is to provide up to date evidence based research in order to promote the importance and principles of Oral Care by assessing, planning, implementing and evaluating patient’s oral care on an ongoing bases. Information sessions were facilitated at ward level by the practice development team. On completion of the pilot evaluations were completed.

The aim of this poster is to give an overview of the policy that was formulated and introduce the Oral Hygiene Assessment Tool, products to use, products not to use and those to use with caution. Ultimately this will facilitate patients comfort by keeping the oral cavity clean, moist and intact, alleviate pain and infection.

Helena Butler

Helena Butler, Kerry General Hospital
RGN, DPSN, ENB 136, BSc, MA

Helena Butler completed her undergraduate nurse training in Ireland. Having worked in the UK in both medical and dialysis settings, she returned to Ireland. Having worked in care of the older person settings and dialysis, she worked as a Clinical Placement Co-Ordinator at Kerry General Hospital. Helena assumed her current position of Nurse Practice Development Co-Ordinator at Kerry General Hospital in 2004 where she is currently employed. Her postgraduate studies include the completion of a Diploma in Professional Studies in Nursing and ENB 136 in renal nursing awarded by the University of Hertfordshire. Subsequently she completed her Degree and Masters at the Institute of Technology Tralee.
USE OF CLEANING & DISINFECTION AGENTS – A USERS SURVEY

Valerie Caffrey, Beaumont Hospital
RGN, Diploma Nursing, 2001, BSC Nursing, 2006

Introduction:
• The role of the environment in the spread of healthcare associated infections is debatable 1.
• Best practice suggests that cleaning should be a one-step process combining detergent/disinfectant in patient care areas, where there is any uncertainty around the type of soiling present 2.
• Beaumont Hospital, an 807 bed university hospital adapted the one-step cleaning process to streamline the use of a named detergent and disinfectant.

Aim:
• To identify current practices of individual wards/units and to evaluate the level of implementation of the hospital policy on cleaning and disinfection.
• To identify potential gaps and address specific issues.

Method:
• A survey was carried out by the Infection Prevention and Control Team (IPCT) in the form of a questionnaire based on the hospital policy.
• The questionnaire was distributed to 37 ward/unit managers to complete. (Appendix 1).

Results: 84% of questionnaires were completed and returned to the IPCT.

Good Practices: Highlighted in poster. (Graph)
Areas for Improvement: Highlighted in poster. (Graph)

Discussion: Broad compliance on the appropriate use of detergent and disinfectant was found throughout the hospital, yet there remains areas which need further enhancement of knowledge and practices.

In order to address the areas for improvement, the IPCT have:
• Forwarded the results of the survey to senior hospital and clinical management.
• Individual unit/ward nurse managers have been given feedback on issues which required specific attention.
• Identified the necessity to reiterate safe practices in the event of the breakdown of a bedpan washer. An audit of all bedpan washers and sluice rooms will be undertaken in the near future.
• Procedure in the event of a bedpan washer breakdown. This has been incorporated into the Hospitals Hygiene Manual.

Valerie Caffrey

STUDENT’S EXPERIENCES OF A SERVICE LEARNING PLACEMENT IN GHANA

Valerie Caffrey
Beaumont Hospital
RGN, Diploma Nursing, 2001, BSC Nursing, 2006

Background: Service learning is a teaching methodology which connects academic study to community service (Olsan et al. 2004). It allows the provision of a needed service to the community while simultaneously students learn and apply concepts learnt in the classroom in the real world (Eyler & Giles 1999). With this in mind the module ‘International nursing, nursing in developed and developing worlds’ was devised. This module requires students to undertake a service-learning placement in a culture different to their own either abroad or within Ireland.

Aims and Objectives: This poster describes our experiences of a service learning placement in Ho, Ghana which we completed during the summer of 2007. The planning process involved in setting up the placement along with our rationale for selecting this site will be presented. While in Ho we spent time in the Leprosarium and in the outreach villages. Our experiences of working in these different environments will be explored. We observed various differences between the Irish health care system to that in Ghana and these differences will be discussed. We will also relate the main difficulties encountered and how we overcame same as well as elaborating on the most interesting and exciting aspects of the entire experience. Helpful hints for future students intending to travel to Ho will be outlined. Finally the impact of this experience on our nursing practice will be described.

Alison Carney
Laura Armstrong
Dympna Casey

Alison Carney, NUI Galway
Student Nurse

Laura Armstrong
Student Nurse

Dympna Casey
RGN, BA., MA., PhD

Valerie Caffrey
Beaumont Hospital
RGN, Diploma Nursing, 2001, BSC Nursing, 2006

Use of Cleaning & Disinfection Agents – A Users Survey

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Valerie Caffrey

Student’s Experiences of a Service Learning Placement in Ghana

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Valerie Caffrey, Beaumont Hospital
RGN, Diploma Nursing, 2001, BSC Nursing, 2006

Alison Carney, NUI Galway
Student Nurse

Laura Armstrong
Student Nurse

Dympna Casey
RGN, BA., MA., PhD
PARTICIPANTS’ EXPERIENCE OF A DIABETES SCREENING PROGRAMME

Background: An annual hospital-based diabetes screening programme was provided for staff of a large urban Maternity hospital as part of the Clinical Midwife Specialist role development. The rationale for diabetes screening was to facilitate the detection of Type 2 diabetes and to provide health promotion education about risk factors for developing diabetes.

Aim and Objectives: To assess the value of a diabetes screening programme from the participants’ perspective; to assess participants’ awareness of risk factors for developing Type 2 diabetes and to ascertain whether participants would recommend diabetes screening to family or friends.

Methods: A non-experimental retrospective cross sectional descriptive study was conducted utilizing a postal survey, to assess participants’ views of their diabetes screening experience. The sample was comprised of the individual staff members who availed of diabetes screening in 2006 (n=120). The statistical package SPSS version 12 was employed for data analysis.

Analysis and results: Eighty four participants completed the questionnaire giving a 70% response rate. Over half of the respondents had at least one risk factor for developing diabetes (age > 40 years). Respondents achieved very high scores for their degree of knowledge about diabetes risk factors associated with lifestyle e.g. excess weight, unhealthy diet and insufficient exercise. However there was a significant difference (p<001) between the age groups 20-39 yrs and 40-70 yrs in their knowledge about the risk of diabetes increasing with age.

Overall, respondents expressed a high level of satisfaction with the diabetes screening programme. Most respondents were made aware of their diabetes risk status and received individual support for women and their families with twice weekly contact provided during the pregnancy.

Recommendations: Education: The findings of the study have identified a need to publicise the fact that the risk of diabetes increases with age.

Research: An explorative study to establish potential barriers to diabetes screening may facilitate more widespread access to the service among all grades of hospital staff.

Mary Coffey
FOLLOW THE YELLOW BRICK ROAD ON ROUTE TO CLINICAL AUDIT

Background: Funding was sought from the National Council of Nursing and Midwifery in 2005 for the appointment of an Audit Facilitator to implement a quality assurance framework within three acute hospital services. The role of the Audit Facilitator required the design and establishment of a clinical audit process that would be implemented in the service areas.

The introduction of a Clinical Audit Process provided a clear structure within the Acute Hospital Services of Louth/Meath to establish, implement and maintain well-managed quality framework. Supporting documentation was also developed to support the process; these were Clinical Audit Proposal Template and Clinical Audit Reporting Template. The Proposal Template provided a sense of clarity to individuals in designing their audit tools. The Audit Reporting Template provided a clear report to managers and the service areas on the audits findings on service delivery and recommendations.

Aims and Objectives:

- To improve patient’s experience of the services provided within the Acute Hospitals Services.
- To improve patient’s overall outcomes, through changing and developing healthcare practice in line with identified best practice.
- To monitor and confirm improvement in healthcare delivery.
- To pursue, develop and implement quality standards throughout our services and foster a culture of review and audit at all levels.
- To empower nursing staff / CNM / CNS in adopting and performing relevant Audits.

Method: A steering committee comprising of Directors of Nursing, Practice Development Co-ordinators from the three hospitals and the Nursing Midwifery Planning Development Unit was established to guide the Audit Facilitator in their work. Members of the clinical Audit Acute Working Group which comprises of representatives from across the three hospitals and the NMPDU provided support to individuals on audit design, evaluation and reporting.

Evaluation: The introduction of a clinical audit process across the three acute hospitals has resulted in an improvement in the quality of patient care. This has allowed nurses to support nurses in their practice. The Clinical Audit Process has been greatly accepted and is widely used to date with one hundred and twenty staff trained in the process. There are over fifty one clinical audits are underway that have completed the first cycle.

All Audit Reports have been maintained on a database and dates for audit review are generated. The database facilitates the sharing of audit tools and experiences which allows similar organisations to benchmark between each other. The success of the programme is evident from the volume of clinical audits being conducted across the three hospitals and the positive change impact on service delivery.

Recommendation: Clinical audit is a pivotal component of the transformation agenda to improve outcomes for patients attending our services and to ensure that services are delivered in an efficient manner. It has been demonstrated through the roll out of clinical audit across the three acute hospitals. Audit is a powerful vehicle for reviewing and evaluating practice and introducing necessary change.

