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Chapter 1: Keynote speakers and plenary sessions

Plenary session: ‘Making the value of nursing evident to all: the role of research’

Tuesday, 10th September – 09:30

Professor Jane Ball, (Director of the RCN Institute of Nursing Excellence, UK)

Biography

Jane Ball is director, RCN Institute of Nursing Excellence. Her research has focused on nursing employment and deployment, looking at how features of nurse staffing affect care quality, patient outcomes and nurses themselves. The unifying aim of the many studies she has led has been to identify conditions needed to allow nurses to deliver excellent care and have satisfying and sustainable careers. She has worked at the Institute for Employment Studies, as policy adviser at the RCN, and as deputy director of the National Nursing Research Unit (King’s College London). For the past ten years, Professor Ball has been based at the University of Southampton. She was made a fellow of the RCN in 2019.

Keynote address 1: Fighting inequalities through better intervention and service design

Tuesday, 10th September – 09:55

Professor Carl May, (London School of Hygiene and Tropical Medicine, UK)

Biography

Carl May is Professor of Health Systems Implementation at the London School of Hygiene and Tropical Medicine, UK.

Carl works closely with clinical researchers and his work has focused on developing a richer understanding of the development and implementation of innovative healthcare technologies, and other complex healthcare interventions. His work in this field includes leading the projects to develop Normalization Process Theory (NPT) and Burden of Treatment Theory (BoT).

NPT and BoT help us to understand the factors that promote and inhibit the effective adoption, implementation, and integration of clinical innovations in healthcare. They have informed more than 1600 published protocols, empirical studies, reviews, and dissertations with many more currently in progress.

Presentation summary

The field of implementation research has recently seen considerable, and long overdue, interest in equity, with a strong emphasis on recognizing and responding to disparities in care. Our international collaboration has developed a patient-centered and justice-informed framework for the design of complex healthcare interventions and of innovations in service delivery. To do this:

i) We identified mechanisms that drive the embedding of disparities in complex healthcare interventions and service innovations.

ii) We developed patient-centered and justice-informed principles for design that form a Theory of Change that can be applied in intervention and service design.

iii) We developed a Transformational Design Cycle for complex interventions and service innovations around a set of critical questions about its implications.

Our approach focuses on the ways health inequalities and inequities are brought into being by systemic mechanisms within health services; are then propagated and normalized through implementation mechanisms; and are then realized and normalized in practice through institutionalized expectations of patients and caregivers. Our model promotes a transformational theory of change and a set of principles for design that seeks to place restitution for disparities at its center.

Keynote address 2: Nursing whilst Black: Trials, tribulations, and successes

Tuesday, 10th September – 15:35

Professor Roxanne Crosby-Nwaobi (Moorfields Eye Hospital / UCL Institute of Ophthalmology, UK)

Biography

Roxanne is a clinical academic ophthalmic nurse, an honorary Associate Professor at University College London Institute of Ophthalmology, NIHR Clinical Lecturer, and the interim Programme Director for the NIHR Senior Research Leader programme. She has a particular interest in population health for underserved communities. She is the recipient of numerous national and international awards including the RCN Researcher of the year 2023, ARVO Advocacy in Eyes and Vision research and Fellow of the RCN. She was recently promoted the Professor of Ophthalmic Health and Care at UCL Institute of Ophthalmology.

Presentation summary

In this keynote, Prof. Crosby-Nwaobi addresses the statement “racism exists in nursing” and focuses on the key issues of racism and gender inequity as a nurse researcher. “What got me here, won’t get us there”, will be dissected and examined to show the complex layers that are interwoven to create the symbiotic relationship that leads to discrimination among nurse researchers. This keynote concludes on the steps that need to be taken to eliminate racial and gender discrimination. It will provide attendees with practical strategies to address the inequity that exists.

Keynote address 3: Get OnBoard! Communicating for Success in Clinical Research Regardless of Your Role

Wednesday, 11th September – 09:40

Dr Linda Tinkler (The Newcastle upon Tyne Hospitals NHS Foundation Trust, UK)

Biography

Dr. Linda Tinkler PhD, RN, Trust Lead for Nursing, Midwifery & AHP Research, The Newcastle upon Tyne Hospitals NHS Foundation Trust

Linda is a Nurse, Florence Nightingale Scholar and one of the NIHR's 70@70 Senior Nurse Leaders. Linda leads research capacity and capability building for Nurses, Midwives and AHPs at Newcastle Hospitals, having worked in research roles for the last 15 years. Her own research focuses on NHS culture and behaviours that may impact on the delivery of research in clinical settings. Her work has so far provided unique insights into the professional identity of Clinical Research Nurses, the barriers and facilitators to engaging with research at different levels in the NHS and their impact on research success. Linda has designed and led a range of research training and capacity development programmes and led a successful £3.2m charitable grant application to form the Newcastle Hospitals NMAHP Researcher Development Institute.

Presentation summary

During this session we will take a journey together through the Clinical Research Nursing evidence base. We will travel different yet connected lines as we head towards the intended destination – Action to improve communication across professional boundaries.

Clinical research is a strategic priority, generating multiple health benefits for the healthcare system. The Clinical Research Nursing evidence base spans five decades and has evolved from debate about the role, professional issues and training needs, to how it is positioned and supported, and how individuals in the role experience it and working with others.

Clinical Research Nurses can experience resistance and avoidance at the interface between their role and those colleagues delivering other clinical services. These behaviours are influenced by a range of systemwide factors. They affect professional relationships, job satisfaction, retention, and patient access to research. Until recently little was known about how those professionals practicing alongside, yet outside of clinical research teams, viewed research delivery and the Clinical Research Nurse role. Our journey together will explore what causes reduced service, minor and severe delays, whilst highlighting the potential for good service through improved communication. You are invited to get onboard.

Learning outcomes

At the end of this presentation, delegates will be able to:

1. Demonstrate awareness of the evidence base related to clinical research nursing
2. Describe the common challenges faced by Clinical Research Nurses in delivering Clinical Research
3. Identify their role in promoting positive relationships at the interface of clinical research delivery and clinical service delivery

References

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2. McNiven, A., Boulton, M., Locock, L. et al. (2021) Boundary spanning and identity work in the clinical research delivery workforce: a qualitative study of research nurses, midwives and allied health professionals in the National Health Service, United Kingdom. Health Research Policy and Systems vol. 19 (74) https://doi.org/10.1186/s12961021007220
3. Tinkler L, Robertson S, Tod A. (2022) Multiprofessional perceptions of clinical research delivery and the Clinical Research Nurse role: a realist review. Journal of Research in Nursing 27(12): 929. doi: 10.1177/17449871211068017

Keynote address 4: “Culturally aligned methods and models for priority populations

Wednesday, 11th September – 13:30

Professor Rhonda Wilson (RMIT University, Australia)

Biography

Professor Rhonda Wilson RN CMHN PhD
Professor of Mental Health Nursing, RMIT University, Australia

Professor Rhonda Wilson is an internationally recognised mental health nursing scientist with a research focus on digital health interventions. She is Professor of Mental Health Nursing at RMIT University, Melbourne Australia, where she leads an innovative digital mental health nursing laboratory. She specialises in research and education on topics of mental health nursing, digital health, First Nations health and menopause.

As a Wiradjuri (First Nation) descendent, she is a vigorous advocate and activist for the promotion of cultural safety and decolonisation in our education, research and health institutions.

She has published extensively in international journals, books and conferences. She has a track record of leading national and international mental health mixed methods research programs, including using methods suited to priority populations, and First Nations peoples. Professor Wilson has worked in a wide range of rural and regional clinical registered nursing roles throughout Australia and in academic roles in Australia, Denmark and New Zealand. During lockdown restrictions at the height of a COVID-19 outbreak in 2021, she partnered with Walgett Aboriginal Medical Service (an ‘outback’ health service in Walgett, NSW, Australia) and her university colleagues, to go and undertake an early humanitarian vaccination campaign to provide urgent protection for the Walgett community. This was the first instance of COVID-19 encountered in an Aboriginal community in Australia.

Professor Wilson continues with a wide international and national network and program of research based flexibly on traditional Darkinjung Country, Central Coast NSW, Australia. She leads her profession of mental health nursing in Australia as the current President of the peak association: Australian College of Mental Health Nurses.

Presentation summary

Western colonisation has impacted First Nations, who comprise 6% of the global population and 19% of the world's poorest. These communities, rich in traditional knowledge, face severe disparities in socioeconomic status, health, and education due to historical oppression and institutional racism. First Nations people share many attributes of other culturally diverse priority populations that lead to poor health and mental health outcomes. Despite the potential of innovations to enhance outcomes, many fail to align with First Nations and other priority populations' cultural practices, resulting in ineffective solutions. This presentation underscores the need for culturally relevant, trauma-informed models of care that integrate First Nations and other priority populations' ways of knowing, being, and doing, derived from evidence-based culturally derived research methods. Drawing on synthesis of five years research, this discussion advocates for a paradigm shift in nursing and mental health nursing research, education, and practice. It highlights the importance of culturally safe practices that acknowledge the generational trauma experienced by many First Nations and other priority populations. The presentation calls for trauma-informed researchers to align culturally relevant research methods with health and mental health research problems to ensure that models of care support equitable, culturally appropriate care for these populations.

Learning outcomes

1. Reframe nursing and mental health nursing educational and research pedagogy to privilege and prioritise culturally aligned methods.
2. Explore the potential for a culturally aligned holistic theoretical framework of education and research that includes ways of knowing, being, doing and belonging specific to First Nations and other priority populations, aiming to improve future cultural safety and responsiveness in nursing and mental health nursing care delivery.
3. Recognise the need for holistic support of the social and emotional well-being (SEWB) of First Nations and other priority populations to achieve better overall health and mental health outcomes.

References

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Plenary session: The importance of involving patients in the design and planning of research.

Wednesday, 11th September – 14:10

Presentation summary

The aim of this session is for patients, carers and members of the public to provide an overview of ways to support the design and planning of research studies which ensure their relevance and importance in designing new treatments and care pathways.

The session will comprise a panel of non-healthcare professionals who are all involved in research in different ways. They will discuss their experience in supporting research and reasons for their involvement. Questions will be posed by the Chair and members of the audience in order to hold a discussion on this important topic.

Keynote address 5: Informal Carers: The underrepresented member of the MDT

Thursday, 12th September – 14:05

Professor Annette Hand (Newcastle upon Tyne Hospitals NHS Foundation Trust / Northumbria University, UK)

Biography

Prof. Doc (Health), MA, Pg Dip (CR), Dip HE, RGN

Professor of Nursing – Clinical Academic

Annette began her nursing career in 1991 studying at the Northumbria School of Nursing. Post qualification she worked across various settings including orthopedics, community nursing and palliative care. Annette has worked within a specialist Parkinson's Team in the UK for over 26 years, starting as the Research Associate before obtaining a nurse specialist post. For 17 years she worked as a Nurse Consultant in Parkinson's coordinating the Parkinson's service, supporting patients and their families and managing a team of Parkinson's specialist nurses.

As an autonomous practitioner Annette is responsible for diagnosis and management of all stages of Parkinson's. She has worked on and been involved with multiple research studies at a local, national and international level, including non-motor symptoms, sexual dysfunction, Information Prescriptions and Care Needs in Parkinson's. Her doctorate focused on understanding carer stain and its relationship to care home placement for people with Parkinson's. Following her doctoral studies Annette is now developing interventions to help improve the quality of life, and health outcomes, for care partners of people with Parkinson's.

Educationally, Annette has been teaching within Higher Education since 2004. She currently teaches on several post graduate courses for Northumbria University and her interests include non-medical prescribing, Parkinson's, clinical research and research impact.

Annette has continued to have an active research role and been involved with multiple research studies at a local, national, and international level and has published multiple peer reviewed articles. In 2021, in recognition for her research work in Parkinson's Annette was appointed to Professor of Nursing – Clinical Academic, the first post of its type in the North East of England. Annette now divides her time between clinical practice, research, and education.

Presentation summary

This presentation provides an overview of the research lead by Professor Hand over the last 13 years exploring the care needs of people with moderate to advanced Parkinson's, and the impact this disease has on informal carers. She will describe how Parkinson's is a common neurodegenerative condition and its prevalence is rising at an alarming rate. Due to the complex nature of this condition, people with Parkinson's often require the support of a carer to remain living in their own home. She will demonstrate that informal carers are a vital member of the multidisciplinary team but support for carers is very limited and variable across the UK. As a result, she will show that the caring role is associated with reduced quality of life, and impaired physical and mental wellbeing.

Carer programmes that support training, or counselling are often insufficient or difficult to access, leaving carers unsupported to manage the emotional and financial burden of being a carer. She will describe her current research project, adaption of a WHO digital intervention that aims to prevent and decreases mental and physical health problems associated with caregiving and improve quality of life. If effective this could benefit Parkinson’s carers worldwide.

Learning outcomes

At the end of this presentation, delegates will be able to:

1. Explain how nurses play a vital role in supporting informal carers.
2. Identify that advanced planning conversations need to include potential place of care, not just place of death.
3. Describe the impact that a clinical academic role can have on service, policy and practice.

References

1. https://journals.sagepub.com/doi/abs/10.1177/0891988718788680
2. https://www.tandfonline.com/doi/full/10.1080/13607863.2017.1421612
3. https://journals.sagepub.com/doi/abs/10.1177/0891988721996819

Chapter 2: Fringe events and workshops

Fringe event 1: Exploring resources and approaches to support embedding of research for undergraduate nursing students.

Wednesday, 11th September – 08:00

Presenters

Dr Helen Jones, Lead Nurse for Clinical Research Workforce, Imperial College Healthcare NHS Trust

Gail Mills, Lead Nurse for Research and Development, Sheffield Teaching Hospitals NHSFT, Executive NMAHP Lead, CRN Yorkshire and Humber

Jen Allison, NIHR Associate Director of Nursing and Midwifery, UKCRF Network Workforce Development Lead

Naomi Hickey, Education and Quality Lead, Glasgow CRF, UKCRF Network Workforce Development Deputy Lead

Undergraduate student

Overview

This fringe event is aimed at clinical research nurses and will provide an opportunity to explore the resources and approaches available to support embedding of research for undergraduate nursing students across the UK.

The session will include an overview of the resources available from the National Institute for Health and Care Research (NIHR) Nursing and Midwifery Office, the UK Clinical Research facility Network (UKCRFN) as well as showcasing a model for undergraduate placement at Imperial College Healthcare NHS Trust and the feedback they received from the students. We will also hear from an undergraduate Nurse who will share their perspectives on a student research placement.

Learning outcomes

1. To understand the resources available to support undergraduate student placements and research learning
2. To share a model for support of undergraduate placements
3. To understand the student nurse perspective on research during their training and their research placement
4. To provide a forum for discussion of topics relevant to research undergraduate placements
5. To signpost to further resources and opportunities for undergraduate and newly graduated Nurses and other Healthcare professionals.

Fringe event 2: Unlocking the Potential: Elevating awareness and engagement in social care nursing research, and the wider independent health and social care sector

Wednesday, 11th September – 08:00

Presenters

Michelle Raddings, Lead Nurse Independent Health and Social Care [IHSC], Royal College of Nursing.

Leanne Hume, Lead Nurse Independent Health and Social Care [IHSC], Royal College of Nursing.

Claire Sutton, Transformational Lead Nurse Independent Health and Social Care [IHSC], Royal College of Nursing.

Dr Zena Aldridge, Social Care Nurse Fellow, NIHR Nursing and Midwifery Office

Overview

There are significant opportunities to advance Social Care (SC) nursing research, benefiting the broader health and social care sector in the UK. Fostering nurse engagement is crucial for parity and equity. Notably, in 2022, NIHR emphasised its commitment to SC research by incorporating 'care' into its title. Subsequently, in 2023, NIHR launched a £10 million funding program for SC research. However, many SC nurses remain disengaged from research activities.

This fringe event, led by The Chief Nursing Officer for Adult SC, Chair of Adult SC Nursing, and RCN Lead IHSC Nurses, aims to explore strategies for promoting research within SC. It will address potential barriers to engagement, fostering interdisciplinary collaboration to broaden participation. Additionally, the event will discuss methodologies and techniques to enhance awareness and engagement in SC and independent sector nursing research.

Audience: Individuals interested in SC, health and social care policy, or research with under-served populations.

Learning outcomes

1. Identify barriers preventing nurses from engaging in SC research.
2. Foster interdisciplinary collaboration to increase involvement.
3. Discuss methodologies and techniques to enhance awareness and engagement in SC and independent sector nursing research.

References:

National Institute for Health and Care Research (2022) *A new name for NIHR – National Institute for Health and Care Research – updated resources now available* Cited at: A new name for NIHR - National Institute for Health and Care Research - updated resources now available - NIHR School for Public Health ResearchNIHR SPHR (Accessed 26th April 2024).

National Institute for Health and Care Research (2023) NIHR launches £10m funding programme for social care research Cited at: NIHR launches £10m funding programme for social care research | NIHR (Accessed 26th April 2024)

Fringe event 3: Capturing Real World Clinical Research Impact

Wednesday, 11th September – 08:00

Presenters

Professor Jane Coad, Professor in Children and Family Nursing, University of Nottingham/Director of Research for NMAHPs, University Hospitals Coventry and Warwickshire - jane.Coad@nottingham.ac.uk

Professor Bridget Johnston Clinical Professor of Nursing and Palliative Care University of Glasgow/NHS Greater Glasgow and Clyde

Dr Helen Janiszewski, Clinical Lead for Nursing and Midwifery Research and Innovation, Nottingham University Hospitals NHS Trust

Overview

This event will include provide a platform to discuss the issues of collating research impact in the real-world settings of clinical practice. Demonstrating and evidencing impact is well established in higher education institutes, and for academics undertaking research within HEI's there are streamlined, national process for reporting this. However, for nurses and other health care professionals working as clinical academics in practice, this is more challenging, as their impact may not be demonstrable in terms of the Research Excellence Framework (UK https://results2021.ref.ac.uk/impact) criteria yet will have wide reaching positive impact for the population they care for, or within the healthcare systems they work in.

In this fringe we will ask delegates for their thoughts and solutions for this. We will include discussion and examples drawn from our practice on capturing impact.

We will also include examples from practice from all 4 nations that demonstrate impact and clinical excellence.

We will share some tools that have been developed such as The ReCITE™ Tool (Research and Clinical Impact Tracker Tool for Excellence) which was developed by Nottingham University Hospitals and University Hospitals Coventry and Warwickshire with support with a national expert in Real World Impact, to enable clinical researchers to complete prospectively and demonstrate the impact of their research studies and identify opportunities to increase their impact.

Learning outcomes

1. Identify barriers preventing nurses from engaging in SC research.
2. Foster interdisciplinary collaboration to increase involvement.
3. Discuss methodologies and techniques to enhance awareness and engagement in SC and independent sector nursing research.

References:

National Institute for Health and Care Research (2022) *A new name for NIHR – National Institute for Health and Care Research – updated resources now available* Cited at: A new name for NIHR - National Institute for Health and Care Research - updated resources now available - NIHR School for Public Health ResearchNIHR SPHR (Accessed 26th April 2024).

National Institute for Health and Care Research (2023) NIHR launches £10m funding programme for social care research Cited at: NIHR launches £10m funding programme for social care research | NIHR (Accessed 26th April 2024)

Workshop: Let us embrace diversity in expression of English Language in nursing

Wednesday 11th September – 16:05

Presenters

Dr Victor Abu, London Southbank University

Overview

People who speak English as non-native, grapple with the need to communicate ‘standard’ English, in papers assessed for publication or academic purposes. Global domination of the English Language is harmful to languages and cultures of individuals coerced to adopt English as second language or form the identity of an English speaker. This form of cultural discrimination is called *linguicism*,
or unequal relationship between languages, or use of language as means of control and domination. My research on empowering nursing students for social justice praxis, found that embracing diversity in expression of English in nursing is a matter of social justice

Fringe event 4: Education, agitation and organisation: empowering the nursing workforce to research

Thursday 12th September – 08:00

Presenters

Dr Ada Hui, Professional Lead for Research, RCN.

Nicola Clarkson, L&D Facilitator, Activism Academy, RCN

Stephanie Goodwin, Head of Organising Activism Academy, RCN

Overview

This fringe event will use organising principles to empower the nursing workforce to better engage with research across the career span. The session will be interactive, using appreciative inquiry approaches to share experiences of research engagement, design, delivery and leadership. Organised actions will be facilitated by experts from the Activist Academy – to inspire leadership, growth and research mindsets that are inclusive of all.

The session will be of relevance to nurses, midwives and nursing support workers of all career stages wanting to make a difference through research, across different fields, sectors and contexts.

Learning outcomes

1. Using appreciative inquiry approaches to build positive research cultures and careers
2. Adopting organising principles to inspire research growth and leadership to agitate, influence and impact change.

Fringe event 5: ‘The Nurse Researcher Podcast’ recorded with live audience

Thursday, 12th September – 08:00

Host: Dr Andrew Finney (Reader in Nursing Research)

Podcast summariser: Mrs Eleanor Hoverd (Nurse & PhD student)

Guest: Dr Joanne Cooper, Head of Nursing Research (Research Transformation), NHS England

Overview

The Nurse Researcher podcast aims to demystify clinical academia, explain what researchers do, their roles, how they got there and what advice they can offer to others looking to bring research into their roles.

The podcast started in the summer of 2023 with a plan to demystify research careers for nurses. In series 1 the podcast interviewed Nursing Professors, to hear their story of where they started and how their careers progressed to where they are today. In series 2 (launched in April 2024) the target group is nurses that consider themselves to be ‘Clinical Academics’.

The Podcast is supported by the Audioboom and listed by Apple, Spotify, Podbean and all other major platforms. It had 4000 listens in series 1.

This fringe event will record a bonus episode, with a live audience (for the first time). The release of the episode will highlight the support of the RCN and the value of the conference as well as tell the story of another nursing research career.

Fringe event 6: International dynamics in Mental Health Nursing

Thursday, 12th September – 08:00

Presenters

Professor Rhonda Wilson, Professor of Mental Health Nursing, RMIT University, Australia

Tony Purdon, Royal Melbourne Hospital – Mental Health, Melbourne Australia

Overview

Mental and substance use disorders account for approximately 13% of the global burden of disease, with depression alone contributing 4.3%. The International Council of Nurses (ICN) estimates there are only 300,000 mental health nurses worldwide, a figure starkly inadequate to meet global needs.

Globally, Mental Health Nursing is being transformed by a new generation of mental health nursing leaders. Some key drivers of change include:

- International workforce challenges with worsening major shortages anticipated throughout the world.
- Changing educational pathways to the mental health nursing profession.
- Comprehensive pre-registration curriculum with dilution of mental health nursing content
- Limited professional experience placements/ work integrated learning/ student placement opportunities
- Aging mental health nursing workforce

In 2025 an international mental health nursing leadership summit will be held to bring focus to priorities, strategy and development of the international mental health workforce pipeline to promote a universal mental health nursing principles. The Fringe event and others similar events are a prelude to the 2025 summit with a goal of highlighting the workforce and leadership issues that matter most to mental health nurses in the context of our advocacy for universal basic mental health care for all and an expanded mental health nursing education and workforce pipeline to respond to global accelerating mental health care needs.

The aim of this Fringe event is to gather together as mental health nurses, affirming our profession and commencing a dialogue about global mental health nursing workforce education and development priorities.

This fringe event is open to all, although the target audience are delegates that identify as mental health nurses in practice, administration, education or research domains. Any service users of mental health care are also welcome.

Learning outcomes:

1. An overview of the dynamics associated with an expanding global mental health prevalence, especially since COVID-19
2. An overview of international drivers of mental health nursing educational approaches.
3. Identification of research priorities for the workforce pipeline development of the mental health nursing profession.
4. Understanding the dynamics of international migration in mental health nursing.

Chapter 3: Symposia

Symposium 1.1: Decoding the DNA of healthcare numeracy in nursing through an international program of education translational research.

Tuesday, 10th September - 11:05

Overview

Students must be literate, numerate and digitally/technologically literate to deliver safe nursing care. Regulatory/professional bodies set out healthcare numeracy educational frameworks, e.g. the UK Nursing and Midwifery Council Future Nurse programs (NMC 2018).

- We explore a 30+ year education translational research program which has accelerated the development/distribution of disruptive technology to:
- Transcribe/classify 20 healthcare numeracy skills into individual/combinatory taxonomies.
- Develop a healthcare numeracy competence model.
- Transfer taxonomies into an authentic virtual clinical education environment.
- Design a mathematics/healthcare numeracy learning support environment.
- Identify/classify student mathematics/healthcare numeracy problem-solving methods/errors.

Paper 1: Establishing an international mathematics and healthcare numeracy benchmark and competence framework for nursing: emic, etic, inductive translational research

Abstract ID 269

Authors

Dr. David Pontin (Numeric Generics Ltd), Dr. Keith Weeks (Authentic World Ltd), Dr. Diana Coben (Numeric Generics Ltd), Mr. Alex Weeks (Numeric Generics Ltd), Dr. David Rowe (Numeric Generics Lt), Mr. Matt Brown (Numeric Generics Ltd), Dr. John Clochesy (Numeric Generics Ltd)

Abstract

Background: It is generally agreed that for nurses to give safe care to patients they must be numerate, but there is no consensus on what constitutes healthcare numeracy or what mathematics is needed for nurses to be competent. Healthcare numeracy is buried in nursing practice to the point of invisibility which leads to wide variation in testing, and curriculum content (Weeks et al 2022; Ozimek et al 2021; Wendel 2020).

Aim: To identify the mathematics and healthcare numeracy used in nursing practice to build a benchmark and competence framework for educators and regulators.

Methods: We used primary etic, inductive and emic research to decode the DNA of healthcare numeracy; reviewed seminal work, and established which mathematics and healthcare numeracy skills are needed by RNs to practice safely. The data was collected and analyzed Jan 2017-Dec 2020.

Analysis: We used two main sources to identify core nursing procedures: 1) current point of licensure regulatory competence standards; 2) authoritative clinical nursing texts for common procedures. We also drew on our substantial knowledge/experience of nursing science, mathematics and healthcare numeracy education, and research.

Results: We identified 1] 20 core healthcare numeracy skills across 60 nursing procedures; 2] the incidence of use of individual skills (range 17%-100%); 3] the distribution of mathematics and healthcare numeracy skills between drug dosage calculation and medicines management (40%), and wider nursing practice (60%); 4] the skill combinations needed to perform common nursing procedures, e.g. 13 skills for fluid balance management.

Discussion/Conclusion: Our findings give nurse educators/regulators evidence of the mathematics and healthcare numeracy used in nursing practice. Having bridged the first gap in translational research, educators/regulators can use our education model to build benchmarked education and assessment programs/regulatory systems for delivering safe nursing care to patients.

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1. Weeks KW, Pontin D, Coben D, Weeks A, Clochesy JM & Rowe D. (2022). Decoding the DNA of healthcare numeracy: Establishing a mathematics and healthcare numeracy benchmark for nursing. https://safemedicate.com/publications/ng/dna.html

2. Ozimek D, Kelch B, Zoellner J, Beaudry M & Valdes B. (2021). Math and Statistics Education for Nurses. Austin TX: Dana Center. https://dcmathpathways.org/sites/default/files/resources/2021-01/math_for_nurses_convening_recommendations.pdf

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Lead presenter biography

Dr Keith Weeks

Keith is a UK RN with a PhD in authentic healthcare mathematics education and 40+ years of clinical, education and translational research (TR) leadership experience.

He is Founder, President of TR/Chief Research & Development Officer, Authentic World Ltd, where he leads global research, design and development of safeMedicate^{TM}(https://www.safemedicate.com/publications/elsevier/videos/video_5.html; https://www.safemedicate.net/).

Keith is also Founder, CEO & Healthcare Mathematics Education Director, Numeric Generics Ltd, where he leads global TR, design and development of the safeHANDS Healthcare Authentic Numeracy Development Suite of nursing mathematics and healthcare numeracy virtual clinical environment education programs.

Paper 2: Nursing numeracy educators: Teaching and assessing numeracy and medication calculations within Australian undergraduate nursing education: A qualitative study

Abstract ID 276

Authors

Mrs. Christine Walker (Western Sydney University), Prof. Nathan Wilson (Western Sydney University), Dr. Leanne Rylands (Western Sydney University), Dr. Jim Pettigrew (University of New South Wales), Dr. Leanne Hunt (Western Sydney University)

Abstract

Background: Proficiency in numeracy skills is critical for patient safety, however, the accuracy rate of calculations by undergraduate and registered nurses is deficient worldwide (Minty-Walker et al, 2021). This issue is alarming for the education of undergraduate nurses and the quality of nursing care. Approaches best suited to improve the numerical calculation abilities of nurses remains unclear (Minty-Walker, in press). Furthermore, in the Australian context, there are no accreditation standards referring to numeracy.

Aim: To explore the approaches to teaching and assessing numeracy and medication calculations from the perspective of Australian nurse education leaders of undergraduate nursing degrees.

Methods: In this qualitative study, purposive sampling was used to recruit nurse education leaders (*n* = 17). Individual interview data were collected between Nov 2022 - Jan 2023, and analysed using thematic analysis.

Results: A bespoke range of teaching approaches and assessment formats were implemented. Academics were considered good clinicians, not maths teachers. There was an assumption that students would have numerical proficiency upon entering university. Support was required for struggling students to pass high stakes assessments, often under conditions incongruent to the clinical setting (Minty-Walker et al, 2023).

Discussion: Flexibility and diversity in developing and implementing numeracy education across institutions is expected, however, nurses' inability to pass a numeracy or medication calculation test prompts consideration into the suggestion of adopting a clear pedagogical rationale for teaching one approach over another, along with a standardised method of assessment.

Conclusions: To improve the quality of nursing numeracy education and ensure safer patient outcomes, this research aims to inform the development of an evidence-based and standardised conceptual teaching framework for tertiary education. Furthermore, to prompt consideration into the recommendation for a national independent numeracy assessment that would ensure that candidates have all achieved the required benchmark to practice safely.

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Lead presenter biography

Christine Walker

Christine is an Australian RN with over 28 years' experience in clinical practice and education. Her clinical area of expertise is in operating theatre nursing where she held governance positions of clinical nurse specialist, clinical nurse educator and nurse educator. She is a lecturer and campus program advisor at Western Sydney University teaching on the undergraduate nursing degree in theoretical and clinical units, and also acts as subject coordinator. Christine has been developing her publications profile since 2016 and is currently a PhD Candidate at WSU researching nursing numeracy education.

Paper 3: Nurse academics confidence and anxiety levels when teaching nursing numeracy to Australian undergraduate nursing students: A cross-sectional study

Abstract ID 278

Authors

Mrs. Christine Walker (Western Sydney University), Prof. Nathan Wilson (Western Sydney University), Dr. Leanne Rylands (Western Sydney University), Dr. Jim Pettigrew (University of New South Wales), Dr. Leanne Hunt (Western Sydney University)

Abstract

Background: Nurse academics are required to teach undergraduate nursing students' numeracy and medication calculations ensuring a safe practitioner. The literature reveals that nurse academics do not consider themselves maths teachers, and experts in that area are better suited to teaching this skill (Minty-Walker et al, 2023). The literature reports widely on the anxiety felt by school teachers when teaching maths (Ganley et al, 2019), however, there is no research on the anxiety or confidence levels of nurse academics when teaching numeracy concepts to undergraduate nursing students.

Aims: To describe and analyse Australian nurse academics' confidence and anxiety levels when teaching numeracy; to describe who is best placed to teach numeracy and identify the resources to support academics to teach this skill.

Methods: Purposive sampling was used to recruit Australian nurse academics (n = 170) who currently teach numeracy and medication calculations to undergraduate nurses. Data were collected between Nov 2023 - Feb 2024, using an online survey platform, and analysed using R analytics.

Results: The anxiety and confidence levels of nurse academics varied according to demographic profile; academics would like resources and support to build their teaching capabilities, a combination of a registered nurse and mathematics support staff were considered best placed to teach numeracy, and academics were willing to learn and teach methods of calculation besides their preferred style.

Discussion: Students enter university with limited numeracy knowledge; hence it is vital that nurse academics are supported with teaching this skill. By investing in nurse academics own professional development, they are better equipped to meet the diverse needs and learning styles of the students.

Conclusions: This research suggests a call for the formulation of an evidenced-based framework to guide the teaching of nursing numeracy. Building the teaching capacity of nurse academics will enhance student competence and contribute to patient safety.

References

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Lead presenter biography

Christine Walker

Christine is an Australian RN with over 28 years' experience in clinical practice and education. Her clinical area of expertise is in operating theatre nursing where she held governance positions of clinical nurse specialist, clinical nurse educator and nurse educator. She is a lecturer and campus program advisor at Western Sydney University teaching on the undergraduate nursing degree in theoretical and clinical units, and also acts as subject coordinator. Christine has been developing her publications profile since 2016 and is currently a PhD Candidate at WSU researching nursing numeracy education.

Paper 4: Assessing healthcare numeracy among US baccalaureate nursing students: cross-section study

Abstract ID 279

Authors

Dr. John Clochesy (Numeric Generics Ltd), Dr. Jessica Varghese (New York Institute of Technology), Dr. Beatriz Valdes (University of Miami), Dr. Keith Weeks (Authentic World Ltd), Mr. Alex Weeks (Numeric Generics Ltd), Dr. David Pontin (Numeric Generics Ltd)

Abstract

Background: Aspects of numeracy in healthcare have been a persistent concern and regularly appear in the nursing literature. Contrary to popular belief, healthcare numeracy is a complex competency. Healthcare numeracy is more than being able to manipulate numbers or being able to succeed in academic courses in mathematics often constructed by non-nurses. Leaders of undergraduate nursing programs often assume, albeit erroneously, that recruits entering nursing student programs have the required proficiency in numeracy skills to succeed. Evidence suggests that this is not always the case (Weeks et al 2022; Ozimek et al 2021; Wendel 2020).

Aim: The aim of the current study was to assess the healthcare numeracy in a cohort of US baccalaureate nursing students and identify areas of concern.

Methods: A prospective, cross-sectional design was used. The settings were 2 US university baccalaureate nursing programs: a traditional program and an accelerated program for second degree students. In total, 204 baccalaureate nursing students participated in the study. The data was collected and analysed between January 2023-January 2024.

Results: Correct student responses ranged from 11 out of 60 (18.3 %) to 58 out of 60 (96.7 %). No participant managed to answer all of the items correctly. The most common errors presented were related to equivalences between fractions decimals and percentages, indices and logarithms, statistics, estimation, interpretation of tables charts and graphs, formulas and equations, percentage, and ratio.

Conclusions: Healthcare numeracy continues to be a challenge among nursing students with implications for attrition and nursing staffing in the future.

References

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Lead presenter biography

John Clochesy

John, a prolific and award winning author, is a critical care nurse in the US with a PhD in nursing science and a MA in psychology. He has 48 years of clinical, education, and research experience leading research projects funded by the US National Institutes of Health ranging from weaning from mechanical ventilatory support to serious games for health. He has collaborated with colleagues in the UK on translational research related to healthcare numeracy for more than 20 years and currently serves as Pan American Research Director for Numeric Generics Ltd.

Paper 5: Developing and integrating nursing competence through authentic technology-enhanced clinical simulation education: translational research

Abstract ID 282

Authors

Dr. Keith Weeks (Authentic World Ltd), Dr. David Pontin (Numeric Generics Ltd), Dr. Diana Coben – (Numeric Generics Ltd), Mr. Alex Weeks (Numeric Generics Ltd), Mr. Matt Brown (Numeric Generics Ltd)

Abstract

Background: This paper acts as the bridge to crossing the second gap in translation research as part of knowledge reception and adaptation (Weeks et al 2022). The bridging of this second gap is an integral component of our patient-safety critical translational research work on healthcare numeracy, conceptual-calculation-technical competence modelling, and the design and development of virtual learning and diagnostic assessment environments (safeMedicate®, safeHANDS®) (Weeks et al 2019).

Aim: To advance the current debate on healthcare numeracy competence in nursing; to explore the role, place and value of simulation education in supporting student competence development; to explore the place of accelerator mechanisms in applying knowledge to practice.

Methodological discussion/presentation: We focus on three concepts. First, we present a re-conceptualisation of the cognitive and physical modalities of a theory-practice gap that is created by the dominant organization mode of health professional education practice. Second, we suggest that simulated clinical environments occupy the liminal spaces that exist between the ordered, symbolic and abstract world of the Faculty classroom, and the situated, messy world of clinical healthcare practice. Third, we maintain that technology-enhanced boundary objects (TEBOs) function as simulation pedagogy modalities. These have two functions. First, they support the transition of students across the liminal space and boundaries between Faculty classroom and clinical practice setting. Second, they support competence development and integration in nursing, in this case the healthcare numeracy skills needed to provide safe patient care.

Conclusion: In this paper we use a constructivist-based clinical simulation education model as a guiding pedagogical framework for applying TEBOs and an integrated nursing competence model to the translational research used to decode the DNA of healthcare numeracy.

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Lead presenter biography

Keith Weeks

Keith is a UK RN with a PhD in authentic healthcare mathematics education and 40+ years of clinical, education and translational research (TR) leadership experience.

He is Founder, President of TR/Chief Research & Development Officer, Authentic World Ltd, where he leads global research, design and development of safeMedicate^{TM}(https://www.safemedicate.com/publications/elsevier/videos/video_5.html; https://www.safemedicate.net/).

Keith is also Founder, CEO & Healthcare Mathematics Education Director, Numeric Generics Ltd, where he leads global TR, design and development of the safeHANDS Healthcare Authentic Numeracy Development Suite of nursing mathematics and healthcare numeracy virtual clinical environment education programs.

Symposium 2.1: Unravelling the Wool - Developing Clinical Academic Research Roles in Babies, Children and Young Peoples Nursing.

Tuesday, 10th September - 13:45

Overview

In the current healthcare climate, developing Clinical Academic Research Roles can be challenging. However, in order to meet health care needs of populations now and for the future, it is imperative that Nurses lead these roles. This symposium brings together five different speakers (Coad, Gallagher, Menzies, Marufu, Manning) who work as Clinical Academics. Whilst at different career stages, they are committed in carving out research careers in the under-represented research area of Babies, Children and Young People (BCYP) nursing.

The symposium commences with a brief overview of Clinical Academic Research and issues of combining clinical and research roles (Coad) before critically unravelling the wool on four distinct aspects using solution-focused approaches. These include 1.patient and public involvement & engagement; 2.cultural change; 3.equality, diversity & inclusion and 4.leadership.

We will finalise with delegates having an opportunity to ask questions and share their common issues and solutions in their own research roles.

Paper 1: Championing Clinical Academic Roles for Nurses from under-represented groups.

Abstract ID 449

Authors

Dr. Takawira Marufu (Nottingham Childrens Hospital, Nottingham University Hospitals NHS Trust)

Abstract

Ensuring a competent diverse nursing workforce at all levels, that represents the community it serves is a priority outlined in the current NHS People’s Plan and the professional strategic plan of the Chief Nursing Officer of England (2021). However, there are inequalities in Clinical Academic roles for Registered Nurses, often based on protected characteristics such as gender, ethnicity and race. This presentation highlights barriers and facilitators experienced by the author in his Clinical Academic career journey, and a commitment as a role model in championing Clinical Academic Research roles for under-represented groups and research with underserved communities such as BCYP nursing.

This paper will share some of the barriers to equality, diversity and inclusion in Clinical Academic progression which are often underpinned by interlinked barriers, including poor workplace culture, individual and organisational biases. This in turn can impact on Clinical Academic Research career progression support and poor access to opportunities. Ways to support under-represented Clinical Academics include leadership development programmes and mentorship which the author completed and will share how it focused on evaluating equity and inclusion of opportunities for BCYP nurses with protected characteristics. This led to a successful funded project on testing pressure injury assessment instrument accuracy in CYP with dark skin tones, multi-lingual family activation web-based application

development and evaluation. This is an important paper and much needed if we are to find solution to support under-represented groups developing research careers with underserved communities.

Lead presenter biography

Takawira Marufu

Dr Marufu is a Clinical Academic Nursing Research Lead at Nottingham Children's Hospital, Honorary Assistant Professor; Centre for Children and Young People Health Research (CYPHR), School of Health Sciences, Faculty of Medicine and Health Sciences, Nottingham University and Honorary Fellow, School of Healthcare, College of Life Sciences, University of Leicester. He is currently on an NIHR Senior Research Leadership Programme and his current NIHR-funded research study focuses on testing pressure injury assessment tool accuracy in babies, children, and young people with dark skin tones.

Paper 2: Supporting the development of clinical academic careers in neonatal nursing

Abstract ID 432

Authors

Dr. Katie Gallagher (University College London)

Abstract

As nursing advances accordingly, this necessitates nurse researchers who can effectively lead research programmes in practice.[1] The neonatal nursing specialty serves as a prime example of advancing roles and development, where research is key to enhancing outcomes of sick and premature babies and their families. Despite this there are very few neonatal nursing researchers actively undertaking or leading nursing research, with 10 neonatal nurses at post-doctoral level throughout the United Kingdom.[2] Development of role models and support to enhance clinical academic career trajectories are required to ensure that this pathway becomes a viable option for the future generation of neonatal nurses, allowing us to shape and influence the future of neonatal nursing care.