It is hoped to roll out the clinical audit process into the Regional Services for Older People later this year.

Dolores Donegan

Dolores Donegan, NMPDU Ardee
MSc, BSc, Dip ON, RGN.

Dolores has worked the Deputy Director of the Nursing Midwifery Planning Development Unit in the former NEHB for the past two years. Her background is in Nursing Management in Our Lady of Lourdes Hospital Drogheda, Practice Development on the award winning National Care for People Dying in Hospital Project and as a NIPE Casemix Co-ordinator. She holds an MSc in Health Informatics, BSc in Nursing Management (honours) as well as a post graduate Diploma in Orthopaedic Nursing (honours). She qualified in general nursing from St Vincent’s Hospital, Dublin in 1993.

Developed in partnership with...
STOP, READY, GO! PORTFOLIO A TRAFFIC LIGHT FRAMEWORK FOR PORTFOLIO DEVELOPMENT

Background and context: The development of Reflective portfolios has gained substantial discussion in the field of nursing over recent years. Portfolios are well established means of demonstrating both personal and professional development in nursing practice. Many Universities in Ireland have embraced portfolio development as an essential part of the learning process, with portfolios becoming part of the assessment process. Practitioners often find the exercise daunting and uncomfortable. A traffic light framework was devised to enable practitioners develop a systematic and structured approach to portfolio development.

Aim of the study: The aim of this study is to pilot the implementation of “the Traffic light” framework for portfolio development with Post Graduate and MSc Nursing students in an Irish University.

Methodology including research design and sampling: An action research approach was chosen to implement the traffic light framework to guide students through the reflective process of portfolio development. The framework is currently being piloted as part of the ‘planning the action’ phase of a first action research cycle. Rolfe’s reflexive action research model was employed to guide the process.

Analysis: In its current stage of development the framework is constructed as a three pronged approach. Red: stop to reflect, Orange: critically consider the challenges and enablers to achieving effective practice and evaluating the effect and impact of these factors on the critical incident. Green: structure narratives around a Clinical Competency framework to demonstrate learning through reflective practice, analytical skills, critical thinking skills and problem solving skills.

Conclusions: There is no correct way to organise and develop a portfolio which caused much concern for post graduate nursing students required to develop a reflective portfolio. The traffic light framework was created to assist Post-Graduate nursing students structure the reflective component of the portfolio in an organised fashion.

Anita Duffy
RGN, RNT, BSc Nursing Management, MSc Nursing, FFNMC (RCSI)

I currently hold a lecturing position at the Faculty of Nursing and Midwifery, RCSI. I have been in this post since 2004 and prior to that I worked as a CNM2 in an Accident and Emergency Department in Dublin. I completed a post Graduate Diploma in Clinical Health Sciences Education with distinction and M.Sc in Trinity College Dublin. In 2006 I was awarded a Fellowship in Nursing and Midwifery, RCSI. My main areas of interest are teaching Reflective Practice and Portfolio Development, with research interests directed towards Palliative care.

Christina Doyle
St James’s Hospital
RN BSc.

Following registration as a Project 2000 Registered Nurse in 1996, Whipps Cross Hospital, East London - gained experience in both medical and surgical nursing in London, Australia and back to Dublin in 1999. I am working in St James’s Hospital since my return. I completed BSc in Nursing Studies in 2000 in RCSI. In 2004 I completed Higher Diploma in Healthcare Management in Westmoreland College, whilst working as Clinical Nurse Manager 1 on a Medical Ward specialising in Rheumatology. I am currently working in the pioneering role as Rheumatology Nurse Specialist in the Rheumatology Department, St James’s Hospital since January 2005, a challenging and enjoyable role. I am present undertaking year 1 of the MSc Nursing in Royal College of Surgeons.

Christina Doyle

Satisfaction of patients receiving joint and soft tissue injection therapy

Introduction: Intra-articular steroid injections are commonly accepted by rheumatology professionals to benefit a variety of conditions, including rheumatoid arthritis, osteoarthritis and painful shoulder. It is less clearly evaluated what the patient perceived benefit is.

Aim: To assess the effectiveness of steroid injection and duration of benefit as perceived by patients attending our joint injection clinic.

Method: All patients who had undergone joint and soft tissue injections for any indication in the preceding 6 months were selected from our database and a telephone questionnaire was carried out. Underlying diagnosis was determined by chart review.

Results: Of 50 injections performed in 41 patients, 45 (90%) reported improvement. Forty-five (90%) indicated that they would have the procedure repeated. Average duration of benefit was greater than 4 weeks (62%), with 15 patients (30%) maintaining benefit beyond 12 weeks. Eight (16%) achieved little (< 1 week) or no benefit. In patients with inflammatory arthritis 23 of 24 (95.9%) described benefit, although in 58.3% the benefit was less than 4 weeks. There was ongoing improvement (> 12 weeks) in 20.8% of these patients. The majority of patients who received knee (67.7%) or shoulder (100%) injections noted ongoing benefit beyond 12 weeks.

Conclusion: Joint and soft tissue steroid injections are well tolerated, with the majority of patients perceiving benefit, with a variation in sustained benefit. The majority would opt to have the procedure repeated if indicated. Retrospective evaluation of procedures in rheumatology patients is essential to gauge effectiveness and quality of care.

Christina Doyle

Poster presentation: Thursday

Faculty of Nursing & Midwifery
RCSI
Poster Presentation: Thursday

100
**Poster Presentation: Thursday**

**Insertion of Naso-Jejunal Tubes at the Bedside and a Production of an Educational Video**

Selected patients with acute pancreatitis have an immediate need for nutritional assessment and support. Enteral feeding beyond the ligament of trietz is desirable, although radiological and endoscopic methods of placement of naso-jejunal tubes can have significant resource and time delay implications. A study was undertaken to determine the feasibility and efficacy of bedside placement of NJ tubes by nursing staff, medical staff and clinical nutritionist.

Fifteen consecutive patients admitted with acute pancreatitis who required nutritional support were included in the study. NJ tubes were placed using a modified version of the Merck Gastroenterology 10,10,10 protocol (developed by Corpak Medsystems, U.S.A.).

Efficacy of placement and surrogates for efficiency were recorded. 87% of NJ tubes were successfully placed by bedside in this study. There were no significant differences in efficacy of placement, nor were there differences in time to placement between the medical, nutrition, and nursing groups. The authors advocate bedside placement of NJ tubes as being feasible, safe and efficacious. This may be carried out by trained medical, nutrition, and nursing staff.

There is an ongoing study on the efficiency of placement of NJ tubes at the bedside.

_Suzanne Marie Egan_  

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**RNID Experience of Caring for Service Users with Intellectual Disabilities in an Irish Context**

Caring in nursing remains a difficult subject to define and within the field of intellectual disability, it is way under researched. This poster aims to provide the reader with overview of a study conducted on six Registered Nurses in Intellectual Disability (RNID) caring for service users in a residential centre in Ireland. In-depth interviews were conducted and three main themes emerged from the data: bonding, the essence, and a maturing process. The results showed that caring for patients with Intellectual Disability created a special bond between them and knowing the service user was the most significant fundamental bases of caring. The essence of care was truly holistic in nature. However, participants described that their caring comes at a personal loss often leading to burnout. In conclusion, the study findings suggest the need to include the implementation of additional supports for nurses in this practice setting and the consideration of ongoing structured professional development and education for Registered Nurses in Intellectual Disability.

_Bridget Fitzgerald_

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**Poster Presentation: Thursday**

**Bridget Fitzgerald, St Vincent’s Centre RNID BSc (Hons)**

I am a Registered Nurse in Intellectual Disability and have worked in the Daughters of Charity for the duration of my career. I work in a residential centre in County Limerick. I initially did a three year apprenticeship style training. I have completed a BSc in nursing (honours) in the University of Limerick and have recently completed my MSc in Nursing in Applied Health Care Management in University College Dublin. I have also completed a recognized management course. My role at present is in a CNM3 capacity.
OPERATIONALISING AUTONOMY: SOLUTIONS FOR MENTAL HEALTH NURSING PRACTICE

Background: The new Mental Health Act (MHA) (Government of Ireland, 2001) became law on November 1st 2006. The recent legislation, reflective of international practice, outlines an agenda for the mental health services in Ireland which, in part, aims to maximise patient autonomy. However, the debate seldom critically considers the concept of autonomy as it applies in the everyday clinical context, i.e. when patients and nurses engage with one another.

Aim: This paper aims to contextualise autonomy within nurse-patient interactions in the mental health care setting and offer some practical solutions for operationalising the concept.

Argument: The principle of autonomy is reviewed in light of the ethical dilemmas experienced by mental health nurses when balancing autonomy against other morally justifiable principles. In this context mental health nurses are often in a precarious position, whereby a paternalistic model of care creates tensions related to the primacy of autonomy in care-giving. The acceptance of autonomy as an unconditional principle, as outlined within traditional bioethics, is challenged. The paper draws on the social critique of normative ethics and suggests an alternative framework within which to operationalise patient autonomy in daily mental health nursing practice.