This paper will set out the role of a senior Neonatal Nurse who has embarked on a research career balancing both an academic and practice role in an under-represented specialty. One aspect of the authors role has been to ensure Patient and Public Involvement and Engagement (PPIE) is included in this under-represented group. Challenges and how they have been overcome will be shared with delegates in order to develop their own research skill set and projects but also support the Clinical Academic research of others.

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Lead presenter biography

Katie Gallagher

Katie Gallagher is an NIHR Clinical Lecturer and neonatal nurse at the EGA Institute for Women's Health, University College London, and University College London Hospitals NHS Foundation Trust. Katie is a board member of the Neonatal Nurses Association (NNA) and Chairs the NNA Linking Education & Research Group in Neonatal Care and PhD support groups.

Katie has been involved in highly sensitive neonatal research exploring critical care decision making and neonatal palliative care for many years. Katie has worked closely with parent representatives and charity organisations to ensure that all research remains parent focused throughout, to ultimately enhance practice.

Paper 3: Clinical academic leadership from the bedside to the system for babies, children and young peoples nursing

Abstract ID 410

Authors

Prof. Joseph C. Manning (University of Leicester/ Nottingham Children's Hospital, Nottingham University Hospitals NHS Trust)

Abstract

Authentic, accessible and impactful leadership is integral to the furtherance of clinical academic roles and in maximising their impact across the health and care continuum (Coad et al., 2019; Westwood et al., 2018). However, few examples exist within the literature of the application and effect of the transformational leadership of clinical academic roles from the bedside to system levels, that drives activity and impact (Manning, 2022). This poses a critical challenge for guidance and steerage in workforce development as without real-world examples of the leadership actions of clinical academic nurses across the career spectrum.

This paper will elucidate leadership of a senior clinical academic nursing role and the influence, activities and impact it can have across the Higher Education and healthcare continuum to enhance research culture, develop capacity and capability, and address population health needs of babies, children and young people.

This will be achieved through outlining a programme of research targeted at addressing pivotal health and care needs within the acute paediatric care context. Specifically, this will align to (i) harm free care and (ii) optimising long term outcomes. Key drivers, activities and impact for each focus will be discussed with examples of clinical academic transformational leadership and influence from the bedside to the system levels (and beyond) to directing and driving activity, outcome and reach.

The paper will conclude with clear recommendations for building leadership capability of clinical academic roles in babies, children and young peoples nursing.

References

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Westwood, G., Richardson, A., Latter, S., Macleod Clark, J. and Fader, M., 2018. Building clinical academic leadership capacity: sustainability through partnership. *Journal of Research in Nursing*, *23*(4), pp.346-357.

Lead presenter biography

Prof. Joseph C. Manning

Joseph is a Clinical-Academic Children's Nurse with a strong national/international profile within the fields of nursing, paediatric critical care, and clinical-academic capacity/capability development. He is the Professor of Nursing and Child Health at the University of Leicester and Nottingham University Hospitals NHS Trust, working in clinical, research and senior leadership capacities. He leads a programme of research with a mission to improve the experiences, outcomes and lives of children, young people and their families that access acute care. His contribution and leadership to nursing has been recognised by a CNO Gold Award (2020) and an MBE (2021).

Paper 4: The role of clinical academics in developing a positive research culture.

Abstract ID 407

Authors

Dr. Julie Menzies (University Hospitals Bristol and Weston NHS Foundation)

Abstract

Evidence shows that there are benefits for an organisation to being research active and engaged[1]. Fundamental to this is a positive research culture, where research is valued and incorporated into everyday business. Within this paper the contribution of a Clinical Academic within Paediatric Critical Care (PCC) to supporting culture change will be reviewed, highlighting specific challenges within the specialty and how the role has positively contributed towards departmental and organisational research engagement.

Conducting robust clinical research involving critically ill/injured babies, children and young people is vital because PCC is a high-cost, resource-intensive environment, with a sparse evidence base and significant practice variation, placing BCYP at increased risk of morbidity and mortality. Despite this, there are few Clinical Academics (from any discipline) within the PCC speciality.

The creation of a Clinical Academic Nurse Researcher post (the author), embedded within the NHS reflects an important investment to address this deficit and support culture change. Key elements include increasing the visibility of research, role modelling, research leadership (exposure), supporting engagement (staff/ patients), education, including targeted support for aspiring clinical academics and implementation of research evidence into practice in this specialist, under-represented area.

The paper will share a solution-based approach, including how the author as a Clinical Academic Researcher supports capacity and capability building to address quality, safety and patient/student and staff experience in the PCC setting. Delegates will hear specific examples about how being successfully embedded can benefit both University and NHS organisations and contribute to a positive research culture.

References

1. Ozdemir BA, Karthikesalingam A, Sinha S, et al. (2015) Research activity and the association with mortality. PLoS One 10: e0118253.

Lead presenter biography

Dr J Menzies

Dr Julie Menzies is a Registered Children's Nurse, with 27 years of paediatric nursing experience. Julie is currently employed as a Clinical Academic Nurse Researcher in Paediatric Intensive Care, Bristol Royal Hospital for Children, UK, past member of the UK Paediatric Critical Care Society (2018-2021) and elected Chair for the Paediatric and Neonatal Section, European Paediatric Critical Care Society (ESPNIC). She is a Principal Investigator for several multi-centre studies, a co-applicant on several NIHR-funded grants and recently completed an NIHR Senior Nurse/Midwife Research Leadership programme (2019-2022), designed to help build capacity and capability of nurses/midwives to engage with research.

Symposium 3.1: National Institute for Health and Care Research Nursing and Midwifery Programmes

Wednesday, 11th September - 10:50

Overview

The National Institute for Health and Care Research (NIHR) Nursing and Midwifery team have developed many opportunities to support the development of nurses and midwives and improve patient outcomes. The panel will include speakers from the following programmes:

Senior Research Leaders- The new three-year SRL programme unlocks the research potential of senior nurses and midwives. The NIHR wants to empower SRL's to increase research capacity and capability at a local, regional and national level, supporting their development as research leaders.

Principal Investigator Pipeline Programme (PIPP)- A programme for research nurses and midwives. It aims to increase nurse & midwife Principal Investigators (PIs) by developing the skills and knowledge required for the role. It has 4 Elements: Theory, Supervised Practice, Independent Learning and Leading others through Mentorship.

Paper 1: NIHR Senior Research Leaders programme for Nurses and Midwives

Abstract ID 431

Authors

Dr. Roxanne Crosby-Nwaobi (NIHR Coordinating Centre), Ms. Fiona Yelnoorkar (NIHR Coordinating Centre)

Abstract

Research-active organisations achieve better clinical outcomes for patients and are more likely to retain their workforce (Hanney et al 2013, Jonker and Fisher 2018, Jonker et al 2019). Year on year, the professions who have the most contact with and are trusted by patients and the public (Ipsos Veracity Index 2023) – nurses and midwives – have had limited opportunity to influence the research culture in their organisations.

The 70@70 programme was set up to give nurses and midwives the opportunity to help shape the research culture within their organisations and at a national level. Evaluation of the 70@70 programme showed that Senior Nurse and Midwife Research Leaders can play a key role, at an organisational level and beyond, in the health and wealth aspirations of the NIHR. Initiatives led by SNMRLs increased the support, delivery and leadership of research by nurses and midwives across different parts of the health and care delivery system.

Building on the success of the 70@70 programme NIHR's new Senior Research Leader (SRL) Programme for Nurses and Midwives launched in April 2023. This 3 year programme aims to further develop the research leadership skills of senior nurses and midwives involved in research. The programme will empower individuals to further increase research capacity and capability at a local, regional and national level and to support their development as a future research leader.

In this session, we will hear from the Interim programme director, Dr. Roxanne Crosby-Nwaobi and a current SRL, Fiona Yelnoorkar. Roxanne will give an overview of the programme and Fiona will present on her experience of the programme thus far and hopes for the future.

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Lead presenter biography

Dr. Roxanne Crosby-Nwaobi

Roxanne is a clinical academic ophthalmic nurse, an honorary Associate Professor at University College London Institute of Ophthalmology, a NIHR Clinical Lecturer and the interim Programme Director for the NIHR Senior Research Leader programme. In November 2023, she was awarded the RCN Researcher of the year. She was listed as one of 75 faces of nursing research for the NHS 75th birthday celebrations by the NHS England’s CNOs research team. She recently won the Nursing Times Technology Innovation Competition for Digital Practice of the Future and an international award for Advocacy in Eyes and Vision research.

Paper 2: The National Institute for Health Research Principal Investigator Pipeline Programme (PIPP)- A programme for research nurses and midwives

Abstract ID 296

Authors

Mr. Karl Ward (Leeds Research and Innovation Academy)

Abstract

There are defined training and development pathways for healthcare professionals who wish to pursue clinical academic careers, this is not the case for Clinical Research Nurses & Midwives (CRN/M). National strategy for research highlights the importance of nurses and being involved in research. Whilst the NIHR offers the Associate Principal Investigator (PI) scheme, CRM/N’s are not eligible for this. Therefore, the PIPP was developed to support the development of CRN/M’s who are ideally placed to lead research. A national steering committee was established to oversee the development of the programme. The

educational content of the programme was based on previously developed materials. The course comprises modularised, interactive sessions covering the key aspects of the role in context as well as practical experience of undertaking the PI role. The PIPP programme was piloted and evaluated nationally in 2023 in which virtual sessions were delivered to 29 learners. 41% of which had 5 years' experience or more and 14% had worked in clinical research for up to 12 months. Qualitative & quantitative feedback highlighted the value of the PIPP. This programme has now been launched nationally via the NIHR.

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2. Ward, K, 2023. NIHR Nursing & MidwiferyPrincipal Investigator Pilot Programme (PIPP)- Element 1 Pilot Evaluation report

Lead presenter biography

Karl Ward

Karl is currently the Lead Nurse for Research and Innovation Education at Leeds Teaching Hospitals NHS Trust. Here he has successfully led the development of the Leeds R & I Academy which provides dedicated, specialist training for those supporting and working in research or areas/organisations wishing to develop & embed research He is also a NIHR Senior Research Leader supporting the development research capacity and capability with Nurses and Midwives. He is also a member of national working groups relating to research education, training and workforce development including the RCN subcommittee for CRNs.

Symposium 4.1: Research in community settings: underserved population groups and underrepresented nurses and midwives

Wednesday, 11th September - 15:05

Overview

Showcasing research projects that address research inclusivity in under-served populations are at the heart of this symposium. Community based nurses are also under-represented within clinical research nursing and as nurse researchers; these papers consider this from a community-based perspective and with an emphasis on specialist community public health nurses, research ambitions. The symposium brings together three interlinking papers: *i)* findings from a NIHR Nursing & Midwifery research study identifying the features for successful research-related roles in community settings. Research capacity and capability building principles framed this study and the *ii)* case study example, which showcases the 0-19 Research Network and champion programme in Yorkshire & Humber. The case study formed the basis of a *iii)* two-year evaluation led by the iHV (Institute of Health Visiting) and Leeds Beckett University. The learning from these papers have implications for practice nationally and internationally, findings are transferable and scalable.

Paper 1: The RISE study (Research In community SEttings): a NIHR Nursing & Midwifery project

Abstract ID 392

Authors

Ms. Louise Wolstenholme (Sheffield Children's NHS Foundation Trust)

Abstract

Background: ‘Best research for best health’[1] outlines strategic focus areas of building capacity and capability in preventative, public health and social care research and also bringing research to underserved regions and population groups. Viewing this alongside England’s Chief Nurses ambition to ‘create a people-centred research environment that empowers nurses to lead, participate in, and deliver research’[2] the NIHR Nursing & Midwifery office created the RISE project ‘Research In Community Settings’ recognising a national and international relevance to this topic.

Aim: To identify features of successful research-related roles for nurses and midwives in community, public health, primary care and social care settings.

Methods: Stage one: a nationally distributed survey (December 2022-January 2023) to identify successful research engagement initiatives and potential interview participants for stage two. Semi-structured online interviews undertaken May-July 2023 identified features for success. The seven principles of the RCDi: research capacity development for impact framework[3] framed interview questions and the framework analysis approach utilised[4].

Results: 64 responses resulted in 34 (53%) relevant examples. A ‘productive practice’ definition was created identifying high, medium and low relevance. 20 responses were high category and invited to interview, 19 participated. All seven RCDi principles were identified as important for successful research-related roles; a novel theme around ‘trust and relationships’ emerged. The data yielded examples of specific features that related to each of the principles.

Conclusions: In planning change to enable research-related roles in community setting three phases are outlined: *initiation, continued growth, ambition continuum.* Within the initiation phase the principles of skills and confidence building, establishing infrastructures and creating research leadership matter. Followed by a phase of continuing growth through extending linkages and collaborations, to an ambition phase of dissemination, enabling research ownership and responsibilities and working towards co-production. An additional theme requiring further exploration is the importance of trust and relationships, across these three phases.

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Lead presenter biography

Louise Wolstenholme

Louise is the 0-19 Research Lead at Sheffield Children's NHS Foundation Trust, she is an experienced health visitor and practice educator. She has an interest in building research capacity in community-based nursing, with a specific focus on public health research for the benefit of babies, children, young people and families. Louise undertook a secondment as a Clinical Fellow to the NIHR Nursing & Midwifery office where she led on the RISE (Research In community SEttings) project which aimed to identify the factors that enable successful research related initiatives for nurses and midwives in community settings.

Paper 2: The 0-19 Research Network: A two-year project to develop research capacity and capability of Specialist Community Public Health Nurses in Yorkshire and Humber

Abstract ID 400

Authors

Mrs. Tracey Long (Nursing and Midwifery Children's Care Group, Rotherham Doncaster and South Humber NHS Foundation Trust, Mrs. Lisa Manlove (Sheffield Childrens NHS Foundation Trust). Ms. Sinead Coleman (Leeds Beckett University)

Abstract

England's Chief Nurse launched a strategic plan for research, one of the five themes underpinning the vision was 'aligning nurse-led research with public need'[1]. Health Visitors and School Nurses deliver within 0-19 Services and their population group (babies, children, young people & families) are underrepresented within public health research. Also nurses in community settings cannot always see what a route into research looks like. This has relevance at a national and international level. Considering this and a 'Best research for best health' strategic focus 'to strengthen careers for research delivery staff and under-represented disciplines and specialisms', the 0-19 Research Network undertook an ambitious LCRN funded project (March 2022-March 2024).

With a membership base of 200 practitioners and researchers, within Yorkshire and Humber, the Network created two core aims:

1. To support and increase the participation and recruitment of children and families in public health research, with a focus on those underserved populations (delivery)

2. To increase research engagement and capacity of public health professionals working with the 0-19 age group (capacity building).

Originally established in 2013 the Network has been guided by 'close to practice approaches'[2] and more recently the principles of the RCDi: research capacity development for impact framework[3]. Bearing this and the core aims in mind, the new project devised objectives to build research capacity and capability:

1.Create 0-19 Research Champions to establish local Communities of Research Practice

2.Facilitate regional events creating networking opportunities

3.Engage with regional Higher Education Institutes

4.Develop a sustainable prototype model based on an evaluation of the Network

5.Develop web presence to increase visibility and dissemination

6.Develop a project planning group

This paper will demonstrate how a Network led by practice, is developing a culture of research and research infrastructure and making a difference in the world of public health nursing and how that learning can be shared nationally and beyond.

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Lead presenter biography

Tracey Long

Tracey is invested in research; values close to practice research undertaken by clinicians and strives to support learners and practitioners interested in research. During extensive, Health Visiting experience, Tracey supported practitioners through Communities of Practice, established initially for newly qualified health visitors during preceptorship.

The remit of her role is to build research capacity and capability. This includes co-leading/facilitating the Yorkshire and Humber 0-19 Research Network (research network for Health Visiting and School Nurses) and the Children's Care Group, Community of Research Practice, alongside other local, regional, and national priorities. Tracey's PhD is exploring transition to adoptive parenthood.

Paper 3: Evaluation of a 0-19 Research Network and a champion programme

Abstract ID 435

Authors

Ms. Gill Kelly, (Leeds Beckett University), Ms. Vicky Gilroy (Institute of Health Visiting)

Abstract

A key component of a regionally funded LCRN project was the mixed methods evaluation that would enable shared learning around Network and champion programmes, at a national and international level.

Between 2022 and 2024, the project involved the design and delivery of research network activity, research events and a programme to support individual practitioners to develop as 0-19 Research Champions, taking a lead role in establishing and developing a Community of Research Practice (CoRP) in their 0-19 (health visiting and school nursing) service. To help consider the most appropriate methods for evaluating the project, a logic model[1] was developed to plan the work around three interlocking phases; ethical approval was granted by Leeds Beckett University (ref: 102422).

Phase 1 involved the initial design, scoping and baseline data collection. Survey questionnaires were sent to members of the 0-19 Research Network, seeking to understand the range of professional representation in the network membership; the survey was designed to explore their knowledge of, and participation in research within their health visiting and school nursing practice. 0-19 Service Leads were also targeted to maximise knowledge and understanding of this as a focussed skillset within the 0-19 workforce.

During phase 2, the evaluation method focussed on data collection and the deliverable elements of the project, involving feedback from face-to-face network events which sought to engage with network participants and subsequently, Research Champions, to explore the development of knowledge, competence, and capability during the project[2]. This data was then triangulated using semi-structured interviews and a final focus group with the Research Champions.

Phase 3 involved thematic analysis of data and final reporting stage.

The evaluation highlighted that the network successfully supports research engagement and research capacity. The project delivered a successful outcome of trained Research Champions and the establishment of six new Communities of Research Practice; all champions reported increased confidence and skills in research.

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Lead presenter biography

Gill Kelly

Gill is an experienced public health practitioner and Health Visitor. With an early career researcher profile in her academic role, she contributes to increasing research capability as an MSc supervisor and building research capacity as a member of the 0-19 Research Network project team. She has an interest in the unique contribution of the health visitor to whole systems approaches in public health, and her research collaborations include the Obesity Institute (Leeds Beckett University) and the Institute of Health Visiting (iHV). Gill's doctoral research aims to explore health visitor experiences of transitions in public health practice, using professional narratives.

Symposium 5.1: School nursing: a solution focused response to the current escalating child health crisis

Thursday, 12th September - 09:10

Overview

School nurses (SN) play a crucial role in promoting the health of children and young people. With widening health inequalities and increases in prevalence of illness and mental health problems, the SN is essential. This panel showcases research evidencing the vital role of the SN. Starting with key messages from a study with SNs during the pandemic to capture the creative and responsive practice to emergent need during, and beyond, the pandemic; the development of two resources identified as needed by SN in this study will then be presented: a new modes of practice teaching tool, and a restorative reflective resource. The panel concludes with an overview of findings from the inaugural national School and Public Health Nurses survey; and developments from the School and Public Health Nurses Association, Queen’s Nursing Institute and College of Medicine’s joint evidence-based proposition on the impact of SN in improving school aged children’s health.

Paper1: Key findings from the inaugural School and Public Health Nurses’ Association (SAPHNA) ‘School nursing: where are we now?’ Survey Report 2024

Abstract ID 358

Authors

Ms. Sallyann Sutton (School and Public Health Nurses Association)

Abstract

The final section will present key findings from the inaugural School and Public Health Nurses’ Association (SAPHNA) ‘School nursing: where are we now?’ Survey Report 2024 and developments from the SAPHNA, Queen’s Nursing Institute, and College of Medicine’s joint evidence-based proposition on the impact of school nursing in improving school aged children’s health.

The key findings from this first UK wide survey of school nursing teams undertaken by SAPHNA, will give a picture of school nursing in the UK from a practitioner intelligence perspective. This will include an overview of: what school nurses are doing, what services they are providing, the innovative approaches undertaken to delivery, and also the challenges in practice.

There were just under 300 responses from across all four UK countries to the survey. The data is currently being analysed in partnership with Oxford Brookes University and prepared into a report which will be available to delegates of the RCN research conference. Early findings highlight the dramatic increase in health challenges for children and young people, and how the school nurse is key to supporting children and families across emotional, physical and social issues.

The presentation will link the key messages from the survey to how this evidence is being used to underpin policy and partnership work. The work of the joint evidence based proposition between SAPHNA, the QNI and the College of Medicine will be presented. Links will be made between the growing evidence based surrounding the school nurse role, and the need for the school nurse role for optimising children and young people's health and well-being. The survey evidence, and wider evidence relating to the role of the school nurse will be presented will be discussed in relation to parliamentary lobbying to embed the role of the school nurse, and specific remits within this role, into policy.

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Sutton, S. and White, S., 2024. The role of the school nurse in the UK: where are we now?. *Paediatrics and Child Health*.

White, S., 2021. How will you raise your school nursing roar?. *British Journal of Child Health*, *2*(3), pp.153-154.

Lead presenter biography

Sallyann Sutton

I have worked in school nursing for almost 32 years, qualifying as a SCPHN in 2003. I have been part of the SAPHNA committee for several years and was appointed to the role of Professional Officer in February 2023. I am proud to hold the title of Queen's Nurse. I hold a MSC in Child and Family Mental Health in 2009 and a PGD in Public Mental Health and worked in a Primary Mental Health team developing pathway across School Nursing Services and CAMHS. I hold the Elizabeth Garrett Anderson NHS Senior Healthcare Leadership Award and MSc in Healthcare Leadership.

Paper 2: Developing training and restorative resources to support student and practicing school nurses

Abstract ID 357

Authors

Dr. Georgia Cook (Oxford Brookes University)

Abstract

The second presentation will detail two resources under development in response to needs identified by SNs in the original School Nursing in the Time of Covid study.

The first is the co-production of training materials with and for School and Public Health Nursing (SCPHN) students, focused around the practice modes available to work with children and young people. These will comprise self-contained materials and practical activities to encourage critical reflective practice in a format that can be provided to SCPHN educators nationwide to implement with their cohorts.
These training materials will equip school nurses to deploy a range of different modes of practice to engage with, assess, and support children and young people in a post-pandemic landscape with increased public health needs.

The second is to develop a restorative reflective resource for SN. This resource, offers guidance through a restorative process for SN teams who have been exposed to emotional stress and trauma, focusing on the impact of practicing both during and in a post Covid landscape. There is a need to 'pause and reflect', acknowledging the impact on school health teams and consider the way forward in a climate that

continues to evolve and challenge. These resources will be available online and can be used as part of regular team clinical supervision, or self-directed as part of the reflective exercise for nurse revalidation.

Both resources are being co-produced - school nurses and organisations that represent school nurses (the Community Practitioner and Health Visitor Association - CPHVA, and the School and Public Health Nurses Association - SAPHNA) are involved in the design and content.

We anticipate presenting early findings from the evaluation stage of both resources, before national launch.

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Lead presenter biography

@GeorgiaC_sleep

Georgia is a Research Fellow at Oxford Brookes University. Her research interests focus around work with children and families, and has expertise in both quantitative and qualitative methodologies. She has experience across a range of research projects including a multisite randomised control trial, looking to improve sleep and quality of life in children with epilepsy (and their families); and evaluation work, for example the efficacy of a scheme designed to reduce risk of violence in young people. She has conducted work with healthcare professionals to explore their experiences and perspectives and to develop practical tools to benefit their professional practice.

Paper 3: School Nursing in the Time of Covid: a mixed methods study

Abstract ID 356

Authors

Dr. Sarah Bekaert (Oxford Brookes University)

Abstract

COVID-19 had unprecedented effects on children's health and wellbeing. During the pandemic, school nurses across the world swiftly adapted their practice, demonstrating flexibility and creativity to mitigate negative health outcomes for children. However, COVID-19-related restrictions meant that they faced significant challenges in accessing and supporting children.

This presentation will showcase the findings of two phases of research: an e-survey of SNs across

England and Wales to identify innovative practice in front-line SN work with vulnerable children and young people; and a qualitative study to examine SN's views about new practices used with vulnerable children and young people, and work with partner agencies.

A cross-sectional survey was administered to school nurses across the United Kingdom. Quantitative data were analysed descriptively. Qualitative data (free-text responses to open-ended questions) were analysed using reflexive thematic analysis. Seventy-eight participant responses were included in the analysis. In the qualitative study A purposive
sample of 20 school nurses participated across ten virtual focus groups and one-to-one interviews. Data were analysed using reflexive thematic analysis.

Findings show swift adaptation of practice; increased challenges in accessing, supporting and representing children and families; benefits for multidisciplinary working; reduced opportunity for preventative work, resulting in more complex issues later on; variability in SNs reporting of the usefulness of different methods used to engage with children and their families - with concerns about an increasing reliance on virtual platforms for service provision.

Recommendations: considered use of virtual modes to enhance rather than replace in-person practice, building a robust evidence base that can inform future commissioning, clear guidance regarding the boundaries of school nursing practice in the context of increasing workloads, investing in the school nurse workforce going forwards.

The following specific needs for SN were identified: to explore new practices that have been beneficial and how these be could be continued post-pandemic, and for restorative work with the SN workforce.

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Bekaert, S., Sammut, D., Appleton, J.V., Taylor, J., Harrold, T. and Cook, G., 2023. Learning from school nursing practices and new ways of working during the COVID-19 pandemic: A qualitative study. *British Journal of Child Health*, *4*(2), pp.71-77.

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Cook, G., Appleton, JV., Bekaert, S., Harrold, T., Taylor, J. and Sammut, D., 2023. School nursing: New ways of working with children and young people during the Covid-19 pandemic: A scoping review. *Journal of Advanced Nursing*, *79*(2), pp.471-501.

Lead presenter biography

Sarah Bekaert

Sarah is a senior lecturer in child health at Oxford Brookes University, UK. She is a children's nurse with experience in school nursing, child protection, and sexual health. Her research focuses on public health issues related to teenagers. These include teenage pregnancy and parenting, intimate partner violence in teen relationships, interpersonal violence. She is currently working with Thames Valley Police on public health approaches to tackle violent crime, specifically focusing on early intervention in childhood and the teen years. She is Reviews Editor for the British Journal of Child Health and Affiliate Lecturer at Kristianstad University, Sweden.

Symposium 6.1: The role of researchers in global health and social care for older people

Thursday, 12th September - 11:00

Overview

The panel will consist of two linked presentations. The panel will consist of two linked presentations. They will be made by Peter Lloyd-Sherlock (Department of Nursing, Midwifery and Health, Northumbria University) will introduce and provide and over-arching summary from colleagues in sub-Saharan Africa and Thailand, and a presentation from nurse researcher Dr. Larissa Pedreira based in Brazil.

Nurse researchers must be permitted to play a key role in health research, but do not always receive appropriate opportunities or recognition, especially in low and middle-income countries. The papers will review the current status of nurse-led research with particular reference to community-based health and care for older people in their respective countries. Each of these countries is seeing accelerated population ageing, creating new challenges for health systems at all levels.

Each paper will identify key areas of contribution, actual and potential, and key effects that facilitate or hinder their full participation. Together, the panel will seek to identify key strategies to strengthen future opportunities.

Paper 1: Nurse researchers in health and care for older people in Thailand, Cape Verde and other developing countries.

Presented by Peter Lloyd-Sherlock, Department of Nursing, Midwifery and Health, Northumbria University.

Paper 2: The role of nurse researchers in global health and care for older people

Abstract ID 531

Authors

Dr. Larissa Pedreira (School of Nursing, Federal University of Bahia), Dr. Tânia Maris Oliva Menezes (School of Nursing, Federal University of Bahia), Dr. Juliana Bezerra do Amaral (School of Nursing, Federal University of Bahia), Dr. Adriana Valéria Freitas (School of Nursing, Federal University of Bahia), Dr. Roberta Pereira Góes (School of Nursing, Federal University of Bahia), Mrs. Lélia Sobrinho (School of Nursing, Federal University of Bahia), Dr. Valdenir Almeida da Silva (School of Nursing, Federal University of Bahia)., Mr. Jeferson Moreira dos Santos (School of Nursing, Federal University of Bahia), Dr. Peter Lloyd-Sherlock (United Kingdom)

Abstract

I will discuss the development and research activities of the Centre for Research on Older People (NESPI), which is based in the School of Nursing at the Federal University of Bahia, Brazil. NESPI was established in 1973 and is the oldest research centre specialising in the health of older people in Brazil.

The need for good nurse-led research about older people is very urgent. Between 2015 and 2050, the share of the Brazilian population aged 70 or over will approximately triple, from 5.1 to 16.4 percent.

Older people in Brazil typically have higher levels of health and care needs compared to people of similar ages in rich countries. This represents a major challenge for our healthcare systems and nurses are key figures in responding.

NESPI's doctoral programme began in 2006, and it has trained more than 130 doctoral nurses. Key areas of research include transitional and home care interventions, nursing homes and end-of-life care for older people.

NESPI is an exceptional example in Brazil, where there are few postgraduate courses for nurses, in all areas, including elderly health. Furthermore, there are numerous social barriers to nurses' participation in research in Brazil, including gender effects. I will analyse these barriers, and identify the main paths to follow, based on the experiences of NESPI, as well as insights from Brazil's National Association of Gerontological Nursing.

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Chapter 4: Conference abstracts

1.2 Children and Young People

Co-creating a digital risk mitigation pathway for children and young people (CYP) in mental health crisis admitted to acute paediatric care: A mixed methods study.

Tuesday, 10th September - 11:05: 1.2 Children and Young People - Oral - Abstract ID: 380

Prof. Joseph C. Manning (University of Leicester/ Nottingham Children's Hospital, Nottingham University Hospitals NHS Trust), Dr. Takawira Marufu (Nottingham Childrens Hospital, Nottingham University Hospitals NHS Trust), Dr. Aikaterina Kaltsa (Nottingham Childrens Hospital, Nottingham University Hospitals NHS Trust), Dr. Tim Carter (The University of Nottingham), Dr. Zaki Albelbisi (Nottingham Childrens Hospital, Nottingham University Hospital), Dr. Sarah Bolton (Nottingham University Hospitals NHS trust), Prof. Philip Breedon (Nottingham Trent University), Dr. Michael P. Craven (MindTech Medtech Cooperative, University of Nottingham), Ms. Kate Frost (Nottingham University Hospitals NHS trust), Mr. Anthony Harbottle (Nottingham University Hospitals NHS trust), Ms. Elizabeth Hendron (Nottingham University Hospitals NHS trust), Mr. Julian Patel (Health Innovation East Midlands), Mrs. Laura Rad (Alder Hey Children's NHS FT), Mr. Peter White (Alder Hey Children's NHS FT), Dr. Damian Wood (Nottingham Childrens Hospital, Nottingham University Hospitals NHS Trust), Ms. Kelly-Marie Prentice (Health Innovation East Midlands), Mr. Callum Stevenson (Nottingham University Hospitals NHS trust), Ms. Pavan Landa (Nottingham University Hospitals NHS trust), Prof. Jane Coad (University of Nottingham)

Abstract

Background: Currently in the NHS there are no standardised, evidence-based pathways, to mitigate harm or improve safety, being used in acute paediatric care with Children and Young People (CYP) experiencing mental health crisis [1].

Aim: To develop a prototype digital risk mitigation pathway for use with CYP in mental health crisis admitted to acute paediatric NHS settings.

Methods: A mixed methods approach was used consisting of three phases [2].

1: A systematic review of published literature, interviews with eight Health Care Professionals (HCPs) and five CYP.

A prioritisation workshop with six HCPs and one CYP attending followed by using the Nominal Group Technique (NGT), a quantitative design, to prioritise the identified mitigation strategies.

2: A collective case-study included three acute paediatric care NHS hospitals. A survey, interviews, and focus groups (29 participants) were conducted.

3: An Experience-Based Co-Design (EBCD) approach was used in four workshops (23 participants) focusing on platform, and interoperability; system interface, and escalation; aesthetics and interface; and acceptability.

All interviews were audio recorded, transcribed and thematically analysed using NVivo software. Full ethical approval was received (HRA REC ref: 22/WM/0167; 22/SC/0237). Funded by NIHR i4i Scheme: NIHR203880

Results: Of the twenty-six risk mitigation strategies, 16 strategies gained consensus to inform the content of the digital prototype.

Cross-case analysis identified huge variations concerning digital infrastructure and readiness to implement new digital technologies with recommendations for platform, interoperability, and implementation plan.

EBCD workshops culminated in development of a NHS Global Digital Exemplar, which was operationalised in one of the organisations to demonstrate proof of concept and translatability into NHS.

Discussion: This study co-created with stakeholders an evidence-based prototype digital risk mitigation pathway and implementation guidance, aimed at improving safety of CYP admitted to acute paediatric care in mental-health crisis.

Conclusions: A prototype and blueprint for a digital risk mitigation pathway was created which requires onward feasibility and effectiveness testing.

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Lead Presenter Biography

Joseph is a Clinical-Academic Children's Nurse with a strong national/international profile within the fields of nursing, paediatric critical care, and clinical-academic capacity/capability development. He is the Professor of Nursing and Child Health at the University of Leicester and Nottingham University Hospitals NHS Trust, working in clinical, research and senior leadership capacities. He leads a programme of research with a mission to improve the experiences, outcomes and lives of children, young people and their families that access acute care. His contribution and leadership to nursing has been recognised by a CNO Gold Award (2020) and an MBE (2021).

A Cross-sectional Study of Parents' Knowledge, Attitude, and Health-Seeking Behavior Towards Childhood Tuberculosis During COVID-19 Pandemic: Lessons Learned from Indonesia

Tuesday, 10th September - 11:35: 1.2 Children and Young People - Oral - Abstract ID: 418

Dr. Windy Rakhmawati (Faculty of Nursing Universitas Padjadjaran), Prof. Suryani Suryani (Faculty of Nursing Universitas Padjadjaran), Mrs. Sri Hendrawati (Faculty of Nursing Universitas Padjadjaran), Mrs. Nenden Nur Asriyani Maryam (Faculty of Nursing Universitas Padjadjaran)

Abstract

Background: Tuberculosis (TB) is one of the leading causes of death in the world. Fear of COVID-19 has made people reluctant to visit health facilities, which in turn increases household transmission and delays diagnosis and treatment. These situations lead to disruptions to childhood TB control programs.

Aims: to describe parents' knowledge, attitudes, and health-seeking behavior towards childhood TB during the COVID-19 pandemic.

Methods: This cross-sectional study was performed on 392 parents with TB children in Indonesia. This study was conducted during February-December 2022. The inclusion criteria of respondents were parents with a child aged 0-14 years old with a TB diagnosis. Data were collected using the Knowledge, Attitude, and Practice (KAP) survey guidelines from the World Health Organization and analyzed using descriptive statistics. Multiple responses were considered during the analysis of attitude. Chi-square and Spearman correlation were used to assess statistical significance.

Results: 51.8% of parents showed poor overall knowledge. Concerning health-seeking behavior, most parents did self-medication/self-treatment (86.2%), and a few parents did traditional health-seeking behavior (4.8%) and modern health-seeking behavior (8.9%). For attitude, 85.1% of parents perceived TB as a very serious disease. 60.2% of parents would be shocked and 46.2% afraid if their child had TB. There were no significant differences in the level of knowledge and health-seeking behavior scores between the different ages, educational backgrounds, occupations, and incomes. However, a significant correlation was found between knowledge and parents' health-seeking behavior (p=.609).

Conclusions: The findings identified the issues in knowledge, attitude, and health-seeking behavior related to TB in children during the pandemic that may impact childhood TB control. Therefore, it is essential to improve the role of nurses in providing and optimizing health education and early prevention related to TB in children during a pandemic or similar situations. However, the strategies for delivering the gap in care during the pandemic also should be considered such as using telehealth.

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Lead Presenter Biography

I was graduated from Bachelor of Nursing, Universitas Padjadjaran Indonesia in 1999, Master of Nursing from University of Indonesia in 2007, and doctoral degree from Prince of Songkla University-Thailand in 2019. Currently, I am an Associate Professor at Pediatric Nursing Department, Faculty of Nursing, Universitas Padjadjaran, Indonesia. Moreover, I am also as a Vice Dean for academic, research, and Student affairs at my Faculty. My research interest focus on child health and tuberculosis. H-index = 6 in Scopus

1.3 Leadership & Management

The existence of ‘Nursism’ as a prejudicial contextual factor in determining successful executive nurse leadership in acute provider hospitals in the English NHS.

Tuesday, 10th September - 11:05: 1.3 Leadership & Management - Oral - Abstract ID: 510

Dr. Sally Bassett (Oxofrd Brookes Unversity)

Abstract

Presenting the explanation of the potential of cultural forces to influence the board leadership of Executive Nurses who hold complex roles pivotal in securing high-quality patient care. Understanding the cultural context of nurse leadership sheds light on the leadership for nurses at all levels.

The study aim was to examine the perception of successful executive nurse leadership from the perspective of executive nurses, chief executive officers, medical directors, and senior health leaders and explain the potential forces that contribute to successful leadership.

A critical realist narrative design was used to understand and explain executive nurse leadership practice; 19 semi-structured interviews were conducted. Snowballing through ‘super recruiters’ formed a sample reflective of the board demographic. Using critical realist and narrative thematic analysis a narrative for each participant group was recreated. A meta-narrative was created describing the experience of successful executive nurse leadership and potential explanations of how it is experienced both by executive nurses and those with whom they share the boardroom.

Executive nurses’ leadership experience can be characterised by leading relationally, necessary to navigate the influences of the cultural context in which they lead. The context and approach are influenced by board member’s unconscious bias and prejudiced perceptions of nurses and nursing. A dominating focus on delivering government policy and targets create an invisible cultural clash between a managerial and a safe compassionate nursing agenda that has been framed as the concept of ‘nurs-ism’.

Pertinent for all nurses to understand how the cultural context can influence the perception of nurse leadership. The existence of nurs-ism suggests that nursing does not speak for itself, in contrast to the more authoritative social status of medics and medicine. Executive nurses must establish themselves as credible individuals to be seen as a leader with influence.

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Lead Presenter Biography

Sally is a Senior Lecturer and subject coordinator at Oxford Brookes University, her thesis Perspectives and explanation of successful executive nurse leadership on English NHS Trust Boards was submitted for examination for the Professional Doctorate in Nursing in January 2024.

Sally's senior career has involved working in clinical effectiveness, governance, policy, and as a director of nursing. As a nurse advisor at the DoH, she led the development and implementation of the community matron policy. As a director in the Forensics Practice at PwC professional services, she was involved in the review of Mid-Staffordshire, Winterbourne View, and the Keogh Reviews.

Explore and evaluate band 5 nurses' flexible leadership development and practice

Tuesday, 10th September - 11:35: 1.3 Leadership & Management - Oral - Abstract ID: 14

Dr. Tony Conner (northumnbria)

Abstract

Explore and evaluate band 5 nurses' flexible leadership development and practice.

Background

Leadership is often viewed as pertaining to nurses in high level roles and may overlook the importance of attending to the potential and needs of those in 'lower' or entry level positions (e.g. UK band 5). Those 'lower level' nurses may be future leaders and understanding their needs and wishes is crucial.

Aims:

1. To explore band 5 nurses' experiences and views of leadership.
2. To generate an understanding of how and why these experiences and views occur.
3. To explore whether emerging insights can inform future band 5 leadership development in a flexible framework of development.

Method

A qualitative methodology was adopted using semi-structured interviews to collect data was used a thematic analysis approach was used to analyse data. Sample size n=18

Results

Findings informed the generation of the 'Leader 5' framework – a leadership development framework for band 5 nurses. The framework comprises of 5 key requirements: a standardised, accessible definition of leadership; access to/availability of band 5 nurse leadership education programmes/courses; support and supervision in practice; a supportive organisational infrastructure and culture; career pathways for band 5 nurses, this framework can be used to deliver flexible development for the band 5 and third year student nurse registration.

Discussion/Conclusion

This study discovered there is a need to support band 5's or indeed 3rd year students in a meaningful way, providing support, education, and a practice-based approach supported by mentors to leadership development.

Conclusion

Promoting leadership development for band 5 nurses is pivotal for safe care delivery, there needs to be a change in the way we think of developing leadership in junior grades of nurses.

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Lead Presenter Biography

Dr Tony Conner has many years of experience within clinical practice focusing mainly on critical care, he has also held the role of a clinical matron within a very busy medical division. Tony moved into higher education in 2009 as a senior lecturer gaining experience in nurse education and transcultural education. Tony is a programme leader for an undergraduate BSc (Hons) Nursing Degree within the Malta Collage of Arts and

Technology (MCAST) (Malta). Tony is an assistant professor teaching on undergraduate and post graduate programmes.

Experience by healthcare staff in a rural area of England of racist abuse

Tuesday, 10th September - 12:05: 1.3 Leadership & Management - Oral - Abstract ID: 498

Dr. David Matheson (University of Wolverhampton), Dr. Catherine Matheson-Monnet (University of Wolverhampton)

Abstract

Background

Racism within the NHS has been described as endemic[1 2]; racist behaviour has long been the experience of many healthcare workers, both indigenous and immigrant.[3-5] However, studies and reports about racism can lack granularity about sub-categories within White and non-White groups which can shed light on the complexity and multi-dimensionality of the racism experienced or observed within healthcare.