Conclusion: The authors conclude that a broader, more contextualised, perspective on autonomy would more suitably reasoned ethical-decision making are outlined.

References

PJ Harnett
Anna-Marie Greaney

PJ Harnett, Kerry Mental Health Services, Tralee RMN, MBS

PJ Harnett has been a psychiatric nursing for 23 years. He practiced in and managed a variety of services in the UK including Crisis Intervention and Community Mental Teams and was the recipient of the Queens Nursing Institute Award for Innovation. He returned to working in clinical practice in Ireland in 1999 and has occupied the post of Nurse Practice Development Coordinator in the mental health service since 2003. PJ completed a Masters in Health services management in 2006 and lectures part time on the H/Dip in Psychosocial interventions in the IT Tralee. PJ has focused on addressing the role of psychiatric nurses in various contexts, particularly in acute in-patient care and has presented and published on this topic. He is currently undertaking an MSc addressing the utilization of Solution focused therapy by nursing staff.

Anna-Marie Greaney

Anna-Marie undertook her General Nurse training in the Meath Hospital and practiced clinically, primarily in renal dialysis, in Ireland, London and the US. On completing her degree she worked as a Nurse Tutor at Beaumont Hospital School of Nursing, returning to her native Kerry to pursue her career in Nurse Education at the Institute of Technology. A long standing interest in ethical issues in nursing prompted Anna-Marie to complete a Masters in Healthcare Ethics and Law. She currently lectures in ethics across nursing programmes at the Institute. Anna-Marie has published and presented papers related to ethical issues within nursing and healthcare. A particular research interest is the moral climate of the healthcare setting and the manner in which nurses exercise their moral agency in this environment. Anna-Marie welcomes the clinical focus of the current poster presentation and looks forward to developing more meaningful links between ethics, moral theory and practice. Recent endeavours include an Open University course in qualitative methodology. A definite challenge - Socrates and SPSS don’t make for comfortable bedfellows!

POSITIONING OF 18-HOUR BREASTFEEDING COURSES IN NURSE EDUCATION

Breastfeeding is normal. We live in a world where it is viewed as a key public health measure, which is important to the mother and child (UNICEF, 1998). In this current climate, promotion of breastfeeding requires the active involvement of everyone in the health services. The critical role of breastfeeding knowledge, skills, and education for health care workers is stressed in the Interim Report of the National Committee on Breastfeeding (Dept of Health 2003). There have been significant changes in breastfeeding education in Ireland over the past ten years since the 1994 National Breastfeeding Policy.

This thesis endeavours to explore nurse and midwifery training in breastfeeding from the perspective of five experienced trainers of 18-hour breastfeeding courses. The exploration is carried out through the lens of adult education and from a systems perspective. A qualitative research design was employed, using semi-structured interviews as a means of gathering data from five trainers. The research project elicited qualitative data and a thematic, grounded analysis was conducted.

Findings revealed that trainers on 18-hour breastfeeding courses around the country face many challenges. There is no standardized course. Only one formal audit of learning through an 18-hour breastfeeding course has been done over the past ten years. All trainers, as well as being qualified and practicing midwives and public health nurses, are also International Board Certified Lactation Consultants. Trainers who are in Clinical Midwife Specialist posts seem to have a more formal, supported structure where the role of trainer is incorporated into their job description. Other trainers do not seem to have that structure and support, particularly those working in the community. There needs to be an urgent review of the course content, structure and delivery at national and regional levels. This review should be done in partnership with representatives from third level institutions involved in midwifery and health professional education. There should also representatives from the Nursing Midwifery Planning Development Units as well the professional association of lactation consultants. This curriculum content review should consider the development of modules based on adult education theories. This would allow for a more participatory and reflective type of learning to occur.

Mary Healy

Mary Healy is a Public Health Nurse who works as a Child Health Specialist for Westmeath Community Care area. Mary also has a Higher Diploma in Counseling from University College Cork. In 1996 she qualified as an International Board Certified Lactation Consultant. In 2002 she completed a Higher Diploma in Adult & Community Education, NUI Maynooth, Co Kildare. Mary’s thesis on antenatal classes and Infant Feeding was cited in the Interim Report on Breastfeeding, Department of Health 2003. In 2004 Mary achieved a Masters in Adult & Community Education, NUI Maynooth. Her thesis Positioning of 18-hour breastfeeding courses in Nurse Education. Reflections of trainers on 18-Hour breastfeeding Courses was cited in the Breastfeeding Strategic Action Plan Department of Health and Children 2005. Mary received The Paolo Freire Price for her Thesis. Mary also is a National Assessor for WHO/UNICEF Baby Friendly Hospital Initiative in Ireland. She is past President of the Association of Lactation Consultants in Ireland and currently the representative from the Institute of Community Nurses on the National Breastfeeding Committee at the Department of Health.
**Driving the Quality Agenda Through Audit & Research**

**Background:** The post of Audit & Research Co-ordinator has evolved to promote the nursing quality agenda at this acute hospital in line with health care policy and the HSE transformation programme. The role involves supporting the Nursing Practice Development Unit (NPDU) staff and clinical staff in the development and maintenance of a continuous quality improvement (CQI) culture in the delivery of evidence based nursing care. A vital component of CQI is the evaluation / audit of patient care against quality standards and the implementation of action plans to meet the deficits identified. The Audit & Research Co-ordinator contributes to the hospital quality programme.

**Aim:** Highlight the role of the Audit and Research Co-ordinator in driving the quality agenda through audit and research. The role promotes continuous quality improvement in nursing practice and it’s contribution to high quality healthcare.

**Objectives:**
1. Strengthen audit activity among nurses at NPDU/clinical level.
2. Promote nursing research awareness, research activity and research utilisation at clinical level.
3. Contribute to the hospital clinical audit and quality programme and the health service quality agenda.

**Methods:**
1. Provide liaison and support for staff undertaking audit / research.
2. Act as a resource / link person for clinical staff.
3. Promote the use of information technology including survey software (QuasarTM).
4. Disseminate results and action planning.

**Results Analysis / Outcomes:** Quasar software enables analysis and results collation for the hospital and individual ward/department’s quality score. The annual results and comparison between hospital score and individual department scores demonstrate quality improvements. A project plan to expand the Nursing Documentation Survey to specialist units using unit specific QuasarTM online audit tools was implemented. Deficits identified were addressed in individual action plans.

**Conclusions:** The role has provided a significant contribution to the nursing practice development and to the hospital’s quality improvement programme.

Lucy Kielty, St James’s Hospital
RGN, BNS, MSc.

Lucy Kielty began her career in nursing at St. James’s Hospital, Dublin before going on to work in Italy and the United Kingdom. She worked in a variety of clinical settings including endoscopy and infection control. She completed a Bachelor of Nursing Studies Honours degree at Dublin City University and a Masters in Science (Nursing) at the Royal College of Surgeons in Ireland. International publication of MSc thesis results is scheduled for 2008. She has presented oral and poster presentations at national nursing and research conferences. She is currently working as Audit & Research Co-ordinator within the Nursing Practice Development Unit, St. James’s Hospital. The post was established in 2006, to promote the nursing quality agenda through audit and research. The main objectives of the role are to strengthen audit activity among clinical nurses and to promote and support research activity, research awareness and research utilisation in clinical practice.
IM INJECTIONS: A CORE NURSING SKILL - MEETING THE CHALLENGES OF BEST PRACTICE

Our organisation continually strives to promote best practice. Following an extensive literature review using CINAHL, medline and manual library searches, we identified that, although an integral method of drug administration and a core nursing skill, intramuscular injections are a complex psychomotor task. We also learned that there are widespread conflicting practices when administering intramuscular injections. Advocating consistency and best practice, the Nurse Practice Development Department developed an intramuscular injection policy. The policy has a research base, promotes the additional use of the ventricle site and provides guidance and direction to all clinical staff. The review showed that correctly administered intramuscular injections increase absorption, efficacy and patient comfort. This poster will demonstrate how a core nursing skill that was traditionally passed from generation to generation can be advanced and driven by an evidence base. It will also explore how the utilisation of change management concepts helped this organisation, to re-educate almost 900 registered nurses.

Ultimately this poster will highlight that even an everyday nursing skill, such as the administration of an intramuscular injection can have a scientific research base.

Sinead Maher

EVOLVING PUBLIC HEALTH NURSE PRACTICE IN THE WEST KERRY PRIMARY CARE AREA

Background: In 2002 the Primary Care Team (PCT) was established in West Kerry, in response to the national recognition of the need to improve health and social services in the community and for Primary Care to be the focus of public health policy (Primary Care: a New Direction, DODH&C, 2001).

The Public Health Nursing (PHN) role evolved to meet the challenges of working within a PCT. Team work and the recognition of each member's role and contribution were vital to the enhancement of the team's holistic approach to client care and services.

Aims & objectives: To respond to the challenges and direction of the Primary Care strategy (DODHC, 2001), that is;
1. To develop effective team working skills.
2. To enhance and develop the health promotion aspect of the PHN function within the community.
3. For the PHN service to positively respond to community health promotion needs as identified by the local population.
4. To improve accessibility to health and social services throughout the geographical area.
5. To promote strong links between the PHN, the PCT and community voluntary groups and organisations.

Method: An area profile which included public consultation was undertaken. As a result of this profile community health promotion priorities were identified.

Regular PCT meetings were held, with consideration to each member's role and voice, a joint decision making approach was adopted with regard to health promotion projects.

The PCT then undertook a programme of health promotion events; which included: health screening, physical activity, health and safety, nutrition, men's and women's health and mental health sessions. Events were held at a variety of locations and times throughout the West Kerry Peninsula in order to accommodate the older person, the general population and the working population. Men's health sessions were advertised at specific and separate times in order to encourage attendance.

Analysis & results: Evaluation of this programme is currently undertaken. In order to respond to local population needs questionnaires and evaluation reports were utilised. Evaluation reports from the broader PCT are also being undertaken. Provisional results have shown a positive public and PCT response. The PCT review has identified the value of this programme professionally and in the enhancement of team working and also that the programme is consistent with the philosophy of primary care.

For the PHN, the health promotion role has evolved over the last five years. The PHN is an equal member of the PCT. The established community links that are an integral part of the PHN role were extremely beneficial in organisation of health promotion events.

Recommendations: While some evaluation of health promotion initiatives has been undertaken, this needs to be ongoing and structured. It is also vital to continue to engage with the local population to further identify specific groups, for example, young parents, recently bereaved and those living with or recovering from cancer and to develop health promotion programmes to meet their needs.

Jane Mander

Jane Mander, West Kerry Primary Care RN, RM, RPHN, BSc(Nursing), MSC(Nursing)

Worked as both a hospital and community midwife and also in elderly care. Currently works as a PHN with the West Kerry Primary Care Team.

In conjunction with the Institute of Technology Tralee, I will be involved with research re the effectiveness of PCT health promotion activities in West Kerry.

Present role involves the management of community nursing and home help services in Dingle, West Kerry, with the responsibility for care of the older person, the sick and those dying at home. The PHN is also a link to a wider range of health and social services for the local population. Child health and welfare are also the responsibility of the PHN. Health promotion is an increasingly evident function of the PHN role in West Kerry and has enhanced PCT integration, understanding and appreciation of the unique contribution of each PCT member's role.

Helen Sweeney

Helen Sweeney RN, RM, RPHN, BSc(Nursing)

Previously worked as a midwife, currently works as a PHN with the West Kerry Primary Care Team.

Present role involves the management of community nursing and home help services in Castlegregory, West Kerry with the responsibility for care of the older person, the sick and those dying at home. The PHN is also a link to a wider range of health and social services for the local population. Child health and welfare are also the responsibility of the PHN. Health promotion is an increasingly evident function of the PHN role in West Kerry and has enhanced PCT integration, understanding and appreciation of the unique contribution of each PCT member's role.
PEER SUPPORT: A QUALITATIVE STUDY OF NURSING STUDENTS EXPERIENCE OF SUPPORTING EACH OTHER IN CLINICAL PRACTICE

In this study the author uses a hermeneutic phenomenological approach to gain an in-depth understanding of the peer support as student experience during rostered clinical placement. The transition from supernumerary status to the rostered service causes too much expectations and emotional stress. Supporting the learners in the clinical area is very complex. To date there is no published data on the concept of peer support during rostered clinical placement in the Irish context. Using purposeful sampling the author conducted semi-structured interview with nine rostered year students and analysed data analysis using modified Diekelmann method. Three themes emerged from the data include 1) being there for each other, 2) sharing and learning, 3) comforting each other. Themes that emerged from student nurses experience reveal the rich and complex nature of peer support during rostered placement has important implication for nursing education, professional socialization and student learning. Peer support as student experience during rostered clinical placement. The transition from supernumerary status to the rostered service causes too much expectations and emotional stress. Supporting the learners in the clinical area is very complex. To date there is no published data on the concept of peer support during rostered clinical placement in the Irish context. Using purposeful sampling the author conducted semi-structured interview with nine rostered year students and analysed data analysis using modified Diekelmann method. Three themes emerged from the data include 1) being there for each other, 2) sharing and learning, 3) comforting each other. Themes that emerged from student nurses experience reveal the rich and complex nature of peer support during rostered placement has important implication for nursing education, professional socialization and student learning. Peer support during rostered placement has important implication for nursing education, professional socialization and student learning. Peer support can become a stepping-stone to establish supportive relationships. The implications of the findings in terms of further research, practice and education are discussed.

Caroline Mariadoss

WRITE RIGHT

The quality of records maintained by nurses and midwives is a reflection of the quality of the care provided by them to patients / clients ( An Bord Altranais, 2002). The aim of our project was to enhance the standard of nursing documentation throughout our organisation.

The Nurse Practice Development Team at Kerry General Hospital audited nursing documentation in 2005, and identified deficits in our existing documentation particularly in relation to the use of risk assessment tools. Having identified the need for change in this area a new Admission / Assessment tool and care plan templates were developed and piloted on our medical and surgical units in June 2007. Stakeholders were identified in each clinical area to participate in this project. Educational workshops were facilitated by the Practice Development Team to all nursing staff prior to commencing the pilot.

The initial care plans are Management of Methicillin Resistant Staph Aureus, Pressure Ulcer Prevention and Falls Risk Assessment. We have future plans to introduce additional care plans related to patient care.

Challenges to this project included resources, particularly in relation to time factors and staff shortages in clinical areas due to increased workload. Ergonomic factors which proved problematic included storage facilities for increased paperwork and lack of appropriate space for IT facilities in a designated area.

Staff were actively encouraged to provide ongoing feedback on any difficulties encountered or indeed suggestions for further improvements. Communication books were provided at ward level to facilitate this process and members of the Practice Development Team visited the designated clinical areas daily to meet with staff and identify any difficulties encountered in implementing the revised nursing documentation.

This poster will reflect each stage of the change process encountered, from initial anecdotal evidence of compliance with documentation standards to the implementation and re-evaluation of the new Admission / Assessment form and pre-printed Care plans.

Karen Masterson

Karen Masterson

Karen Masterson is a Clinical Placement Co-ordinator in Kerry General Hospital, Tralee. Co. Kerry and has been working here since January 2007. She has been working in the area of Nursing Practice Development since 2004. Prior to this Karen worked in the area of general surgery / HDU and as patient liaison officer supporting staff and bereaved families.

Karen has a BSc(HONS) Nursing and is currently undertaking a MSc Nursing. Current practice development initiatives within the department that she is involved in include nursing documentation / care plans and ongoing student and staff support.

Helena Butler

Helena Butler completed her undergraduate nurse training in Ireland. Having worked in the UK in both medical and dialysis settings, she returned to Ireland. Having worked in care of the older person settings and dialysis, she worked as a Clinical Placement Co-Ordinator at Kerry General Hospital. Helena assumed her current position of Nurse Practice Development Co-Ordinator at Kerry General Hospital in 2004 where she is currently employed. Her postgraduate studies include the completion of a Diploma in Professional Studies in Nursing and ENB 136 in renal nursing awarded by the University of Hertfordshire. Subsequently she completed her Degree and Masters at the Institute of Technology Tralee.
ROLE EXTENSION AND EXPANSION: A SURVEY OF NURSES’ ATTITUDES

**Background:** Changes in healthcare environment have resulted in demands for nurses to develop and improve their practice through extending and expanding their nursing roles. However, nurses do not perceive these developments positively in all circumstances.

**Aims:** To measure and describe nurses’ attitudes towards the Scope of Professional Practice, role extension and expansion, identify any existing role developments and identify significant relationships between nurses’ attitudes and their area of practice as well as their level of nursing education.

**Methods:** A cross-sectional comparative descriptive survey methodology was employed. Questionnaires were posted to a stratified random sample of 150 nurses in three acute hospitals in one health board region.

**Analysis:** Data was analyzed using SPSS Version 11.0. Descriptive statistics was employed to analyze and summarize the characteristics of respondents and their responses to the attitude scale. Chi-Square tests were used to compare frequencies of cases in the demographics variables, such as nursing grade and area of practice to identify if there were any significant differences between these groups.

**Findings:** Despite a majority of the respondents reported that they were familiar with the guidelines for developing their scope of professional practice, there is evidence from the study to contradict this. The findings also demonstrated that respondents had a slightly more positive attitude towards role expansion than role extension.

**Conclusions:** Findings from the study suggested that nurses in this study have limited level of knowledge regarding the Scope of Nursing and Midwifery Framework and its guidelines for the development of nursing roles. Positive attitudes towards the expansion of nursing roles identified in the study were offset by positive attitudes towards role extension. This highlights the urgent need to educate nurses in the concepts of Scope of Nursing Practice and role extension and role expansion.

Yvonne McCague

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SCALP COOLING - THE ST. JAMES EXPERIENCE

Chemotherapy induced alopecia is one of the most distressing side effects of chemotherapy (Pickard-Holly s, 1995). The use of scalp cooling reduces or eliminates chemotherapy induced alopecia in some cases (Dougherty, 1996). The aim was to offer scalp cooling to patients that were receiving palliative chemotherapy.