Aim

To gain a deeper understanding of the extent of racism and of experiences of racism experienced by healthcare staff of perceived non-English heritage in NHS settings in rural England.

Method

A co-creation process[6] was undertaken with representatives of relevant stakeholder organisations to agree the aims and objectives and develop the scope, methodology and design of the study.

An anonymous (qualitative and quantitative) survey was cascaded to all healthcare staff in the area with a link for respondents to volunteer for interview. Data were collected October 2021 to June 2022.

Results

177 questionnaires returned; 22 interviews conducted. Further 8 interviews with members of stakeholder groups.

69.2% of White and 77.2% of non-White respondents observed racism directed at others in the previous year; 23.7% of White and 75.9% of Non-White respondents experienced racism directed at them in the previous year.

Discussion

Some respondents reported racist behaviour and no action followed, or where retribution was exerted (including a White British respondent who had repeatedly escalated a complaint of racism against minority ethnic groups). Gaslighting was stated or implied in several interviews and free-text comments as being used to silence reporting of racist behaviour. All this builds to a reticence or fear at reporting racist behaviours.

Conclusion

Racism in the workplace has become more indirect and more subtle over time, but the impact is as damaging. However, members of staff largely still tend to do nothing about it, not even addressing is

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Lead Presenter Biography

David runs the Professional Doctorate in Health and Wellbeing as well as being responsible for diverse aspects of the PhD programme in health. He leads the Budding and Emergent Researchers Group at the University as well as a research cluster devoted to Understanding Lived Experience of Health, Illness and Healthcare by patients and professionals (including students). This has produced the present work on the experience of racist abuse and work on the lived experience of prostate cancer patients. Further details at https://researchers.wlv.ac.uk/d.matheson

1.4 Under-represented groups (including BAME)

A retrospective, phenomenological study examining how care experience influences diet and eating practices

Tuesday, 10th September - 11:05: 1.4 Under-represented groups (including BAME) - Oral - Abstract ID: 25

Mrs. Sarah Greenshields (Northumbria University)

Abstract

Children and young people in care as well as their care experienced adult counter parts are considered one of the most disadvantaged groups in our society (Murray et al., 2020). They are also an underrepresented group in research globally (Caldwell, McConvery & Colins, 2019). In the literature available at the time of this study there is a silence regarding care experienced adults and their eating practices during their time in care. Research has suggested a connection between care experience and issues surrounding diet and eating practices (Rose, Kelly & Ogden, 2016).

Aim

The aim of the study was to explore the lived experiences of adults over 18years who have been in the care system about diet and eating practices during their time in care.

Methodology and methods

This is a qualitative study, using descriptive phenomenology based on Husserlian principles. The method chosen was two semi structured interviews with eight care experienced adults. This data was then analysed using Giorgi's method of thematic analysis.

Findings

The findings acknowledge the ongoing impact of the trauma experienced by these individuals. Participants felt that trauma impacted everything, including their relationship with diet and eating practices.

Participants highlighted protective food factors. This incorporates the relationships and experiences which the participants felt had protected them from further harm in relation to their eating practices.

Two key themes were constructed explicitly from the participants time within care settings, 'not my home' and 'food as an opportunity'. These are contrasting themes but show the different feelings, events and relationships living in the care system. The final theme was feeling unprepared for adult life.

Implication for practice

The participants in this study were clear that things needed to be improved as this foundational aspect of life is shaped and influenced by care experience. This research has recommendations for research and practice.

Lead Presenter Biography

I qualified as a Children's Nurse in 2005. I worked on an acute ward and in the community before completing my master's in public health nursing in 2017. Throughout my nursing journey I established and maintained a passion for working with children in care and their families. I also had a keen interest in the public health of our nation's children and young people with my master's research considering obesity in young people. My current role in pre-registration nurse education and specialist community public health nursing has allowed me the opportunity to research the connectivity of these two interests.

Qualitative Perspectives on the Early Identification of pressure ulcers in People with Dark Skin Tones

Tuesday, 10th September - 11:35: 1.4 Under-represented groups (including BAME) - Oral - Abstract ID: 39

Dr. Neesha Oozageer Gunowa (University of Surrey), Dr. Kwame Adomako Oti (University of Surrey), Prof. Debra Jackson (The University of Sydney)

Abstract

Background: For more than 50 years, pressure ulcer risk management has been at the forefront of nursing care delivery due to the impact on patient's physical and mental well-being, as well as the financial consequences for organisations (Jackson et al., 2018; Oozageer Gunowa et al, 2018). To the best of our knowledge, there has been no study exploring the perspectives of populations with dark skin tones or their unpaid carers who have developed pressure damage.

Aim: To examine the personal experiences of people with dark skin tones, from the perspective of patients and/or their carers.

Methods: Qualitative research methods were appropriate to address the aim of the study. After gaining University Research Ethics (FHMS 22-23 239 EGA) recruitment took place via social media and data collection comprised of virtual semi-structured interviews. Interviews took place between November 2023 and January 2024.

Results: Thematic analysis of the interviews revealed five main themes: i) Indicators of pressure injury, ii) lived symptoms of pressure damage, iii) perceptions regarding race and ethnicity, iv) Trust in Healthcare workers and v) Improving care for populations with dark skin tones.

Discussion: Our findings highlight that listening to patients' reports and observations of skin colour changes, no matter how subtle, can lead to the early recognition of pressure damage and the prompt initiation of prevention strategies. Aligned with findings by Pusey-Reid et al. (2023), our study confirms that the erythema seen in the initial stages of pressure injury does not present usually as red in populations with dark skin tones. Participants consistently identified skin discolouration as the most prevalent symptom of pressure injuries.

Conclusion: The findings offer first-hand insight into how early-stage pressure damage is identified among people with dark skin tones. The findings will be used to reduce health inequality by influencing and informing clinical policies and strategies in practice.

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Lead Presenter Biography

Dr Neesha Oozageer Gunowa, PhD, is a Senior Lecturer and the Community Pathway Lead at the University of Surrey. She is a qualified District nurse and her clinical career spans over 15 years. Neesha completed her Ph.D. at the Oxford Institute for Nursing, Midwifery and Allied Health Research and she is the recipient of several prestigious awards including BJN Wound Care Nurse of the Year 2022. Her expertise is focused on community nursing and patient safety with a strong dimension focused on health inequities. Her international networks and collaborations are extensive and include links with the US, Australia and Sweden.

YOUNG HIP: An Exploration into the Young Patients' (<50 years) expectations following primary Total hip arthroplasty: what outcomes are important to them?

Tuesday, 10th September - 12:05: 1.4 Under-represented groups (including BAME) - Oral - Abstract ID: 15

Mrs. Louise Mew (Milton Keynes University Hospital)

Abstract

Hip arthroplasties (THR) are amongst the most common operations performed in Orthopaedic Surgery. Usually an operation associated with older patients, demand in younger patients is increasing (Kurtz et al., 2009). There is a dearth of literature exploring the efficacy of existing healthcare pathways for younger patients, as well as whether they address the individual patient's objectives for their recovery (Mew et al., 2023). A Public and Patient Involvement (PPI) study underscored the need for more qualitative research into this area (Mew et al., 2022). YOUNG HIP explored patient participants' (18-50 years) expectations and priorities when undergoing THR. Ethics and HRA approval were granted January 2021.

Using Interpretive Phenomenological Analysis (IPA) methodology, 10 patients were recruited from a single UK hospital in 2021. Semi-structured interviews were conducted at 3 timepoints of the patient journey (pre-surgery, 6-weeks, 6-months post-surgery). Patient data was analysed individually, then similarities and differences were explored.

Six primary themes were identified: All-consuming pain; Psychological consequences of needing THR; Impact on relationships and perceived failure to fulfil expected roles; Inability to actively function in society; Self-image and perception of disability, and Experience and expectations of healthcare.

YOUNG HIP and the prior PPI study highlighted concerns that may not be as prevalent in the older patient group. Participants felt at a disadvantage due to their younger age when being reviewed by clinicians and felt they had to "fight" for surgery. Body confidence and an inability to fulfil one's role (be it as parent, partner, provider) were important considerations, as was a lack of control in one's own treatment and circumstances. Individualised care and collaborative therapeutic relationships between patients and all healthcare professionals were instrumental in achieving positive outcomes for the patient. Many of these concerns were not identified or explored in current patient outcome measures resulting in the patient's voice, experience and opinion being lost.

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Lead Presenter Biography

I am currently a Research Nurse at MKUH with a background and specialist interest in orthopaedics. After attending the RCN Research Nurse Conference in 2019, I was inspired to begin my own research project, YOUNG HIP. This began as a MRes but was transformed to a PhD on the encouragement of my supervisors and colleagues.

I enjoy my role immensely and have been privileged to be shortlisted as Research Nurse of the Year 2020 and Outstanding PI 2023 in the NIHR CRN Thames Valley awards.
I currently live in Buckinghamshire with my husband and 2 young sons.

1.5 Dementia

Moral decision-making in end-of-life care for people living with advanced dementia in care homes

Tuesday, 10th September - 11:05: 1.5 Dementia - Oral - Abstract ID: 234

Dr. Zena Aldridge (NIHR), Prof. Kay de Vries (De Montfort University), Prof. Jayne Brown (Nottingham Trent University)

Abstract

The aim of this session is to disseminate the findings of a PhD study exploring the experiences of nursing home staff when making decisions about a resident with advanced dementia whose health deteriorated and a subsequent reflexive discussion tool.

The study adopted Charmaz's constructivist approach to grounded theory with primary data collected from interviews with 28 participants recruited from across 3 English nursing home sites.

This research resulted in the development of a conceptual framework and substantive theory: "The Moral Impact of Emotional Decision-Making" which identified "moral distress", "moral resignation" and "moral well-being" as the moral impact experienced by nursing home staff when trying to do what they perceived to be the "right thing" to facilitate a good death for their resident . To achieve this when necessary, staff would demonstrate "moral courage" evident through "challenge and negotiation" and/or "rule breaking" which if successful could reduce the incidence of moral distress. Whatever the outcome through a process of "reflecting and learning" the staff used their learning when "determining the right thing to do" in future situations.

The absence of consistent perspectives and approaches to clinical decision-making whilst delivering relationship and person-centred care, resulted in nursing home staff performing significant emotional work particularly when a decision needed to be made. Staff felt an obligation to do what they considered to be the morally right thing for each resident.

Following on from this study an evidence-based discussion tool has been developed to support individual and team reflexive learning, and inform shared decision-making in recognition of the moral impact that delivering increased levels of end of life care has on staff when trying to influence other decision makers when trying to facilitate a good death for their residents .

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Lead Presenter Biography

Zena is a registered mental health nurse who completed her master's degree in 2013, and more recently PhD studies at De Montfort University with a thesis entitled "Relationships, morality and emotion: Their impact and influence on nursing home staff decision-making when a resident with advanced dementia deteriorates" earlier this year. Zena's research interests include the care of older people, social care, dementia, palliative and end of life care. Zena holds a portfolio of roles including, Social Care Nurse Fellow NIHR, Regional Clinical Lead (dementia) NHSE and Consultant Editor-Nursing Older People

Investigating the co-management of diabetes and dementia: a challenging duo.

Tuesday, 10th September - 11:35: 1.5 Dementia - Oral - Abstract ID: 51

Mrs. Florence Sharkey (School of Nursing and Paramedic Science, Ulster University), Prof. Vivien Coates (School of Nursing and Paramedic Science, Ulster University)

Abstract

Background

The incidence of diabetes mellitus and dementia is rising rapidly and these conditions require considerable management to maintain health and wellbeing. This is an under-researched aspect of care and to the best of the authors' knowledge this is the only study on this subject since Fox et al (2013).

Context

A scoping review of the literature was conducted and revealed that individuals faced extraordinary challenges when managing these conditions to perform activities of self-care such as taking medications, monitoring glucose levels and healthy eating. The review found that the main issues were management of medicines and diet and lack of information and support with few examples of solutions to improve diabetes mellitus management in those with dementia. There was very little evidence regarding the experiences of health care professionals supporting these individuals and their informal carers.

Aim

To describe the experiences, successes, issues and challenges of nurses when managing adults with diabetes mellitus and dementia.

Method

Qualitative, semi-structured focus group interviews, conducted in May 2022. Purposive sample of community and diabetes specialist nurses drawn from five health and social care trusts in Northern Ireland. The interviews were conducted on-line, audio-recorded with consent, transcribed and framework analysis used to identify themes. Ethical and research governance approval was obtained from a research and development governance department through the Integrated Research Application System.

Results

Fifteen nurses participated in the interviews. Four themes were identified: 1) Who's responsibility is it? 2) Community and diabetes specialist nurses: the pivot point 3) Education to manage co-mobilities, 4) Interprofessional communication.

Discussion

Community and diabetes specialist nurses face many challenges when supporting individuals living with diabetes mellitus and dementia.

Conclusion

Sharing patient information among practitioners in different settings is critically important but challenging. Information technology could overcome the limitations of 'silos' of note keeping and further education to establish more effective communication and partnership working are recommended.

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Lead Presenter Biography

Graduated from University of North London with a diploma in Higher Education in Nursing, a Degree in Professional Practice Nursing at Middlesex University and Masters in Professional Studies (Palliative Care) at Southampton University.

Worked in various roles as a registered nurse both in acute and community nursing, moved to Northern Ireland, undertaking a project post within palliative care, afterwards as a Practice Education Facilitator, Lead Nurse for Research and Development leading to a Lecturer in Nursing at Ulster University.

Awarded a Florence Nightingale Foundation Research Scholarship 2019-2021 focusing on diabetes along with dementia. Research interests; diabetes, dementia and palliative care.

Caring for people with dementia at end of life: The clinical decision-making process of healthcare professionals in primary care. An ethnographic study

Tuesday, 10th September - 12:05: 1.5 Dementia - Oral - Abstract ID: 265

Mrs. Cathryn Smith (Cardiff University), Dr. Jessica Baillie (Cardiff University), Dr. Sarah Fry (Cardiff University)

Abstract

Background

Dementia is one of the primary causes of ill health worldwide (World Health Organisation 2023) and has no known cure; therefore, at some point, end of life care (EoLC) is required. Decision making on EoLC is diverse and dynamic in nature and specific to the person, particularly in dementia care due to the unpredictable nature of the disease (Murali 2019). There is a gap in the literature exploring healthcare professionals' EoLC decision making for people with dementia within primary care.

Aim

To determine what factors inform healthcare professionals' decision making when providing EoLC for people with dementia in primary care.

Method

This ethnographic study purposively sampled healthcare professionals (n=21) from one health board in Wales, covering three demographic settings. Fieldwork included non-participatory observations of clinical meetings and semi-structured interviews, undertaken in 2023. Data analyses was iterative, utilizing a thematic approach (Braun and Clark 2021), and data were managed using NVivo 12. Ethical and governance approvals were gained, and all participants gave written informed consent.

Results

Three themes were developed: (1) missed opportunities; (2) services and care delivery; (3) collaboration, and the EoL process. Participants identified missed opportunities in care for this patient group compared to other life-limiting conditions, which indicated challenges and barriers in the care process linked to crises management, referrals, and education. Geographical location and availability of services affected EoLC decision making, alongside interprofessional relationships and the challenges and issues associated in the EoLC process specifically for people living with dementia.

Discussion

The study findings highlight the need for specific dementia related EoLC for patients during the last year of life. The many challenges and facilitators in EoLC decision making for this patient group are evident.

Conclusion

The study will subsequently influence the development of an EoLC decision making intervention within primary care in the UK.

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Lead Presenter Biography

Cathryn is an adult lecturer at Cardiff University School of Healthcare Sciences. Prior to this Cathryn worked as a district nurse within primary and community care for 10 years. Cathryn's specialities include community nursing with a keen interest in dementia care, her values focus on the importance of this role and how research and evidence implementation can benefit both nurses and patients within primary care. Cathryn is undertaking a PhD focusing on caring for people with dementia at end of life: The clinical decision-making process of healthcare professionals within primary care.

1.6 Nursing, midwifery or support worker education

Evaluating the introduction of Mad Studies into undergraduate mental health nursing curricula through zine production: a co-produced qualitative study.

Tuesday, 10th September - 11:05: 1.6 Nursing, midwifery or support worker education - Oral - Abstract ID: 129

Dr. Annessa Rebair (Northumbria University), Dr. Fiona Watson (Northumbria University)

Abstract

Background: Classification systems have been developed to identify a range of mental illnesses that can be labelled and treated within a biomedical framework. Whilst alternative understandings regarding the lived experience have emerged, a biomedical explanation still dominates public and professional thinking (McKeown, 2023; Connell, 2022). This is reflected in mental health professional education nationally and internationally.
This study reports on an initiative co-produced by a team of experts-by-experience and academic staff where Mad Studies was introduced into undergraduate nursing curricula. Mad Studies is an academic field and international movement that challenges the traditional view of mental illness and there is limited research into the application of this to mental health nurse education.

Aim: The aim of the study was to examine mental health nursing students' perceptions of the impact of Mad Studies on their learning.

Methods: A qualitative exploratory design was co-produced by a research team consisting of academics, experts-by-experience, and mental health nursing students. Data was collected in the form of zines from 43 students. Visual data was analysed using a framework of interpretive engagement (Drew and Guillemin, 2014) supported by thematic analysis of non-visual data (Burnard, 1991).

Results: Four overall themes were identified: making human connections, personal affirmation (of own mental health), transformed understanding and connecting differently.

Discussion: Mad studies created a transformative experience for students related to a different way of knowing. There were notable shifts in perspectives of mental distress due to disruption in understanding. There was safety to engage differently with experts-by-experience allowing mutuality and interpersonal exchange supporting deeper understanding of experiences.

Conclusion: The delivery of Mad Studies recontextualises learning, it repositions understanding of mental distress whilst creating authentic connections with self and others in a space beyond current teaching practices. It highlights the essentiality of co-production for making a difference and the potential to influence nursing practice.

References

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Lead Presenter Biography

Dr Annessa Rebair is an Assistant Professor at Northumbria University, she has over three decades of experience as a mental health nurse and lecturer. Annessa is interested in compassionate care and the creation of meaningful encounters in health contexts. Her subject specialities are suicide awareness, bereavement and personal developement, her research interests include grounded theory, interpretivism, constructivism and participatory research.

Annessa is a qualified coach, yoga teacher and celebrant. She is proud to be Vice Chair of the Board of Trustees for the national charity PAPYRUS (prevention of young suicide).

Impact of nurse education prior to and during COVID 19 on nursing students' preparedness for clinical placement - lessons learned

Tuesday, 10th September - 11:35: 1.6 Nursing, midwifery or support worker education - Oral - Abstract ID: 365

Prof. Mary Malone (King's College London), Dr. Laura Strumidlo (Oxford Brookes University)

Abstract

Introduction: To promote inclusivity, this UKRI funded project brought together nursing students and leaders of UK professional and statutory bodies, education, research, and clinical practice, to design and implement a study evaluating the impact of nurse education prior to and during the COVID 19 on student experience.

Aim: Focusing on UK nursing students on placement during COVID, the study evaluated the extent to which nursing education prior to and during COVID 19 prepared them for clinical placements and distilled messages for future nursing education.

Methods: This UK-wide qualitative study used placement diaries and post-placement interviews with adult, child, mental health and learning disability nursing students from each year of study and undertaking a clinical placement. Themes were identified using the Framework Approach. An initial survey colected demographic information, details and expectations of upcoming clinical placements and perceived preparation level. Ethical approval was gained.

Results: Two hundred and sixteen UK nurse students participated in the study. There were five key themes: 'stepping up to the challenge', 'new ways of learning', 'theory versus clinical practice', 'impact on clinical and academic partnerships', and 'concerns around demonstrating proficiency'.

Discussion: There were different levels of student preparedness for clinical placement. Many felt honored to be a part of the nursing response to the pandemic but complained that placement changes, lack of skills practice, uncertain supervision and assessment and distance learning impacted on confidence leading to anxiety about proficiencies and practice hours. Some students survived and thrived, advocated for patient care and managed self-care during crisis situations, ultimately achieving their goal of becoming a nurse. There is much to learn, including the need for collaboration between universities, clinical placement teams, policy makers and regulators as well as positive messages about how education facilitates patient advocacy and student self-care. Stakeholder collaboration should inform future research and nurse education planning, particularly in preparation to implement future workforce plans.

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Lead Presenter Biography

Dr Strumidlo is currently Head of the Oxford School of Nursing and Midwifery. Laura has an extensive background in nursing education, having worked as both a senior lecturer and Associate Professor at Coventry University where she led on curriculum development and design. Laura completed her PhD in 2020 and, since then has been developing a portfolio of educational research focused on resilience and student co-design. Laura has published as part of the Coved-Nurse team on student nurse resilience in COVID. Laura's clinical background in in intensive care nursing and she is a Senior Fellow of the HEA.

Understanding and improving the experience of internationally educated nurses accessing higher education in the United Kingdom (UK)

Tuesday, 10th September - 12:05: 1.6 Nursing, midwifery or support worker education - Oral - Abstract ID: 509

Mr. Matthew Lee (University of Sunderland), Mrs. Gina Robinson (University of Sunderland)

Abstract

The BSc (Hons) Nursing programme at the University of Sunderland (UoS) provides students who have been educated to diploma level and hold registration as an internationally educated nurse to 'top up' to a UK equivalent degree.

Our student population generally originates from Africa, Asia and Europe. Due to the diverse student population, it is important to recognise and consider theoretical approaches such as intersectionality, to underpin our teaching, learning and assessment and couple this with a trauma-informed pedagogical approach (Stromberg 2023).

We have undertaken primary research using a questionnaire format to evaluate an enhanced induction programme (EIP). The EIP provides students with a safe space to develop their academic skills and introduce them to the available UoS support services. The EIP takes place across several weeks prior to students beginning their first module allowing for acclimatisation and orientation to university processes and procedures. The questionnaire was designed to determine student needs from a pastoral and academic perspective and evaluate the efficacy of the EIP. Ethical approval was sought and agreed by the University of Sunderland. This research was carried out with a view to conducting semi-structured interviews and focus groups at a later date. This has allowed us to consider some of the key challenges highlighted by research including fostering a sense of belonging, academic integrity issues (Brown *et al*., 2018), reciprocal cultural competency, recognition of disability including mental health conditions (Stoll *et al*., 2022) and general challenges for minority ethnic students' attainment (Rana *et al.*, 2022). Using the EIP to connect students to university support services can address some of these areas, however, more research is required.

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Stromberg, E. (ed.) (2023) *Trauma-Informed Pedagogy in Higher Education: A Faculty Guide for Teaching and Learning.* Routledge: New York, NY.

Lead Presenter Biography

Matthew Lee is a Senior Lecturer at the University of Sunderland (UoS) currently developing post-registration nurses within the United Kingdom having previously worked as a Lecturer in Nursing and Clinical Link Tutor educating pre-registration nursing students. Matthew is a registered nurse with the Nursing and Midwifery Council. Matthew has a professional interest in research and pedagogical approaches to support and empower people based around inequality.

1.7 Acute and critical care

The effect of nursing practice environment, nurse staffing, patient surveillance and escalation of care on patient mortality: Findings from a multi-source quantitative study

Tuesday, 10th September - 11:05: 1.7 Acute and critical care - Oral - Abstract ID: 430

Prof. Jenny Sim (Australian Catholic University), Mr. Tamer Al-ghraiybah (University of Technology Sydney), Prof. Ritin Fernandez (University of Newcastle), Dr. Luise Lago (University of Wollongong)

Abstract

Background: A favourable nursing practice environment and adequate nurse staffing have been linked to reductions in patient mortality, however, the contribution nursing care processes have on these relationships is poorly understood.

Aim: The aim of this study was to investigate the effect of the nursing practice environment, nurse staffing, missed care related to patient surveillance and escalation of care on 30-day inpatient mortality in a large tertiary teaching hospital (Sydney, Australia.

Methods: A multi-source quantitative study was conducted between July 2018 and June 2021 (Ethics approval: 2020/ETH03012). Data on the nursing practice environment, nurse staffing and missed care were obtained from a cross-sectional survey of nurses. Patient deterioration data and patient outcomes data were collected from the medical and admission records respectively. Generalised estimating equations were used to examine the association between the nursing practice environment, patient deterioration and 30-day inpatient mortality accounting for clustering of episodes within patients.

Results: Surveys were completed by 304 nurses from 16 wards. Patient deterioration data was collected for 30,011 patient deterioration events and 63,847 admitted patient episodes of care. Each additional patient per nurse (OR=1.22, 95%CI:1.04-1.43) and the presence of increased missed care for patient surveillance (OR=1.13, 95%CI:1.03-1.23) were associated with higher risk of 30-day inpatient mortality. The use of a clinical emergency response system reduced the risk of mortality (OR=0.82, 95%CI:0.76-0.89). Sub-group analysis (excluding aged care units) identified a 38% increase in 30-day inpatient mortality for each additional patient per nurse (OR=1.38, 95%CI:1.15-1.65). The nursing practice environment was also significantly associated with mortality (OR=0.79, 95%CI:0.72-0.88) when aged care wards were excluded.

Discussion & Conclusions: Patient mortality can be reduced by increasing nurse staffing levels and improving the nursing practice environment. Nurses play a pivotal role in patient safety and improving nursing care processes to minimise missed care related to patient surveillance and ensuring timely clinical review for deteriorating patients reduces inpatient mortality.

Lead Presenter Biography

Jenny Sim a Professor of Nursing and the NSW Head of School for Nursing, Midwifery & Paramedicine at the Australian Catholic University in Sydney, Australia. Jenny's research focuses on patient safety, the nursing workforce and the processes of nursing care.

Jenny is passionate about helping nurses to use their knowledge and expertise to improve patient care and patient outcomes. Jenny's research uses innovative research methods to support practice change and supports nurses to implement the latest evidence-based practices into routine care to improve patient outcomes.

ViPER | Evaluation of intensive care delirium patterns post major cardiac surgery: a two-year retrospective study

Tuesday, 10th September - 11:35: 1.7 Acute and critical care - ViPER - Abstract ID: 117

Ms. Maria Reguenga (Imperial College Healthcare NHS Trust), Ms. Smaragda Lampridou (Imperial College Healthcare NHS Trust), Ms. Natalie Pattison (University of Hertfordshire), Mr. Stephen Brett (Imperial College London), Dr. Sanooj Soni (Imperial College Healthcare NHS Trust)

Abstract

BACKGROUND

Delirium in intensive care units (ICU) is a neurological complication that can affect over 50% of patients following cardiac surgery. The prompt detection and management of ICU delirium is a James Lind Alliance national research priority. Therefore, there is a need for further quality improvement projects to improve our knowledge of ICU delirium after cardiac surgery.

AIMS

The primary aim was to investigate the incidence of ICU delirium after major cardiac surgery. Secondary aims were to ascertain the most common type of ICU delirium encountered and the average number of ICU delirium days post-surgery.

MATERIALS/METHODS

An interdisciplinary study was conducted from October 2023 until March 2024 in a single London hospital. Delirium-related data were collected retrospectively (data period spanning September 2021 and September 2023) from patients' electronic medical records, including daily Confusion Assessment Method-ICU scores and delirium type (hyperactive, hypoactive or mixed) during the ICU stay. The project was locally registered as a service evaluation. Data were analysed using Excel and reported descriptively.

RESULTS

Valid data was obtained for 916 patients admitted to ICU after undergoing cardiac surgery. The overall incidence of ICU delirium was 17% (n=155), with most of the cases occurring in patients who had undergone cardiac artery bypass grafting (43%). Over 60% of the delirium population experienced mixed delirium, which was the most common phenotype. Patients had a total mean duration of 3.9 (SD ± 5.9) ICU delirium days following surgery.

DISCUSSION

1 in 6 patients experienced ICU delirium post-cardiac surgery. Data also showed a substantial number of delirium days for ICU patients, which contributed to an extended ICU length of stay and recovery period.

CONCLUSION

Further validation of ICU delirium patterns post-cardiac surgery is required. This evaluation project also reflected the urgent need for supplementary research exploring innovative and effective detection, prevention, and management strategies to address delirium in ICU.

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Lead Presenter Biography

Maria Reguenga is a Research Fellow at ICHT. She specialises in critical care and primary interests lie in ICU delirium post-cardiac surgery.

She is currently the principal investigator for an IHC-funded feasibility pilot study, named DaCsi-ICU, which aims to explore the use of auditory-visual stimulation combined with family involvement to reduce ICU delirium rates after cardiac surgery.

Maria Reguenga is also an NIHR Pre-Doctoral Research Fellow, and she is excited to undertake a PhD investigating non-pharmacological methods to prevent and manage ICU delirium following cardiac surgery. She is enthusiastic about her future academic career, combining this with clinical nursing practice.

2.2 Patient experience

My SJS Passport – A Proof of Concept Study

Tuesday, 10th September - 13:45: 2.2 Patient experience - Oral - Abstract ID: 491

Dr. Anita Hanson (Liverpool University Hospitals NHS Foundation Trust, Wolfson Centre for Personalised Medicine, University of Liverpool), Mrs. Lucy Hampson (Liverpool University Hospital NHS Foundation Trust), Dr. Jane Evely (University Hospitals Plymouth NHS Trust), Mrs. Maria Hill (University of Liverpool), Mr. Nathan Elsdon (University of Liverpool), Ms. Thermutis Nadier Lawson (SJS Awareness UK), Mrs. Jane Burns (Wolfson Centre for Personalised Medicine, University of Liverpool), Dr. Dan Carr (Wolfson Centre for Personalised Medicine, University of Liverpool), Dr. Andrew Thompson (University of Liverpool), Dr. Jennifer Downing (University of Liverpool), Prof. Munir Pirmohamed (Wolfson Centre for Personalised Medicine, University of Liverpool)

Abstract

Background

Stevens-Johnson syndrome and toxic epidermal necrolysis (SJS/TEN) are serious potentially life-threatening reactions that cause blistering of the skin and mucous membrane involvement, with multiple long-term health problems. A national guideline exits to support the diagnosis and treatment during the acute phase. However, there is limited support for survivors' in the management of their condition post discharge and beyond. The 'My SJS Passport' was co-produced alongside our Patient and Public Involvement (PPI) group to support this underserved population and improve the care and experiences of survivors.

Aim

To evaluate the passport in a real-world setting when used by those with lived experience, either personally or as a parent, family member or carer.

Ethical approval was obtained from the University of Liverpool Research Ethics Committee (Reference 5604).

Methods

A proof-of-concept study to evaluate the acceptability and usability of the tool using a mixed methods approach to gather data through a quantitative questionnaire and qualitative focus groups.

Results

The questionnaire was completed by 19 (86.4%) females and 3 (13.6%) males, while 11/22 participated in one of two focus groups. The participants felt that the passport was a valuable communication tool, it helped in validating diagnosis, acted as the 'patient's voice', and was useful when transitioning from child to adult services.

Discussion

The study provides the first formal evaluation of the 'My SJS Passport' showing that the tool is acceptable and usable, and was of benefit to the user. Minor barriers to implementation, largely due to the COVID-19 pandemic and, to a lesser extent, the passport design, were also evident.

Conclusion

There is no comparable tool in circulation; thus, based on these preliminary findings, it is thought that the passport has a valuable role in supporting this underserved population. A manuscript is in preparation and discussions underway regarding embedding the passport in the national guideline to guide and support nursing/medical professional practice.

Lead Presenter Biography

Anita Hanson is a Research Matron and the Lead Research Nurse for Clinical Pharmacology at Liverpool University Hospitals NHS Foundation Trust and the Wolfson Centre for Personalised Medicine (WCPM) at the University of Liverpool. Anita completed her PhD in 2023. Her thesis explored strategies to improve the detection and reporting of adverse drug reactions, with a specific focus on Stevens-Johnson syndrome and toxic epidermal necrolysis (SJS/TEN). Anita worked alongside the WCPM Patient and Public Involvement (PPI) group to co-produce the 'My SJS Passport', a tool to improve the care and experiences of survivors of SJS/TEN post discharge and beyond.

An exploration of nurse-patient interactions in acute hospital settings when Electronic Patient Record systems are used

Tuesday, 10th September - 14:15: 2.2 Patient experience - Oral - Abstract ID: 120

Mrs. Carol Forde-Johnston (Oxford Brookes University, Oxford School of Nursing and Midwifery), Dr. Helen Aveyard (Oxford Brookes University), Dr. Dan Butcher (Oxford Brookes University, Oxford School of Nursing and Midwifery), Dr. Ginny Mounce (Oxford Brookes University, Oxford School of Nursing and Midwifery)

Abstract

Background: The introduction of Electronic Patient Record systems is changing contemporary nursing practice at a rapid rate. Electronic Patient Record systems use an anticipatory approach to address patients' needs via digital prompts that promote patient safety and assure fundamental care needs are met. Electronic Patient Record systems are underpinned by a systems-based medical model that may conflict with a person-centred approach to care. It is widely accepted that quality nurse-patient interactions involve a compassionate nurse presence, open, two-way communication, and shared decision-making. There are few studies that explore the impact of Electronic Patient Records on nurse-patient communication; with the majority focusing on communication in general practice. Research within nursing focuses on evaluating nurses' Electronic Patient Record-use. Studies examining how nurses' Electronic Patient Record-use impacts on the quality of nurse-patient interactions are lacking.

Aim: To explore how nurses' use of Electronic Patient Record systems in four UK acute hospital wards impacts on the quality of nurse-patient interactions

Methods: This mixed methods study included observations using a published tool to evaluate the quality of nurse-patient interactions, as well as nurse and patient interviews. Following convenience sampling, 16 observations and 16 nurse and 16 patient interviews were conducted. Descriptive statistics and thematic analysis informed overall study themes.

Results: Key findings indicate that nurses' use of Electronic Patient Record scripts promote a didactic, formulaic style of communication that has the potential to impact the fundamental tenets of nursing. Electronic Patient Record scripts were prioritised over open, two-way communication and shared goal-planning. Cumbersome computer systems monopolised nurses' time and impeded face-to-face communication, which detrimentally impacted on the quality of nurse-patient communication.

Conclusion: Nurses and employers need to consider the unintended impact of nurses' Electronic Patient Record-use on the quality of nurse-patient interactions. Nurse educators need to encourage practices that promote quality nurse-patient interactions when nurses use Electronic Patient Record systems in acute care hospital settings.

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Lead Presenter Biography

Carol has been a registered nurse for 36 years, initially working as a Neurology Ward Sister and Clinical Development Nurse. She later became a Lecturer Practitioner, leading adult nursing degree modules and a Masters in neuroscience course. Carol is currently a Divisional Recruitment and Retention Nurse Lead in the Oxford University Hospitals NHS Foundation Trust. This role involves leading recruitment and retention initiatives to support all levels of staff. Carol is currently undertaking a PhD in Nursing Doctorate at Oxford Brookes University. She has published two books to support nurses' development and runs a YouTube channel to assist nurses' education.

Being well-informed is a prerequisite for the involvement of patients in clinical decision-making in Thyroid cancer care. A UK-based longitudinal, qualitative study.

Tuesday, 10th September - 14:45: 2.2 Patient experience - Oral - Abstract ID: 480

Dr. Alicja Rogusz (University of sunderland)

Abstract

Patient-centred decision-making is a crucial component of providing the best possible cancer care. Patients must be provided with sufficient information to participate in decision-making (Herrmann et al., 2019). According to Sawka et al. (2012), involvement in this decision reduced feelings of regret regarding the choice of treatment path among thyroid cancer patients. However, patients have only sometimes felt involved in decision-making (Herrmann et al., 2019). The study aimed to capture the lived experiences of people with thyroid cancer, including the experiences of treatment. Thyroid cancer is a rare disease and an under-researched area, especially in the qualitative paradigm.

Twenty-five people diagnosed with well-differentiated thyroid cancer within eight weeks to five years of initial diagnosis were recruited from one UK cancer centre at the NHS Trust and from a relevant registered UK charity. The primary data collection method consists of semi-structured, in-depth interviews. Participants were interviewed up to three times throughout their treatment in 2019-2020. Data was analysed through descriptive phenomenological analysis (Georgi, 2009).

The study results established that not all participants knew they could make decisions about their care. Many of the participants were happy with the information that they were provided. However, some felt that it was not provided in a timely manner and was not specific enough to thyroid cancer. Specific topics on which they would have liked more information were the impact of thyroidectomy and the long-term physical and psychological impacts of the different treatments.

Filling in gaps in information provision could empower and enable patients to participate in treatment decision-making. A specialist nurse's involvement and the information and support provided by relevant charities may ensure that all thyroid cancer patients receive comprehensive advice in a timely manner to give them the required knowledge and confidence in making decisions.

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Lead Presenter Biography

I qualified as an adult nurse in 2014. I completed an MSc in Practice Development at the University of Northumbria in 2015. I am currently a Senior Lecturer in post-graduation nursing. I am also an ethical reviewer for staff and student research ethical applications. In 2022, I completed a Postgraduate Certificate in Higher Education and became a Fellow of the Higher Education Academy. In 2022, I was awarded the Doctor of Philosophy degree. My qualitative study on the lived experience of people with thyroid cancer was funded by Butterfly Thyroid Cancer Trust and hosted by Newcastle Hospital NHS Foundation Trust.

2.3 End of life care

End-of-Life Care in The Patient's Home: Experiences of Nursing Staff Caring for Patients from the ethnic minorities in the United Kingdom.

Tuesday, 10th September - 13:45: 2.3 End of life care - Oral - Abstract ID: 73

Ms. Pretty Manyimo (Leicestershire partnership NHS Trust), Prof. Kay de Vries (De Montfort University)

Abstract

BACKGROUND

Providing end-of-life care in the patient's own environment is challenging, especially if the nursing staff is from a different ethnic and cultural background from the patient. Evidence shows that people from the ethnic minority background communities experience poorer end-of-life care in the United Kingdom, due to the care providers and commissioners not understanding their care needs.

METHODS

A qualitative descriptive approach was used to explore the experiences of sixteen community nursing staff caring for end-of-life patients from the ethnic minority community in Midlands, United Kingdom. Semi-structured virtual interviews with nursing staff were conducted from May 2021 to November 2021, audio-recorded, transcribed verbatim and thematically analysed.

RESULTS

Family hierarchy meant that the nursing staff had to deal with large tight-knit families, paternalism and controlling behaviours. There was mistrust and suspicion of Western medicine and a belief that Western medicine speeds up death. There was a desire to hold onto life, continue to have nutrition, and these feelings were influenced by spiritual and cultural beliefs. Consequently, there was low use of end-of-life care services by this group. Language barriers and challenges were faced by the nursing staff, resulting in difficult conversations with the families. Despite the challenges, nursing staff tried to build relationships with the families to meet the patients' end-of-life care needs. Different levels of the nursing staff's spiritual and cultural competencies in caring for ethnic minority patients were also identified. As the research was conducted during pandemic, COVID-19 effects contributed to the above challenges.

CONCLUSION

This research has shed light on the challenges of individualising end-of-life care patients in a culturally diverse community. The nursing staff's spiritual and cultural competencies were challenged as they attempted to ensure their expert healthcare and professional philosophy of care met the needs and preferences of the dying patient and their family.

Key words

End-of-life care; ethnic minority; cultural competency.

Ethical approval: HRA 21/HRA/0851.

Lead Presenter Biography

Pretty Manyimo is a specialist palliative care nurse working with Leicestershire Partnership NHS Trust. Her work involves caring for imminently dying patients in their homes, and emotionally supporting their families. She has completed a two-year Clinical Research Associate secondment (2020-2022) supervised by Dr Kay de Vries. She she conducted her first primary research on community nursing staff caring for people from the ethnic minority.

Currently, Pretty is a part-time postgraduate student with the University of Warwick, United Kingdom. Her research focuses on specialist palliative care's understanding palliative needs as complex, and how this understanding is creating inequities in palliative care.

Bearing witness to Distress as Breathlessness: A Hermeneutic Phenomenological study

Tuesday, 10th September - 14:15: 2.3 End of life care - Oral - Abstract ID: 167

Dr. Lucy Speakman (Oxford Brookes University)

Abstract

Background

Breathlessness is a ubiquitous symptom for people living with advanced respiratory illness; a symptom commonly witnessed by community respiratory nurses. Little is known about community respiratory nurses' experiences of bearing witness to distress as breathlessness.

Aim

This Hermeneutic Phenomenology study seeks to identify the experiences of Community Respiratory Nurses Specialists when supporting people with breathlessness by asking the question "What are the experiences of community respiratory nurses when supporting people with breathlessness?"

Method

A purposive sample of 12 Community Respiratory Nurses undertook in-depth interviews via video platform to explore their experiences of supporting people with breathlessness between December 2020 and July 2021. Analysis of the data was achieved by crafting stories from the transcripts, addressing Heidegger's notions of being-toward-death, thrownness, machination, being-with, leaping in and leaping ahead as solicitude and the state of the uncanny and then attuning to the mood of the interviews.