The cohort of patients previously experienced chemotherapy induced hair loss and expressed a desire to avoid further altered body image.

The objectives to patients included minimising and avoiding further altered body image, the preservation of existing hair and prevention of further hair loss while undergoing chemotherapy.

Staff objectives included the provision of optimum treatment to patients while preventing/minimising additional altered body image.

To partake in clinical research/audit, to facilitate clinical teamwork and ongoing clinical learning.

**Results:** to date are very encouraging, with 88% compliance and with varying degrees of success.

Anna Marie McKenna

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Yvonne McCague, Midland Regional Hospital Mullingar
RGN, HDip(A&E), MSc(ANP)

I completed my Registered Nursing Training in the West Middlesex University Hospital in West London. I worked as a Registered General Nurse for 9 months in Singapore and 3 years in Monaghan Hospital. I am currently working in the Emergency Department in Midland Regional Hospital Mullingar where I’ve been posted for the last 7 years. I completed a Higher Diploma in Accident & Emergency Nursing in 2002, Masters in Nursing (Clinical Practice) in 2004 and Masters in Nursing (ANP-module only) in 2006. I achieved site accreditation for ANP post in the Emergency Department in March 2007 and accreditation as ANP in October 2007.

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Anna Marie McKenna, St. James’s Hospital
RGN, HCPC Cert, PG Dip

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Yvonne McCague
HOW TO ENHANCE CRITICAL THINKING SKILLS OF PEDIATRIC CRITICAL CARE NURSES IN CLINICAL PRACTICE

Background: Through action research and critical ethnography, I explored the nurses’ understanding and demonstration of critical thinking. This study incorporates educational aspects and practice development, in the pediatric critical care unit. Critical thinking is associated with maintaining standards of care, improvement of practice and achieving optimal patient outcomes.

Aim and Objectives: The aim of this study was to discover ways to enhance the critical thinking skills of pediatric critical care nurses, in clinical practice.

Methods: The study involved methodology triangulation and qualitative data collection. Ten pediatric critical care nurses with more than two years experience participated in the study. Assessment occurred through focus groups, which was followed by the activities of participative observation and coaching. This was evaluated by individual interviews and reflexivity. This collaborative study, explored the culture of pediatric critical care nurses; their knowledge, skills and attitudes.

Analysis and Results: Through content and domain analysis it evolved that the participants had a good understanding of critical thinking. I discovered the participants were proficient in providing holistic patient care and practised critical thinking skills, in a variety of situations. However, the participants were often unaware of their reflective and cognitive abilities.

Recommendations: The purpose of this study was to incorporate new strategies into educational programmes, at a theoretical and a practical level. I suggest the terminology of critical thinking should be clarified within a framework of learning in clinical practice, with an opportunity to use these skills through structured experiences. Metacognition and reflection can be facilitated during clinical activities with ‘think aloud’ protocols, where the nurse demonstrates their conscious thoughts through questioning techniques. Additionally, nurses that are proficient in critical thinking or have expertise in their specialised field should be encouraged to utilise these skills. Critical thinking empowers decision-making skills, enhances job satisfaction which ultimately leads to retention.

Barbara McManus
Repositioning for the Treatment of Pressure Ulcers: A Cochrane Systematic Review

Zena Moore, RCSI (Research Leave)

I am a registered nurse, in October 2006 I commenced my PhD studies exploring repositioning for the prevention of pressure ulcers; this work is funded by a Clinical Research Fellowship from the Health Research Board of Ireland. Before this I was a lecturer at the Faculty of Nursing and Midwifery, RCSI, where I coordinated the Post Graduate Diploma/MSc in Wound Management & Tissue Viability Programme. Before taking up the post as a lecturer, I worked in the area of wound management for 11 years.

I received a post graduate diploma with distinction, in wound healing & tissue repair from the University Of Wales College Of Medicine in 1998 and an MSc in wound healing & tissue repair in 2001 from the same university. In 2002 I received a Fellowship of the Faculty of Nursing & Midwifery, RCSI.

I am actively involved in research in wound management and have recently conducted a systematic review on “Cleansing for pressure ulcers” with the Cochrane Wounds Group and have also completed a systematic review on “Enteral Nutritional Support in Prevention and Treatment of Pressure Ulcers” as a member of a Nutrition working group. Currently I am undertaking three further systematic reviews with the Cochrane Wounds Group, on “Risk Assessment for the prevention of pressure ulcers”, “Repositioning for the treatment of pressure ulcers” and “Dressings and Topical Agents for the Prevention of Pressure Ulcers”.

I have written and researched in many aspects of wound management and have presented at local, national and international meetings. I am a council member of the European Pressure Ulcer Advisory Panel where I chair the repositioning group, the European Wound Management Association, where I am honorary secretary and also chair the Education group, The Wound Management Association of Ireland and a Faculty Member of the European Wound Institute.

Outbreak of Vancomycin Resistant Enterococcus (VRE) in an Intensive Care Unit (ICU)

Anna Morris, Beaumont Hospital

Background: Beaumont Hospital is an 808 bedded acute tertiary referral centre with 10 bed general ICU containing four single rooms. Patients admitted to ICU are routinely screened for VRE on admission and weekly thereafter. In April 2007, eight patients were identified as VRE positive; six had acquired VRE since ICU admission, three were identified on the same day. As this was an increase on baseline levels, this situation was deemed an outbreak.

Aim: The aim of this study is to outline measures used to control the VRE outbreak.

Method: Surveillance focused on screening of patients and high level cleaning of the environment. Screening was done on all new admissions and weekly thereafter. Routine cleaning was carried out with detergent & a chlorine releasing agent 1000ppm.

A multidisciplinary outbreak meeting discussed several practical management issues including attempting to isolate VRE colonised patients in an ICU where single rooms were already occupied with patients colonised with other multi-resistant organisms.

In order to relieve pressure and to facilitate high level environmental cleaning - five beds were closed for a 24 hour period. In addition, it was decided to carry out enhanced environmental cleaning every three months. This committee met at regular intervals thereafter. Ongoing surveillance revealed a further three VRE acquisitions thereafter (Graph 1).

Results: 41 environmental screens were taken after the first touch surface environmental clean; three were positive. One of the air ventilation grills, one of the bed tables and a window ledge. A second enhanced cleaning & disinfection was performed with detergent & chlorine releasing compound while the ICU was closed, this included the air ventilation grills.

VRE acquisition in the unit over the following 10 week period (May—July) was reduced significantly (Graph 1) with a combination of staff education and high level environmental hygiene.

Discussion: Due to insufficient single rooms, isolating colonised patients was a challenge – We feel that environmental cleaning and, hand hygiene practices played a significant role in preventing further cross-infection.

Anna Morris
HEALTH VISITORS AND THEIR CONTINUING PROFESSIONAL DEVELOPMENT: IDENTIFYING AND DELIVERING EDUCATION ON THE SUBJECTS THEY CONSIDER RELEVANT TO PRACTICE

Background: Maintaining clinical competence is a matter of importance in protecting patients and maintaining standards in health care. Higher education institutes, National Health Service and the profession produce and deliver Continuous Professional Development (CPD) that is developed strategically utilizing a variety of learning and teaching methods such as e-learning, Open Distance Learning and face to face. However does this strategically developed CPD correlate with the staff’s expectations of what constitutes relevant and deliverable continuing education, Health Visitors where asked this question.

Method: A piloted questionnaire containing linear scale and free text response answers to questions was completed by staff. A convenience sample of all Health Visitors in Dundee City N=68 response rate was n=29 (42%) for completed questionnaires. This data was transferred from the questionnaires to SPSS 11.5 for statistical analysis

Results: The results identified that staff considered the following updates in order of preference breastfeeding 24% (n=7), CPR 17% (n=4), immunisation 14% (n=4) and child protection 7% (n=2). 17% (n=5) considered that they required updating in all skills identified. The preferred method of delivery for this education was face to face 59% (n=16). Comments made by the staff identified that the face to face updating of skills was important for the following reasons “discuss issues with colleagues”, “share experience” and “question”.

Discussion and Recommendation: There is an increasing need for managers to identify and deliver CPD that is relevant and attractive to staff. There is also an increasing reliance on the delivery of education via e-learning. Nurses cite various reasons for not participating in CPD. This may be addressed by involving professionals in the process of identifying the material that they consider most relevant to their daily practice and developing in part CPD around staff needs. This can be achieved by a simple questionnaire to staff.

Robert Muirhead
Carol Foote
Elaine Hatton

HAND HYGIENE AUDIT: A TOOL FOR CLINICAL PRACTICE.

Background: Premature neonates are, by virtue of their early birth at greater risk of acquiring infections. Neonatal nosocomial infection results in increased mortality, morbidity and length of hospital stay. Hand hygiene practices of healthcare workers (HCWs) have long been identified as a source of concern and compliance with hand hygiene practices have been estimated at 30-40%, at best.

Aims: The overall aim of the audit was to elicit whether neonatal healthcare workers are compliant with the Strategy for the control of Antimicrobial Resistance in Ireland (SARI), Hand Hygiene Guidelines (2001) particularly with reference to the use of alcohol rub solutions. The SARI Hand Hygiene Guidelines (2001) are the best evidence based recommendations for practice produced by the Irish Department of Health and Children.

Methods: An observation tool was adapted from the SARI Guidelines and piloted. Data were collected by observing 40 care opportunities by neonatal staff (including Midwives, Student Midwives and Medical personnel) over a one-week period.

Results: Compliance with hand hygiene practices was exemplary at 85%. The overwhelming majority of participants performed the procedure for the recommended 15 seconds. While compliance with hand hygiene practices was excellent, only 40% of those procedures observed utilized alcohol rub solution. The majority of HCWs favoured the use of disinfectant soap and water. Following initial hand hygiene with disinfectant soap and water, decontamination with alcohol hand rub for >15 seconds is sufficient to ensure adequate hand hygiene and to promote skin integrity. Reassuringly, minimal breaks in compliance, between hand decontamination and patient contact, were observed.

Recommendations for Practice: The use of alcohol rub solution in acute care settings has been proven to increase hand hygiene compliance, reduce time taken for the procedure and maintain the skin integrity of staff. Given the results of this study this issue could be addressed by a staff education programme and by the use of promotional literature. The concept of audit needs to be embedded in daily clinical practice for the benefit of healthcare practices and patient outcomes. This could be achieved by the use of prompt cards to audit a specific component of care on the daily ward round.

Margaret Murphy, University College Cork
MSc, BSc, RM, RGN, Certificate in Intensive Care Nursing, IBCLC

I am currently employed as a Lecturer Practitioner in the Catherine McAuley School of Nursing & Midwifery, University College Cork. I specialise in all aspects of Midwifery with particular interest in breastfeeding support. I am the Post Graduate Diploma in Midwifery coordinator and I lecture across the Undergraduate and Post Graduate Midwifery programmes. I qualified as a midwife in 1996 and have worked in all aspects of midwifery since 1999. In particular I worked as a Clinical Midwife Manager in the Neonatal Unit, St. Finbarr’s Hospital from 2002-2006. Prior to 1999 I worked as an Intensive Care Nurse for the previous 10 years working in Cork University Hospital, Mercy University Hospital Cork, St. James’s Hospital and Beaumont Hospital. In the latter I completed my certificate in Intensive Care Nursing. I am an International Board Certified Lactation Consultant since 2001 which is an international, evidence based qualification. My MSc research focused on professional breastfeeding support for first time mothers and the Hand Hygiene audit was conducted as partial requirement for the first year of the aforementioned MSc in Nursing Studies awarded by UCC.
**Poster Presentation: Thursday**

**Children’s Nursing and Educational Change in Ireland**

**Aim:** The aim of this poster is to highlight the recent changes to both undergraduate and post graduate Children’s Nursing registration programmes in Ireland. From 1996-2006 the single route to registration as a Children’s nurse in Ireland was via a post registration education programme lasting 78 weeks. All entrants to the post registration programme are registered mental health, learning disability or general nurses. Since 1996 there have been recommendations that the 78 week post registration programme be shortened to 52 weeks (Government of Ireland 1998, Department of Health and Children, 2000, 2004) and in 2000 it was recommended that a new Integrated children’s/ general degree registration programme be developed (Department of Health and Children, 2000, 2004).

In September 2006 a 4.5 year Integrated Children’s/ General pre registration degree programme leading to the registration as a RCN and RGN and one year post registration Higher Diploma in Children’s Nursing leading to registration as a RCN commenced. The pre registration students are undergraduate students of the university and are non-paid supernumerary students for the majority of their programme. The Higher Diploma students are full time paid employees of the children’s hospital for the duration of their programme.

Caring for ill children is always challenging, but technological advances, increased emphasis on family-centered care, ambulatory care and community care have made caring for children increasingly complex. This complexity has resulted in challenges for nursing educators, one of which is the expanded and more complex amount of knowledge that is required by Children’s nursing students to enable them to practice as safe and competent practitioners.

**Summary:** Curricula for both programmes were developed taking the potential differing needs of the students into consideration and the increasing complexity of caring for sick children and their families. Nurse educators are identifying and endeavoring to overcome ongoing challenges following the introduction of these programmes simultaneously.

**Maryanne Murphy, Trinity College Dublin**  
R.G.N, R.C.N, R.N.T, H.Dip Children’s Nursing, BSc Nursing (Hons), MSc. Nursing (Education)

**Carmel Doyle, Thelma Begley and Carole King**

**An Exploration of Case Management and Mental Health Homecare Nurses Experiences**

**Background:** Case management is a framework used to promote the continuity and coordination of care for people with a mental illness. Yamashita et al (2005). In the Republic of Ireland mental health nursing homecare teams have been developed to support home based treatment for people with acute mental problems and assertive outreach for those with severe and enduring mental illness. The development of such teams are currently small but projected to expand as mental health community services increase. There is little information about the process of care involved as to how mental health nurses case manage people with a mental illness.

**Aims and objectives:** To explore mental health nurses understanding of case management and to capture descriptions of how case management is practised in their clinical practice.

**Methodology:** A descriptive phenomenological research approach was selected. A purposive sample of eight mental health homecare nurses in two study sites participated. Data subsequently transcribed and analysed using Giorgi’s (1985) framework of data analysis.

**Results:** A number of key constituents helped form four structures with regard to the phenomenon, case management. The four structures are -

- Critical relationships (include Patient, Family, Health Professionals), Personal traits of mental health nurses (include Communication skills, Autonomy, Continuing education)
- Casemanagement delivery (include Assessment and careplan, Caseload) and Casemanagement outcomes (Positive Mental Health).

**Recommendations:** Promotion of casemanagement as a therapeutic intervention for people with a mental illness. Promotion of further research into casemanagement practices with similar mental health community teams in Republic of Ireland. Education and training of mental health nursing staff in the use of assessment and careplan strategies.

**Malachy Nugent**

**Malachy Nugent, HSE Mid Leinster**  
RPN, MSc Nursing, BSc (Practice Development), Dip. Mg, Dip. Social Studies.

I have been employed for many years as a Registered Psychiatric Nurse, working both in Ireland and Australia with experiences in both hospital and community settings. Currently I am working as a Clinical Nurse Manager 2 with a multidisciplinary Homecare Team in Psychiatry of Later Life, St Loman’s Service, Dublin, Mid Leinster.
SMOKING PREVALENCE AMONGST QUALIFIED NURSES AND THEIR ROLE IN SMOKING CESSATION

**Background:** Smoking is the leading preventable cause of premature mortality, killing approximately 6,000 people in Ireland each year. On 29th March 2004 Ireland became the first country in the world to ban smoking in all workplaces, including bars and restaurants. This study took place after the introduction of this smoking ban. An admission to hospital provides an opportunity to help people stop smoking. Nurses' role and wide availability puts them in a prime position to encourage people to quit smoking.

**Aim:** To examine the smoking prevalence amongst qualified nurses at a large university teaching hospital and their role in smoking cessation.

**Objectives:** To establish the prevalence of smoking amongst qualified nurses, variation by age and specialities. To establish nurses' attitudes towards their health promotion role in relation to smoking cessation.

**Methods:** Quantitative study using a random sample of 430 qualified nurses (70%). A structured questionnaire was used.

**Analysis:** Data from the completed questionnaires was entered onto a database (Epidata) and analysed using a Statistical Package for the Social Sciences. Differences between groups were tested using Pearson chi-square test. Where data was not normally distributed median and inter-quartile range was used.

**Results:**
- 21% of nurses were Smokers, 23% were Ex-smokers and 56% were Non-smokers.
- Psychiatric nurses (47%) and Coronary Care nurses (33%) had the highest smoking prevalence.
- Lack of time (78%) and lack of training (67.8%) were the two main reasons given by nurses for not giving smoking cessation advice to patients.
- Only 14% of the nurses surveyed had received training in smoking cessation.
- 90% of Non-smoking nurses strongly agreed that cigarette smoke represents a major risk to health in comparison to only 65% of Smoking nurses.

**Recommendations:** Every nurse to receive training in “Brief Intervention” skills.

Geraldine O’Donovan, University College Cork
RGN, BSc (Hons), MA Health Promotion PGDip Nursing (Cardiac and Intensive Care). Diploma in Management for Nurses

GUIDELINES ON THE USE AND MAINTENANCE OF IMPLANTED VASCULAR ACCESS DEVICES

**Background:** As a result of ongoing research, clinical trials and the introduction of new complex chemotherapy regimes, it was recognised that vascular access via implanted devices deemed best practice in relation to patient safety.

**Aim and Objective:**
- To ensure safe practice in the administration of complex chemotherapy regimes.
- To educate both patients’ and health care staff in the use and maintenance of implantable vascular access devices.

**Method:**
- A guideline on the use and maintenance of implanted vascular access devices was completed and passed by the Medical Board before being distributed to the relevant healthcare services within the hospital.
- Education sessions for healthcare staff were performed.
- Prior to insertion of the implantable vascular access device, education was provided for patients and their relatives.