Results

This unconcealed the complexity of care by illuminating both the challenge and burden of bearing witness to distress as breathlessness as well as the phenomenon of fulfilment.

Discussion

Bearing witness to distress has been politically aligned to emotional labour which has historically been considered a burden for nurses. This notion of emotional labour as burden has been further solidified by the discourses of feminism and the professionalisation of the nurse role. In contrast, this study finds that, when space to process emotional labour, connection with patients and teamwork are in place, bearing witness to distress can be an opportunity for fulfilment for nurses.

Conclusion

By reframing emotional labour as emotional connection, a focus on fulfilment could be embedded in clinical practice, nurse education and management. This could lead to better patient care as well as improved recruitment and retention of nurses.

Further research to explore fulfilment as an outcome of implementation of these antecedents could further develop this notion.

Lead Presenter Biography

I have been a community respiratory nurse for 21 years, having worked previously as a District Nurse. My special interest is in supporting respiratory patients at end of life, especially with breathlessness. I undertook a Professional Doctorate in Nursing between 2017-2023 and am now combining my role as a community respiratory nurse with a role in research and development in my community Trust, supporting community teams to engage in research in their clinical practice.

Let’s Talk About Death, Dying and Bereavement; Using Ripple Effects Mapping to Evidence the Impact from Online ECHO Sessions.

Tuesday, 10th September - 14:45: 2.3 End of life care - Oral - Abstract ID: 349

Mrs. Flossie Mayatt (Marie Curie), Dr. Hannah Leach (Marie Curie)

Abstract

Background

Talking about death remains taboo across communities and cultures, so an ECHO (Extension of Community Health Outcomes) network was established to empower conversations about death, dying and bereavement amongst the general public.

Ripple Effects Mapping (REM) is a method that allows for the qualitative effects of complex programmes and collaborations to be measured over time.

Aims

To explore whether participants felt more empowered and willing to engage in conversations about death, dying and bereavement as a result of attending the ECHO network, and whether REM can be used to capture this change.

Methods

The ECHO network met six-weekly across nine sessions, with the REM workshops integrated within the programme at intervals of three months. REM workshops included two stages; peer-to-peer interviews, and group discussions. Reflections on sessions, subsequent conversations and actions were explored, through this process, the ‘ripples’ were identified.

These were coded against Marie Curie’s Impact and Evaluation Framework, whilst using Miro to visually map the impact of the network on attitudes around death and dying.

Results

An average of twenty-eight participants attended the sessions and workshops, with participants including: members of the public, healthcare professionals, social-enterprises, voluntary action groups, celebrants, faith groups, carer associations, educators, pubs and even an aquarium.

During the REM workshops, participants described having more conversations about death and dying, both in their personal and professional lives as a direct result of learning from the ECHO sessions.

Conclusions

ECHO networks are an effective way of empowering people to reflect on their views of death and dying, whilst motivating actions and conversations on both personal and professional levels.

Integrating REM workshops within the ECHO network, captures the reflections and subsequent actions of the participants as their knowledge and confidence grows.

REM is an effective and adaptable process for capturing, coding and visually mapping changing attitudes.

Lead Presenter Biography

Flossie Mayatt is an experienced palliative care nurse, who after holding successful roles within nursing management and leadership, moved into the field of practice development and clinical education.

As ECHO Clinical Lead, Flossie is able to contribute to the educational offer available at Marie Curie.

Her professional interests are in health inequalities and attitudes towards death and dying, which have been prominent in the work she has done within the Marie Curie ECHO team.

2.4 Under-represented groups

Exploring the Push and Pull Factors Affecting Third-Country Migrant Nurses in Malta

Tuesday, 10th September - 14:15: 2.4 Under-represented groups - Oral - Abstract ID: 219

Mr. Luiji John Karlo Suarez (University of Malta), Prof. Maria Cassar (Department of Nursing, Faculty of Health Sciences, University of Malta), Dr. Adrienne Grech (Department of Nursing, Faculty of Health Sciences, University of Malta)

Abstract

Background: The Maltese healthcare system is heavily dependent on its foreign nursing workforce. Most of these migrant nurses are third-country nationals (TCN) as they come from countries outside the European Union (EU) such as India, Pakistan, and the Philippines. An exploration of the push and pull factors affecting TCN migrant nurses in Malta was therefore needed to inform policy which can improve the retention of this key workforce.

Methodology: An exploratory qualitative research design with a multi-method approach was employed in the research study. Ethical approval was granted by the University of Malta Faculty Research Ethics Committee (FREC). Eight TCN nurses participated in online semi-structured interviews, five of whom also participated in a private, anonymous online asynchronous forum. Data collection was carried out between August and September 2023. Transcripts from the in-depth interviews and the online forum were coded and thematically analysed.

Findings: Pull factors that may attract and retain TCN nurses in Malta include good quality of life, rich culture, civil and political rights, presence of family, Maltese hospitality, English-speaking country, and availability of opportunities. Conversely, push factors that may influence TCN migrant nurses to leave and move to other countries include issues with quality of life, racism and inequality, difficulty settling in and achieving stability, bureaucracy in visa processing, and less desirable work conditions.

Conclusion: The identified push and pull factors were found to be multi-dimensional, context-sensitive, idiosyncratic, dynamic and may overlap each other. TCN nurse migration cannot be attributed solely to economic motives. Personal factors can also play a significant role in their decision-making process, and such factors can influence their migration choices. The research study presented a list of recommendations in relation to research, education, policy, and practice. Though generalisations from qualitative studies should be cautionary, the proposed framework, conclusion and recommendations of this research study may be relevant beyond the Maltese context.

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Lead Presenter Biography

Mr Suarez is a registered nurse who has practised in various healthcare settings across Malta, the United Kingdom, and the Philippines. He currently works as a senior staff nurse in the Maltese public sector. His research interests include nurse migration, nursing education, and acute stroke care. He is a member of a working group that focuses on improving the integration and retention of a multicultural workforce within the Ministry for Health, Malta. Additionally, Mr Suarez is a member of Platform for Migration (University of Malta), a dialogical space which aims to better understand the evolving aspects of international migration.

The 10-year risk of major osteoporotic and hip fractures among Indonesian people living with HIV

Tuesday, 10th September - 14:45: 2.4 Under-represented groups - Oral - Abstract ID: 446

Dr. Iqbal Pramukti (Faculty of Nursing Universitas Padjadjaran), Mr. Mamat Lukman (Faculty of Nursing Universitas Padjadjaran), Mrs. Hasniatisari Harun (Faculty of Nursing Universitas Padjadjaran), Prof. Kusman Ibrahim (Faculty of Nursing Universitas Padjadjaran)

Abstract

Introduction. People living with HIV had a higher risk of osteoporotic fracture than general population. The purpose of this study was to predict the 10-year risk of fracture among people living with HIV (PLWH) using FRAX™, and to identify characteristic related to the fracture risk

Methodology. This study consisted of 75 subjects. The ten-year probability of major osteoporotic fractures (MOF) and hip fractures was assessed using the FRAX™ algorithm. A chi-square was used to identify the participant's characteristic related to fracture risk.

Results. The overall mean 10-year probability of fracture was 2.4% (1.7) for MOF and 0.4% (0.3) for hip fractures. For MOF score, participants with parents' hip fracture history, smoking behavior and glucocorticoid used were showed a higher MOF score than those who were not (3.1 vs 2.5; 4.6 vs 2.5; and 3.4 vs 2.5, respectively). For HF score, participants with parents' hip fracture history, smoking behavior and glucocorticoid used were also showed a higher HF score than those who were not (0.5 vs 0.3; 0.8 vs 0.3; and 0.5 vs 0.3, respectively).

Conclusions. The 10-year risk of fracture was higher among PLWH with several factors including parent's hip, fracture history, smoking behavior and glucocorticoid used. Further analysis on determining factors using multivariate regression analysis with larger sample size is required to confirm the factors associated with the high fracture risk.

Keywords: *HIV, PLWH, osteoporotic fractures, hip fractures, 10-year risk of fracture, FRAX*

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Lead Presenter Biography

Dr. Iqbal Pramukti is an Assistant Professor and manager of research, innovation, and partnership at the Faculty of Nursing, Universitas Padjadjaran, Indonesia. He completed his PhD degree from National Cheng Kung University, Taiwan. His research is focused on HIV and geriatric care including chronic disease. He has served as a researcher in those areas for over 8 years. He also served as a supervisor in several community services such as empowering health volunteers in caring for people living with HIV. Currently, he is focusing on the comorbidity of HIV disease.

2.5 Cancer

A Randomized Controlled Trial Comparing the Efficacy of Mobile App-based Prescriptions versus Conventional Prescriptions on Compliance and Satisfaction Among Advanced Cancer Patients Receiving Palliative Care at a Tertiary Care Centre in India

Tuesday, 10th September - 13:45: 2.5 Cancer - Oral - Abstract ID: 457

Ms. Payal Kahol (College of Nursing, All India Institute of Medical Sciences, New Delhi), Dr. Lakshmanan Gopichandran (Dept of Nursing, NIMHANS, Bengaluru), Dr. Latha Venkatesan (College of Nursing, All India Institute of Medical Sciences, New Delhi), Dr. Rakesh Garg (Dept of Onco-Anaesthesia and Palliative medicine, All India Institute of Medical Sciences, New Delhi)

Abstract

Background: Advanced cancer patients struggle with complex analgesic medication schedules, impacting adherence and exacerbating their pain episodes. Mobile health apps provide a breakthrough solution, enabling convenient health tracking and empowering outpatient care.

Aim: To assess the efficacy of mobile app-based prescription versus conventional prescription on medication compliance and satisfaction in advanced cancer patients receiving palliative care.

Methods: 204 eligible advanced cancer patients were randomly allocated to either Mobile App based prescription (MABP-102 patients) or Conventional Prescription (CP-102 patients) group. Patients were monitored bi-weekly for 6 months. Data on demographic and clinical profiles, Adherence to Refills and Medication Scale (ARMS), and Patient Satisfaction Questionnaire (PSQ) were collected at baseline and after 6 months of mobile app usage through interviews. (Trial registration-CTRI/2022/01/039354; Ethical Clearance-IECPG-685/25.11.2021, RT-31/23.12.2021).

Results: Both the groups were comparable in terms of baseline demographic and clinical profile ($p>0.05$); except for education and occupation of the patients, surgery done and analgesic intake duration which were adjusted (using ANCOVA) while doing per protocol analysis. After 6 months, there was a significant difference ($p < 0.05$) in ARMS scale score for adherence between the groups, favouring the MABP group (MA: 16.15±1.56; CP: 23.5±2.06). Additionally, significantly ($p < 0.001$), better scores were observed across all subscales of satisfaction in MABP group as compared to CP group.

Discussion: Our study demonstrated enhanced compliance, and satisfaction in MABP group versus CP group. Consistent with our findings, Karaaslan-Eşer and Ayaz-Alkaya (2021) observed enhanced adherence to oral chemotherapy with a mobile app compared to traditional methods. Poorcheraghi et al (2023) similarly documented significant improvements in drug adherence using mobile app compared to control groups. Furthermore, Yadav et al (2021) reported higher satisfaction scores among patients receiving app-based follow-up compared to routine follow-up.

Conclusion: The Mobile app enhanced medication compliance in advanced cancer patients and improved their satisfaction, showcasing the potential of mobile apps for patient-centric care.

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Lead Presenter Biography
Clinical Nursing at AIIMS New Delhi -
- 4 Years as CTVS ICU Nurse (AIIMS)
-5 years as Nurse Transplant Coordinator, Organ Retrieval Banking Organization, (AIIMS)
Teaching- 1 year as Clinical Instructor in a College of Nursing, Prem Institute of Medical Sciences, Panipat, India
Completed master in Community Health Nursing from PGIMER, Chandigarh, India.(2013-15)
Currently pursuing full time PhD at College of Nursing, AIIMS, New Delhi. (2021 - Ongoing)
Have 7 publications in Indexed journals.

What Matters to You? Engaging with Children and Young People to Determine Research Priorities for Children's Cancer

Tuesday, 10th September - 14:15: 2.5 Cancer - Oral - Abstract ID: 131

Mrs. Susie Aldiss (School of Health Sciences, University of Surrey), Mrs. Rachel Hollis (Department of Paediatric Haematology and Oncology, Leeds Teaching Hospitals NHS Trust), Prof. Bob Phillips (Department of Paediatric Haematology and Oncology, Leeds Teaching Hospitals NHS Trust and Hull-York Medical School), Ms. Penelope Hart-Spencer (The Christie NHS Foundation Trust, Manchester), Ms. Loveday Langton (Parent Representative on the Children's Cancer Priority Setting Partnership Steering Group, London), Ms. Sonia Malik (Young Lives vs Cancer, London), Ms. Keeley McEvoy (Medical Needs Teaching Service, Leeds Children's Hospital), Dr. Jessica E Morgan (Department of Paediatric Haematology and Oncology, Leeds Teaching Hospitals NHS Trust and Centre for Reviews and Dissemination, University of York), Dr. Rosa Reed-Berendt (Psychological Services, Great Ormond Street Hospital for Children NHS Foundation Trust, London), Prof. Faith Gibson (School of Health Sciences, University of Surrey and Centre for Outcomes and Experience Research in Children's Health, Illness and Disability (ORCHID), Great Ormond Street Hospital for Children NHS Foundation Trust, London)

Abstract

Background

Priority Setting Partnerships (PSPs) find out what areas of research are important to patients, families, and the professionals caring for them. Few PSPs have involved children, so what matters to them may not be well-represented.

Aims

The Children's Cancer PSP aimed to find out from children and young people what they want research to focus on.

Methods

We followed the well-established James Lind Alliance processes, collecting and shortlisting questions via online surveys with adult survivors of childhood cancer, parents/carers, families, and professionals, and holding a final workshop. Alongside this, a parallel process to collect and prioritise questions from children was undertaken. We created online surveys for children/young people of different ages which asked, 'What matters to you?' Each survey was accompanied by an animation to help parents/carers explain the project to their child(ren). We then held a workshop with children and young people in October 2022 to identify their priorities.

Results

Sixty-one children/young people with cancer and 10 siblings, aged 3-21 years, submitted 252 potential questions via the surveys. Submissions were refined into 24 summary questions. These questions were discussed at a workshop with eight children/young people; they also added more questions on topics of importance to them which were not already covered. Workshop participants prioritised the Top 5 questions which addressed: improving the hospital experience, cancer prevention, treatments closer to home, early diagnosis, and emotional support. These questions were taken to the final workshop, at which the overall Top 10 priorities were decided, all five children's priorities were reflected in the Top 10.

Discussion and conclusions

We have shown it is possible to successfully involve children and young people in setting research priorities. Future priority setting exercises on topics relevant to children should seek and include their views. The Top 10 priorities reflect the voices of children and young people and should inform the funding of future research.

Lead Presenter Biography

Susie is a Research Fellow in the School of Health Sciences at the University of Surrey. Susie has been working as a researcher on various projects primarily in the field of children and young people's cancer care since 2004.

Susie has a degree in Psychology and MSc in Health Psychology. Susie's research interests include: the experiences of children and young people who have cancer, communication about cancer, symptoms and treatment between children, professionals and parents, using innovative participatory techniques to engage with children in research and transition from child to adult health services.

2.6 Nursing, Midwifery Or Support Worker Education

Pathways to the field: an exploration of the capital and habitus of people undertaking different routes into nursing utilising Bourdieu’s theory of practice.

Tuesday, 10th September - 14:15: 2.6 Nursing, midwifery or support worker education - Oral - Abstract ID: 62

Mr. Julian Stribling (Coventry University), Dr. Andrew Clifton (University of Suffolk), Prof. Kay de Vries (De Montfort University)

Abstract

Background

There is an international and national shortage of nurses, which is a key part of the *NHS Workforce Plan*.

Aims

To explore the motivations to become a nurse and how nursing students are socialised into the profession, utilising Bourdieu’s theory of practice.

Methods

An interpretivist phenomenological study: 13 interviews (completed in 2019 /20) with nursing students (all fields of practice, all years of study). Ethical approval was obtained from employing Higher Education Institution. Thematic analysis developed two latent themes.

Results

Themes: *“to do something worthwhile*,” and learning the rules of the game (“*nursing…. it’s a bit tribalistic*”). Theme one detailed the desire to “*make a difference*”, or as a vehicle for social mobility. A metaphor of doors was used to represent barriers (closed doors) to some professions, the open door of nursing, or *Sliding Doors Moments* (an unexpected career opportunity). Second theme depicts how participants were socialised into the profession. Perpetual adaptation, of moving between practice settings, meant that participants focused more on being accepted into an area, rather than learning new skills. Participants experienced significant variation in support from academic staff and practice supervisors, observed some toxic environments where the culture of learning was poor. Some participants experienced acts of symbolic violence (threats of failure as a means of oppression and control, bullying, intimidation, and covert racism).

Discussion

Bourdieu’s theory of practice: the forms of capital required to access a social field, developing the habitus of nursing, and how symbolic violence is used to dominate this social field, facilitates a more nuanced understanding than “*nurses eating their young*”. An alternate six Cs of nursing is proposed: toxic cultures, poor communication, interpersonal conflict, conforming to tribal rituals, competition for positions within a hierarchy, and control.

Conclusion

To achieve the *NHS Workforce Plan* requires movement towards a position where nurse education is valued more, and we nurture fledglings.

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Lead Presenter Biography

Dr Julian Stribling is an Assistant Professor in adult nursing at Coventry University, where he leads simulated practice learning for interpersonal communication skills (related to Annexe A of NMC *Future Nurse* Standards). He previously worked at De Montfort University (Leicester), where he held several positions, including Associate Head of School. He has worked in nurse education, and inter-professional education for many years, but his clinical included primary and secondary care.

Identifying the range and nature of clinical academic opportunities - a scoping review

Tuesday, 10th September - 14:45: 2.6 Nursing, midwifery or support worker education - Oral - Abstract ID: 319

Ms. Claire Jennings (Manchester University NHS Foundation Trust), Dr. Gill Norman (Newcastle University), Prof. Marie Marshall (Manchester University NHS Foundation Trust), Prof. Michelle Briggs (Liverpool University Hospitals NHS Foundation Trust)

Abstract

Introduction

In recent years there has been a recognition that nurses are underrepresented in the clinical academic workforce despite being motivated to incorporate research into their careers. This maybe because routes into clinical academic careers are not clear.

Our aim was to conduct a scoping review to systematically map the literature available on clinical academic programmes for nurses, identifying key concepts, theories, sources of evidence and gaps in the research.

Method

The review was conducted using scoping review methodology and reported in accordance with PRISMA-SCR guidelines.

A comprehensive electronic database literature search was conducted in March 2023, with support from university and healthcare librarians, using search terms relating to the following:

Nurse or nursing, in clinical academic, internship or training programmes.

Additional searching of grey literature, searching websites of relevant organisations or professional bodies for any documents related to clinical academic development or programmes, was conducted.

Rayyan and Endnote software were used to support screening, and data extraction was performed on all included articles, with independent reviewers.

Results

A total of 4531 articles were identified and 96 articles met inclusion criteria: (59 articles from published literature versus thirty-seven articles sourced through grey literature)

Three key findings were noted:

- Only 1 in 4 programmes were jointly delivered by healthcare and university partners with a wide variation in programme aims.
- It was unclear how connected the funders, providers, and users of the programmes were.
- The level of support from managers required to enable clinical academic progression was often hidden or complex in the available literature. This varied across different organisational settings.

Conclusion

The scoping review has highlighted that we need to understand the context in which decisions are made in terms of clinical academic workforces, in terms of sources of funding, resources allocation, motivations and drivers.

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Lead Presenter Biography
Claire Jennings is a Paediatric Critical Care (PCC) research nurse at Royal Manchester Children's Hospital, and a Lead Research Champion in Manchester University NHS Foundation Trust.
She is an active member of the national PCC Study Group and the PCC Incubator Steering Group.
She is currently undertaking doctoral studies at the University of Manchester, exploring how nurses pursue clinical academic careers.

2.7 Clinical Research Nursing

Flexi-retirement options: have you thought about a career in research?

Tuesday, 10th September - 13:45: 2.7 Workforce and employment - Oral - Abstract ID: 442

Ms. Helen Gaunt (University Hospitals of Leicester), Ms. Antonella Ghezzi (University Hospitals of Leicester)

Abstract

Background:

Retirement and losing experienced staff has always been a challenge in nursing and midwifery . Offering flexible working patterns and retirement options may decrease the exodus of talented staff (RCN 2022). Improvement is needed to retain staff and offering the opportunity for flexi-retirement is of paramount importance . Flexi-retirement allows organizations to be flexible about the age at which staff may retire. It may involve staff taking on a different role which may include modifying the level of their responsibility whilst staying in the same organization, reducing the numbers of hours they work or simply experiencing a combination of roles (RCN 2024).