**Analysis:**
- An implantable vascular access device assessment tool was established to ensure a continuous high standard of care throughout treatment.
- An audit form was devised to quantify the volume of insertions and to recognise complications encountered.
- A patient satisfaction survey was distributed in order to obtain both positive and negative feedback.

**Results:**
- To date there is evidence of:
  - a reduced risk of peripheral neuropathy and extravasations
  - improvement in the quality of life for the needle phobic patient
  - competency amongst healthcare staff in the use and maintenance of implantable vascular access devices.

**Recommendations:**
- All oncology patients receiving complex treatment will have an implantable access device inserted.
- All healthcare staff will receive regular education sessions to ensure competency is maintained.

Martina Owens

Geraldine O’Donovan, University College Cork
RGN, BSc (Hons), MA Health Promotion PGDip Nursing (Cardiac and Intensive Care). Diploma in Management for Nurses

Poster presentation: Thursday
GET AHEAD: NOT A LOUSE!

Background: In Ireland, the UK, Belgium and Denmark infestation of head lice in families of all socio-economic status is a problem. It is unpleasant and leads to problems such as secondary impetigo and sleep disturbances. Criticisms of the current treatments include issues around the safety and resistance to neurotoxic insecticides groups.

Aim: This paper presents an account of a collaborative action research study between public health nurses, primary school teachers, parents and researchers on the implementation of a safe and efficient approach to the problem of head lice.

Methods: An action research 'whole school' approach was undertaken to implement a change in practice to eradicate head lice. Parents of nine hundred and fifty primary school children were invited to participate with a final response rate of 80% (n=764).

Analysis and Results: Data was analysed using SPSS package, and results indicate that the problem of head lice is persistent particularly in primary school children from the five to nine year age group and elimination of the problem continues to be an elusive goal of public health nursing and an ongoing concern for parents and teachers.

Recommendations: Action research provides a way of changing clinical practice in school communities thereby enabling families to solve their own issues and take ownership of their own health agenda in relation to the prevention and treatment of head lice. This study contributes to the field of health promotion by introducing greater parental choice in the treatment of head lice. This study contributes to the field of health promotion by introducing greater parental choice in the treatment of head lice.

Amanda Phelan

Amanda Phelan, University College Dublin
PhD. Post Grad Student UCD, MSc. Nursing (Education), H. Dip. Public Health Nursing, BSc. (Nursing) RGN., RM., RPN., RNT.


Amanda Phelan was also part of a successful HSE bid to provide professional development for public health nurses in the Eastern Region. The programme was designed and coordinated by Amanda Phelan and consisted of 10 days over a semester for three years.

In response to the recent changes in educational standards for pre-registration public health nursing (An Bord Altranais 2004), Amanda Phelan was responsible for curriculum development on the new Maternal and Newborn Health module which incorporates breastfeeding education for students.

In 2006 Amanda secured HSE funding as co-principal investigator to undertake an action research study on promoting a safer approach to treatment and prevention of head lice in primary school children in collaboration with Public Health Nurses and Primary School Teachers.

Dr Mary Casey

Dr Mary Casey

Mary Casey is a Lecturer at the UCD School of Nursing, Midwifery & Health Systems, University College Dublin. Dr Casey has taught on many undergraduate and graduate nursing and midwifery programmes. She holds degrees of Bachelor of Nursing Studies (BNS) and was one of the first two nursing students to undertake a Master of Medical Science Nursing in UCD and in Ireland. In 2006 she obtained a degree of Doctor of Philosophy (PhD) from the School of Business, University of Dublin, Trinity College. She is an active researcher in nursing, midwifery and health systems with particular interest in action research methodologies. In 2006 she successfully obtained funding from the HSE as a principal investigator to undertake an action research study on promoting a safer approach to the treatment and prevention of head lice in primary school children in collaboration with Public Health Nurses and Primary School Teachers.

PROMOTING EXCELLENCE IN CONTINENCE CARE

Aim & objectives:
• Improve continence care for patients in St. Joseph’s Care Centre, Longford;
• Promote a person centred care approach in continence care, which will meet the needs of the older person;
• Increase staff awareness of continence issues relating to older people;

Process:
• Essence of Care Continence Benchmark underpinned project;
• Introduction of Continence Link Nurse;
• Audit of current continence practices;
• Audit of patients environmental needs (e.g. accessibility);
• Audit of Patient’s hydration requirements;
• Action plan developed;
• Assessment of staff educational needs;
• Programme of education developed;

Outcome - quality continence care:
• Comprehensive assessment and ongoing review of all patients;
• Continence Audit Tool developed;
• Facilitates evaluation, maintenance and promotion of continence care;
• Standard Operating Procedures developed;
• Guide continence practice;
• Education of all Staff;
• Dissemination and application of knowledge in practice;
• Continence Link Nurse;
• Preventive measures and interventions (e.g. falls, nutrition, hydration);
• Patient Focussed Ordering System;
• 35% savings over 6 months on continence supplies.

Evidence Based Practice
• Improved documentation re: indwelling urinary catheters.
• Decrease in oral laxative use.
• Environmental Changes
• Improved signage.
• Accessibility to toilets.
• Leaflets/booklets
• Produced and circulated to highlight bladder/bowel care.

Dr. Mary Casey

Bridie Reilly

Bridie Reilly is a continence link nurse caring for the older person. Since May 2006 she became involved with the work towards the Essence of Care Continence Benchmark and Fluid Promotion at St. Joseph’s Care Centre, Longford. Bridie has twenty years experience in care of the older person.

As part of ongoing practice development in St Josephs Care Centre, the need for a continence link nurse for the unit was identified by the Director of Nursing Ms. Brid Mc Golrick in February 2006. This was done in consultation with the Regional Continence Nurse advisor for older people and the Regional Practice Development Facilitator NMPDU.

The overall aims and objectives of the role, the processes and methodology used, the outcomes achieved to date as outlined in the poster i.e cost savings of 35% over 6mths. It made recommendations and outlined future action plans for the role of the continence link nurse in St Josephs Care Centre.

The overall aim of the link person is to improve continence care for the patients in St Josephs. This was achieved adopting a person centred approach to continence care putting the older person in the centre of care delivery.

Bridie Reilly

Bridie Reilly, St Josephs Care Centre, Longford
SRN, RSCN, CNM
PAEDIATRIC BURNS IN IRELAND: RESULTS OF A YEAR LONG SURVEY

**Background:** Paediatric burns are a common occurrence, primarily caused by potentially preventable accidents. To implement effective health promotion strategies, information is needed into the causes of the burns, first aid treatment received and the treatment required. However, there is a dearth of information to this effect in Ireland.

**Aims:** The aim of this survey was to investigate the causes of burn injuries in Irish children, their first aid management and the hospital treatment required.

**Method:** The survey was conducted of all inpatient and outpatient admissions to the National Paediatric Burns Unit in 2006. A survey form was devised to identify the age and gender of the child; cause, extent & depth of the burn injury; first aid treatment received and the time spent within the burns service. The form was completed on each admission. All data was inputted into a database created for the project.

**Analysis & Results:** Data were analysed using the analysis function of the database. A total of 313 children, from birth to sixteen years, were admitted to the burns service. The main causes of injury were scalds (54%), contact burns (22%) and flame (17%). Boys received burns more frequently than girls across most ages. 52% of children required inpatient treatment. Only 12.5% received adequate first aid. The nature of children’s injuries largely coincided with their development stage.

**Recommendations:** The findings of this reflect international trends, with the burn injuries being largely preventable. Despite the evidence that adequate first aid can reduce the severity of burn injuries, few children received the appropriate first aid. Recommendations for health promotion strategies are given, including a national public awareness campaign focusing on Burn Prevention and First Aid Management of burns.

Michelle Sheridan

Michelle Sheridan, Our Lady’s Children’s Hospital RGN, RCN, H.Dip (Children’s Nursing)

Michelle is Clinical Nurse Facilitator in the National Pediatric Burns Unit in Our Lady’s Children’s Hospital, Crumlin. She is in the post for the past 15 months. Prior to this she was a staff nurse on the same unit for 3 years. She qualified as a Registered General Nurse in Cork University Hospital in 2000 and also completed a certificate in nursing management through the Cork College of Commerce in 2001. Michelle obtained a H.Dip (Children’s Nursing) through UCD in 2003.

MEETING THE CHALLENGE OF THE APPROPRIATE AND EFFECTIVE CARE OF THE FEBRILE NEUTROPENIC CLIENT

**Background:** Being a nurse led unit the appropriate and consistent management of neutropenic septic clients is a regular challenge. As the oncology clients are admitted to the general medical/surgical service there was a need to revise and implement a more user friendly guideline to ensure the neutropenic septic population are treated according to best practise. The general lack of knowledge in relation to the management of these clients amongst medical personnel was also identified.

**Aim:** The aim of revising the guideline was to educate and bring a greater awareness to the general medical staff of the existence of a febrile neutropenic guideline and make it more user friendly, thus ensuring client safety and maintaining a high standard of care based on best practise for the neutropenic septic client. An improvement was also needed in the timely notification to the oncology team by the admitting med/surg team of admission of a febrile neutropenic client, and so ensuring continuity of care.

**Method:** The guideline was passed by the consultant oncologist and the relevant medical staff. Small, frequent and informal education sessions were held throughout the hospital to educate staff. The colour yellow was used to highlight the guideline and also used on charts to help identify oncology patients. The guideline was posted in places of high visibility for all healthcare staff.

**Analysis and results:** After successful launch of the guideline throughout the hospital, including pharmacy, microbiology and A&E, all clients at risk for febrile neutropenia were monitored for admission via the hospital’s PIMS system. The times from admission to notification to the oncology team and immediate institution of the guideline was recorded over a period of time.

**What was found was:**

- An improvement in the timely notification of the admission of an oncology client to the oncology team.
- An improvement in the knowledge throughout the medical personnel in the use and availability of the guideline leading to an improved standard of care and patient outcome.

**Recommendations:** All oncology neutropenic septic patients being admitted to the general medical/surgical services should be treated according to the guideline and the oncology team be informed of their admission in a timely fashion.

Elizabeth Summersby

Elizabeth Summersby, Our Lady of Lourdes Hospital CNM 3 Oncology
ADVANCING EXCELLENCE IN CLINICAL LEADERSHIP - A PROGRAMME FOR DIRECTORS OF NURSING OLDER PERSONS SERVICES

Background: In 2006 a strategic nursing organisation commissioned the Royal College of Nursing (RCN) (Gerontological and Clinical Leadership teams) to design and deliver a bespoke leadership development programme for regional Directors of Nursing Older People’s services. Leadership is essential at all levels in an organisation particularly Directors of Nursing who endeavour to lead, improve and innovate within their services while keeping the Patient central. This has never been more pertinent than now.

Regional Directors of Nursing Older People’s services commissioned the Royal College of Nursing (RCN) to design and deliver a bespoke leadership development programme for Gerontological and Clinical Leadership teams to design and commission the Royal College of Nursing (RCN) to design and deliver a bespoke leadership development programme for regional Directors of Nursing Older People’s services. Leadership is essential at all levels in an organisation particularly Directors of Nursing who endeavour to lead, improve and innovate within their services while keeping the Patient central. This has never been more pertinent than now.

Programme Aim: The programme endeavoured to enable participants fulfil the potential of their leadership and management role; thus improving the older person’s experience of care services.

Objectives:

- Advanced leadership potential through developing a personal development plan, developmental workshops, mentorship and co-coaching.
- Enabling participants lead and empower their teams effectively to achieve strategic targets through action learning and personal development activities.
- Enhance the quality of services provided through person centred, work-based service improvement projects.

Content: The programme was underpinned by the Nursing Competency Framework (TOHM, 2000) and informed by the experience of the RCN in Gerontology and Clinical Leadership evidence base.

The programme consisted of five key activities which were delivered over 10 months:

- Introductory Days
- Personal Development.
- A work-based service improvement projects
- Action Learning Sets
- Evaluation/Celebration Day

Evaluation: The programme facilitated the introduction of wide range of service improvement initiatives such as development of clinical nurse specialist posts, increased service user involvement, service reconfiguration and review of policies and procedure. Participants reported a heightened awareness of power dynamics within their organisations and an increased ability to influence. An international network of expert knowledge was also developed allowing the participants engage in debate, discussion and share information. Overall Participant’s perceived that the programme enhanced their strategic influencing skills, increased problem solving abilities and developed greater political astuteness contributing to a stronger corporate identity.

Colette Twomey

IMPLEMENTING A SURGICAL SITE INFECTION SURVEILLANCE SYSTEM USING A CHANGE MANAGEMENT PROCESS

Background: Surgical site infection is recognized as a key outcome indicator after surgery (Bruce et al, 2001). It has been estimated that each patient with a Surgical Site Infection requires an additional hospital stay of 6.5 days and hospital costs are doubled (Powxman et al, 2000). Surveillance is a measure in trying to prevent and control surgical site infection. The links in the chain of surveillance activity include collection of the data, management of the data with a view to completing the surveillance cycle and ensuring that data are fed back to those who need to know (Gaynes and Solomon, 1996).

A pilot project was established to introduce the SSIS system using a defined change management process.

Aim: To introduce a SSIS System that would facilitate a multi-disciplinary approach to early identification, prevention and control of SSI in an efficient and effective manner.

Method/Approach: Management of the project would allow the assessment of the process of introduction and viability of the SSIS system within the hospital. Project management was initiated using Proactive Planning approach and was managed using the Deming model of continuous improvement.

Outcome: The change management process was successful and the SSI system was introduced with a compliance rate of 85%. The findings were meaningful and provided the key- stakeholders with comprehensive SSI data for the first time. SSIS is now established as part of surgical audit and will be expanded to include all surgical disciplines.

Discussion/Recommendations: Change is recognised as a difficult process to achieve in any large organisation. Change requires effective management and by adhering to a recognised change management system and constant engagement with key-stakeholders, long lasting change can be achieved within a defined timeframe.

Colette Twomey, NMPDU Stewards Hospital
RPN, RNT, BSc (Hons), PG DipEd, MSc

AO’ Sullivan
BSc (Hons) Clinical Practice, BSc (Ord) Nursing, Cert in Health Management, RGN

Emer Ward, Wexford General Hospital
BSc (Hons) HDipN RGN

Ms Emer Ward qualified as a RGN from Brent and Harrow School of Nursing in London and gained experience in medical and surgical nursing before completing a Diploma in Infectious Diseases Nursing from Northwick Park Hospital, London. She worked as the senior staff nurse in the Infectious Diseases Unit of the University Hospital Wales, Cardiff and it was here that her interest in Infection control developed further. She was appointed Infection Control Nurse for East Glamorgan General Hospital in 1995 and completed the Welsh National Board Infection Prevention and Control Diploma. She returned to Ireland in 1998 and took up her present position of Infection Control Nurse Specialist for Wexford Area acute and non-acute hospital services. She continued her professional education by obtaining the Higher Diploma Nursing (Infection Control) in 2002 and a BSc (Hons) in Nursing Management in 2004, both through Royal College of Surgeons in Ireland.

Eithne O’Sullivan
BSc (Hons) Clinical Practice, BSc (Ord) Nursing, Cert in Health Management, RGN

Ms Eithne O’sullivan qualified as a RGN from the Meath Hospital, Dublin. She gained experience in medical and surgical nursing before completing a Management Certificate in Waterford Institute of Technology in 1999. She became a Clinical Nurse Manager 2 in a Surgical Unit in Wexford General Hospital in 2000. It was at this time that she developed a keen interest in quality initiatives within the Surgical Department. She was appointed the lead person in the development of a Surgical Pre-Operative Assessment Clinic in Wexford General Hospital in 2002. It was this quality initiative that led her to completing a Changing Management course facilitated by the Office for Health Management in 2003. She continued her professional development by completing her BSc (Ord) in Nursing in 2005 and her BSc (Hons) in Clinical Practice in 2006; both courses were completed in Waterford Institute of Technology.

She is currently managing the Surgical Site Infection Surveillance System.
TOWARDS PERSON-CENTREDNESS IN DISTRICT HOSPITALS

Background: This poster reflects the work achieved in a practice development project involving four district hospitals in the HSE west.

McCormack & McCance (2006) outlined the framework for operationalising person-centred care and offered that it requires: prerequisites such as professionally competent staff, developed interpersonal skills, commitment to the job, clarification of values & beliefs and knowing the self. It was also offered that the care environment needed an appropriate skill-mix, a shared decision-making system, effective staff relationships, potential for innovation & risk-taking and supportive organisational systems. Thus it can be seen that the common element is the recognition of personhood and maintenance of choice. If promotion of choice therefore is an essential ingredient in person-centred care and if person-centred care is a fundamental aspect of quality care then in order to provide a high standard of quality care it is important to promote individual choice and decision making.

Aim: To assist staff in addressing the approaches to and organisation of care deliver. To enhance the care environment to become more person-centred in its ethos.

Method: The facilitator approached this project using a combination of the “Oxford Model” of facilitation (task-specific) and the “critical companionship model” of facilitation (holistic – using reflection in education in order to develop new theoretical insights and thus transform self and practice).

Analysis & Results: Introduction of social model care planning. Reflection on staff/patient allocation. Inclusion of support staff in care communication.

Recommendations: Open communication is maintained in all services for older people. The person is central to the care delivery. Culture of innovation & change is fostered (HSE Transformation Programme)

Claire Welford

Claire Welford, NUI, Galway
RGN, Diploma N.S, BNS-Hons, MSC. Nursing, PGC (TLHE)

A registered general nurse with a clinical background in cancer care, surgical nursing, breast care & expertise is in gerontological nursing. Worked in both the community and in the acute setting. Clinically worked as a staff nurse and as an assistant director of nursing. Academically worked as director of a post-leaving certificate in nursing course and as a joint appointee between the Nursing & Midwifery Practice Development Unit, HSE West and the School of Nursing & Midwifery at the National University of Ireland, Galway - job title: Clinical Link Facilitator – Gerontology. Presently employed as a HRB Nursing Research Fellow.
NOTES

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