Objective:

To offer a career in research as a flexi-retirement option to nurses and midwives.

Methods:

A case study approach was used to study 3 options:

- Retire and come back as an educator in research.
- Retire and come back as a research nurse.
- Retire and come back in a combined clinical and research champion role.

Initial feedback was obtained through a combination of in person 1:1 meetings, feedback from line managers and from human resources colleagues.

Findings:

Preliminary results show that experienced staff may choose to stay on longer, share and impart skills and support others. Flexi retirement may be considered a positive experience in supporting staff who are moving towards the end of their fulltime career. It is an option that can help to keep experienced staff in work whilst still supporting their health and wellbeing by combining work with retirement as well as supporting retention of staff and reducing the costs and time of recruitment.

Conclusion:

A career in research can be an exciting flexi-retirement option and may allow nurses and midwives to transfer their knowledge, expertise and skills to the next generation. It may additionally aid succession planning whilst continuing to provide high quality patient care through research and education.

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Lead Presenter Biography
I qualified as an enrolled nurse in 1985 and then went on to convert to RGN. I always had an interest in cardiology. Moved to coronary care unit (CCU) and spent several years there before moving to a ward sister role. I then moved to the rapid access chest pain clinic which was initially a doctor led service. After completing additional training, I became one of the main lead nurses. I always had a particular interest in research and closely worked with academics. I led on a three years study on patient outcomes and published four papers.

Care home managers experiences of staff retention: An interpretive descriptive study

Tuesday, 10th September - 14:15: 2.7 Workforce and employment - Oral - Abstract ID: 300

Dr. Maria Drummond (ENRICH Scotland), Prof. Susan Shenkin (University of Edinburgh), Dr. Stephen Smith (Edinburgh Napier University), Dr. Emma Law (ENRICH Scotland), Dr. Geraldine Finnan (Edinburgh Napier University), Dr. Juliet MacArthur (NHS Lothian), Ms. Jennifer Newman (NHS Lothian), Mr. Bernie McInally (ENRICH Scotland and Neuroprogressive and Dementia Network), Ms. Anna Higgins (Edinburgh Napier University), Ms. Nicole Walsh (Edinburgh Napier University), Mrs. Lucy Johnston (Edinburgh Napier University)

Abstract

Introduction

Caring for older adults in care homes can be unpredictable and intense with many care homes under resourced (Islam et al., 2017, Navarro-Prados et al., 2024). For many care workers, the role can also be deeply enriching and rewarding as they build family-like bonds with the people they care for (Vassbø et al., 2019). This conflict between managing the risks and benefits associated with the role contributes to high staff turnover but is why most care workers who seek other employment stay within the sector (Rosen et al., 2011, Hussein et al., 2016, Scottish Government, 2020). Therefore, this study aimed to understand what can be learned from care home managers about what influences intention to leave and turnover among care workers.

Methods

This study was informed by interpretive descriptive (Thorne et al., 2004) methodology. Ten care home managers from Lothian completed single, semi-structured interviews. Interviews were online and in-person. Participants were recruited through the ENRICH Scotland network of Research Ready care homes. Interview data were analysed using reflexive thematic analysis (Braun and Clarke, 2019). An ethics review was completed by Edinburgh Napier University.

Findings

Three themes were identified: A perfect storm; Retention can start upstream; Keeping staff onboard and afloat. Participants described the serious nature of the retention and the challenging recruitment landscape. Participants who facilitated practice-based opportunities (such as rewards and professional development) and worked collaboratively with their teams around rota management were able to support care workers better. Participants also described a need for collective action for improved pay and working conditions.

Conclusion

Managers attempts to address recruitment and retention of staff, including those with an intention to leave in care homes are suggestive of an emergency, search and rescue mission. Managers can implement practice-based approaches to support care workers, however, necessary change extends to a societal level to improve working conditions.

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Lead Presenter Biography

A registered adult nurse and district nurse with twelve years community nursing experience, I now work as Senior Clinical Studies Officer at ENRICH Scotland. We are striving to improve the research infrastructure around care homes in Scotland.

3.2 Public And Patient Involvement

DemFoCAS – Enhancing dementia care in a UK hospital trust – insights from patient and public involvement and engagement (PPIE).

Wednesday, 11th September - 10:50: 3.2 Public and patient involvement - Oral - Abstract ID: 277

Prof. Camille Cronin (University of Essex), Dr. Rachel Marrow (University of Essex), Mr. Victor Ashby (University of Essex), Mr. Thomas Currid (University of Essex), Ms. Marie Alexander (East Suffolk and North Essex NHS Foundation Trust)

Abstract

Introduction:

The increasing prevalence of dementia in the UK presents significant challenges for healthcare, with projections estimating over a million affected individuals by 2025, costing the NHS £6.3 billion annually. Hospital admissions among dementia patients are common, occupying about 25% of UK hospital beds and leading to prolonged stays and diminished health outcomes.

Method:

This project employs Patient and Public Involvement and Engagement (PPIE) to enhance hospital care for dementia patients. Conducted through focus groups at dementia cafés in Essex and Suffolk from February to July 2023, the study engaged patients, carers, and family members, revealing six themes and 21 subthemes regarding hospital care, including carer roles, person-centred care, staffing, and communication.

Results:

Themes and subthemes identified through PPIE involvement were presented at a stakeholder event in July 2023. Subsequent workshops at the event facilitated discussions on addressing challenges and opportunities within each theme. From these discussions, practical focus areas were identified for the project, including optimising volunteer support, enhancing dementia-friendly environments, increasing awareness and training, reviewing processes and systems, and addressing staffing issues and staff wellbeing.

Discussion:

The next phase of the project involves evaluating current care practices using the hospital records, identifying touchpoints, and assessing existing plans related to the focus areas. A project steering group, comprising stakeholders including people living with dementia, family carers, and staff will guide future planning. This phase aims to evaluate the quality of current care, review planned changes, and consult with the project steering group to select areas for further evaluation.

Conclusion:

Moving forward, the study emphasises the importance of building collaborative relationships with stakeholders involved in dementia care. By incorporating insights from PPIE, this project seeks to identify inequalities in dementia care services, improve hospital care for people living with dementia, fostering a more inclusive and supportive healthcare environment.

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Lead Presenter Biography

Camille Cronin is Professor of Nursing at the School of Health and Social Care, University of Essex with interests in workforce issues, pedagogy, women's health, digital health, and case study research. Current research is women's health in the workplace and dementia in acute hospital settings.

Camille is the Chief Investigator in this project with the research team which includes Rachel Marrow, Victor Ashby, Thomas Currid and with Marie Alexander in partnership with East Suffolk and North Essex NHS Trust.

Co-designing Guidance for Involving Children and Young People in James Lind Alliance Priority Setting Partnerships

Wednesday, 11th September - 11:20: 3.2 Public and patient involvement - Oral - Abstract ID: 236

Mrs. Susie Aldiss (School of Health Sciences, University of Surrey), Ms. Laura Postma (University of Groningen, Beatrix Children's Hospital University Medical Center Groningen), Dr. Jasmijn Jagt (Department of Paediatric Gastroenterology, Emma Children's Hospital, Amsterdam UMC, Vrije Universiteit Amsterdam), Ms. Karijn Aussems (Department of Ethics, Law and Humanities, Amsterdam UMC), Ms. Helen Barrett (James Lind Alliance, National Institute for Health and Care Research, School of Healthcare Enterprise and Innovation, University of Southampton), Dr. Casper Schoemaker (Pediatric Rheumatology, Wilhelmina Children's Hospital University Medical Centre, Utrecht), Ms. Rachel Kimberley Temple (The McPin Foundation, London), Prof. Faith Gibson (School of Health Sciences, University of Surrey and Centre for Outcomes and Experience Research in Children's Health, Illness and Disability (ORCHID), Great Ormond Street Hospital for Children NHS Foundation Trust, London)

Abstract

Background

James Lind Alliance Priority Setting Partnerships (PSPs) find out what areas of health research are important to individuals with lived experience, families, and professionals caring for them. Many PSPs involve a range of stakeholders. Children and young people (CYP) are often absent, therefore what matters to them may not be well-represented. There is a lack of guidance on involving CYP in such exercises.

Aim

To work with young people to co-design guidance for the James Lind Alliance on involving CYP in PSPs.

Methods

This project was undertaken by researchers from four PSPs in the UK and The Netherlands, who had involved CYP, a researcher who had evaluated involvement of CYP and a James Lind Alliance representative.

Online meetings were held with young people who had been involved in a PSP. They were asked to reflect on their experiences, discuss what went well and what could be improved, to develop 'tips' on how best to involve CYP.

Results

Eight young people, aged 12-21 years, attended the meetings (Netherlands - November 2023, UK - February 2024). Most had attended a PSP prioritisation workshop. Overall, they reported positive experiences of their involvement: they felt listened to, their opinions were considered important, and they enjoyed hearing others' thoughts and experiences. Their tips for the workshop included: providing information about what to expect, ideas to help participants feel comfortable/relaxed and to help those who are more nervous, providing activities before and during the workshop. The guidance includes these tips along with examples of how the researchers adapted James Lind Alliance methods to involve CYP.

Discussion and conclusions

Through our PSPs, we have demonstrated it is possible to successfully involve CYP in setting research priorities. Future priority setting exercises on topics relevant to CYP should actively seek and include their views; guidance is now available on how to do this, co-designed with young people.

Lead Presenter Biography

Susie is a Research Fellow in the School of Health Sciences at the University of Surrey. Susie has been working as a researcher on various projects primarily in the field of children and young people's cancer care since 2004. Susie has a degree in Psychology and MSc in Health Psychology. Susie's research interests include: the experiences of children and young people who have cancer, communication about cancer, symptoms and treatment between children, professionals and parents, using innovative participatory techniques to engage with children in research and transition from child to adult health services.

Designing inclusive research: the role of patient and public involvement and engagement (PPIE)

Wednesday, 11th September - 11:50: 3.2 Public and patient involvement - Oral - Abstract ID: 451

Dr. Chris McParland (University of Glasgow), Dr. Bahaa Alassoud (University of Glasgow), Dr. Maria Drummond (University of Glasgow), Dr. Annabel Farnood (University of Glasgow), Ms. Chandra Purba (University of Glasgow), Ms. Muzeyyen Seckin (University of Glasgow), Ms. Saengrawee Thanthong (University of Glasgow), Prof. Bridget Johnston (University of Glasgow)

Abstract

Background: Research projects often fail to account for the barriers to participation faced by under-served groups, including people with physical or mental disabilities, people who belong to an ethnic minority group, non-fluent speakers of the study language, or people with multiple chronic conditions (Witham et al, 2020). Not only is this discriminatory, but it can result in findings which either don't apply to the whole population or don't translate to real-world impact (NIHR Evidence, 2021).

Aim: In this presentation we provide examples of how our group used patient and public involvement and engagement (PPIE) to improve the inclusivity of our PhD projects.

Methods: The authors conducted nursing PhD projects as part of the same research group between 2017 till the present using qualitative, quantitative and mixed methods. A diverse range of topics and study populations were involved in the projects, with the common theme of improving the way care is provided to people who have palliative, supportive, end-of-life, or bereavement care needs. All studies involved PPIE, although the methods of involvement and engagement varied between different projects. A separate publication provides more detail (McParland et al, 2023).

Results: The main way in which PPIE influenced how studies were designed was through improving accessibility for people who are often excluded from research. Specific case studies will be presented, which cover the ways in which barriers to physical and mental disabilities were overcome while recruiting from a busy clinical area, the role of PPIE collaborators in supporting multilingual researchers, and how operating beyond the online space is essential in reaching some cultural groups.

Conclusion: PPIE is increasingly expected by those who fund, approve, and publish research. Yet it should not be approached as a tokenistic activity. Involving and engaging people with lived experience of the study phenomena can help ensure research is both inclusive and impactful.

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Lead Presenter Biography

Chris is a postdoctoral research associate at the University of Glasgow's School of Medicine, Dentistry and Nursing. His PhD used mixed methods to develop a nurse-led intervention to improve care for people with advanced multimorbidity. Chris' other interests include patient and public involvement and engagement (PPIE), and palliative care in prisons.

3.3 Workforce and employment

Facilitating research activity among nurses in clinical practice using action research.

Wednesday, 11th September - 10:50: 3.3 Workforce and employment - Oral - Abstract ID: 275

Ms. Lindy Morrison (University of Glasgow), Prof. Bridget Johnston (University of Glasgow), Dr. Mark Cooper (NHS Greater Glasgow & Clyde)

Abstract

Background

Nursing research is a cornerstone of the development of safe, efficient, and person-centred practice (Polit and Beck 2017). However, clinical nurses are faced with a multitude of competing priorities, and the conduct of research is often a lesser priority when competing with role demands. A systematic review was conducted to explore the barriers/enablers that impede/aid nurses in clinical practice to conduct research in practice (Morrison, Johnston and Cooper, 2022). Synthesis of this body of evidence informed the design of this study.

Aim

To facilitate and evaluate research activity among nurses in clinical practice within a virtual Accident and Emergency using an action research approach.

Methods

Action research was utilised to engage with a purposive sample of Advanced Nurse Practitioners (n = 4) within NHS Greater Glasgow and Clyde's Virtual Accident and Emergency. Three cycles of action research were conducted to identify a research priority, develop, and conduct the associated research, and evaluate the effectiveness of this approach. Data were collected from multiple sources over 9 months, in 2022.

Results

Data analysis was ongoing throughout this study, as reflection was key to informing next steps. One-to-one evaluative interviews with participants were subsequently conducted and analysed using Braun and Clarke's (2006) approach. Analysis of these interviews in partnership with the group's outputs indicated that action research was an effective approach.

Discussion

While it is acknowledged that this was a small-scale study, findings suggest that action research is an effective approach to research capacity building, that could be transferable to wider nursing teams and develop beneficial relationships between educational institutions and clinical practice.

Conclusion

Nurse managers, researchers and educators should consider action research as a dynamic approach to facilitate the conduct of research by nurses in practice, to develop the evidence-base in a variety of settings internationally.

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Lead Presenter Biography

PhD student, University of Glasgow, Nursing & Health Care School

Lecturer (Adult Nursing), University of the West of Scotland, Lanarkshire Campus, School of Health & Life Sciences

“As much as I miss it… I can’t bring myself to go back”: Experiences of early career registered nurses who leave nursing.

Wednesday, 11th September - 11:20: 3.3 Workforce and employment - Oral - Abstract ID: 176

Ms. Fiona Bastow (Edinburgh Napier University)

Abstract

Background

There is evidence of a nursing workforce crisis with increasing *intention to leave* (Royal College of Nursing, 2021), yet little is known about the experience of *leaving* the profession or direct nursing care. Actual nursing turnover needs further exploration (Hallaran et al., 2020; Halter 2017). Early career nurse retention is a priority due to significant investment in nurse education and the high incidence of nurse turnover in the first few years of qualification (Buchan et al., 2018; Collard et al., 2020). This study explores actual nursing turnover experience in the UK context.

Aim

To gain in-depth understanding of the experience of leaving nursing focusing on early career nurses who worked in the NHS and left direct care nursing, or the profession itself, within 5 years of registration as a nurse.

Methods

This qualitative study uses a narrative approach to focus on individual stories of leaving nursing to elicit in-depth first-hand experiences. Participants were recruited via social media and professional networks, for this hard-to-reach group. Phase one was carried out in January-March 2024, 8 participants had in-depth online video interviews.

Results and discussion

Preliminary findings in phase 1 of this study offer contextual evidence and add to current knowledge based on actual turnover experiences. Numerous complex factors shape individual narratives and shared elements can inform discussion about current nursing workforce challenges. Key findings include:

Becoming a nurse: motivations to nurse; strategic career choices; nursing identity.

Experiences as a nurse: dissonance between values and reality of nursing; lack of autonomy to improve care; negotiating peer support; poor mental health; high-pressure workloads; COVID experiences; incivility in practice.

Leaving nursing: impact of loss of nursing identity; sense of failure; reshaping personal and professional identities.

Conclusions

This UK wide study offers insight into reasons for actual professional turnover of nurses in the NHS, of interest to policymakers, NHS leaders, and researchers.

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Lead Presenter Biography

I am an experienced nurse and lecturer in adult nursing and a PhD student researching the experience of early career nurses who leave nursing. My qualitative study uses a narrative approach and aims to gain an in depth understanding of why people leave direct nursing care, or the profession itself. My interest in this topic stems from experiences of supporting pre-registration students and qualified nurses in academic and practice settings. I work on the undergraduate nursing programme, my clinical background is acute cardiology nursing, and am a member of the Cardiovascular Health Theme.

Exploring healthcare professionals’ experiences of the online resilience intervention during COVID-19 pandemic using a framework analysis

Wednesday, 11th September - 11:50: 3.3 Workforce and employment - Oral - Abstract ID: 142

Prof. Lau Ying (The Chinese University of Hong Kong)

Abstract

Background: The COVID-19 pandemic has resulted in a greater workload in the healthcare system. Therefore, healthcare professionals (HCPs) continue to experience high levels of stress resulting in mental health disorders. From a preventive perspective, building resilience has been associated with reduced stress and mental health disorders and promotes HCPs’ intent to stay. Despite the benefits of resilience training, few studies provided an in-depth understanding of the contextual factors, implementation, and mechanism of impact that influence the sustainability of resilience interventions. Therefore, examining target users’ experiences of the resilience intervention is important. This will provide meaningful information to refine and improve future resilience interventions.

Objective: This qualitative study aims to explore HCPs’ experiences of participating in the web-based Building Resilience At Work (BR@W) intervention. In particular, explore the contextual and implementational factors that would influence participants’ interaction and outcome from the intervention.

Methods: A descriptive qualitative approach using individual semi-structured Zoom interviews were conducted with participants of the online resilience intervention. A framework analysis was conducted guided by the process evaluation framework.

Results: A total of 33 HCPs participated in this qualitative study. Three themes depicted participants’ experiences, interactions, and impacts from the BR@W intervention. The three themes included earning from online interactive tools, interacting with the BR@W intervention, and promoting participants’ workforce readiness were elucidated from the framework analysis.

Conclusions: Findings show that a web-based asynchronous, and self-paced resilience intervention is an acceptable and feasible approach for HCPs. The intervention also led to encouraging findings on participants’ resilience, intent to stay, and employability. However, continued refinements in the components of the online resilience intervention should be carried out to ensure the sustainability of this intervention.

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Lead Presenter Biography

Professor Lau has extensive research experience in Singapore, Hong Kong, Macao, and Mainland China. She focuses on preventive medicine using her expertise in different types of research design, including qualitative, quantitative, systematic reviews and meta-analyses, psychometric assessments, and large-scale studies. She was listed as one of the world’s top 2% of most-cited scientists in 2021 and 2022 by Stanford University. She has published in 154 international journals and secured over Hong Kong $6 million in research grants. The H-index and citations of papers in Scopus are “29” and “2,689” respectively from various disciplines on Feb 27, 2024.

3.4 Under-represented groups

‘Not knowing’: A concept analysis of uncertainty within the context of food allergy

Wednesday, 11th September - 10:50: 3.4 Under-represented groups - Oral - Abstract ID: 281

Mrs. Anne McDonnell (The Newcastle upon Tyne Hospitals NHS Foundation Trust), Prof. Joseph C. Manning (University of Leicester/ Nottingham Children’s Hospital, Nottingham University Hospitals NHS Trust), Dr. Linda Tinkler (The Newcastle upon Tyne Hospitals NHS Foundation Trust), Prof. Jane Coad (University of Nottingham)

Abstract

Globally, food allergy is a growing health concern with increasing prevalence in children and young people (CYP) and currently no cure. For CYP the responsibility for ensuring avoidance of allergens, management of potentially fatal acute allergic reactions, and communicating risks rests primarily with caregivers. Many aspects of food allergy management are inherently uncertain which can impact upon parental psychological wellbeing and is associated with challenging behaviours exhibited by parents such as avoidance and under and over engagement (Szulczewski et al., 2017). Uncertainty is identified a promising target for psychological intervention in caregivers of children with food allergy. However, research in this field is under-represented. The concept of uncertainty is frequently used with this group but is vague and ambiguous. This lack of clarity serves as a significant barrier to research inquiry (Rodgers, 1989). Concept analysis is systematic approach that refines ambiguous concepts providing clarity around definition and consensus surrounding meanings attached to its use (Rodgers, 1989, 2000)

This paper will describe a concept analysis of uncertainty within the context of illness. The analysis will focus on uncertainty as experienced by parents of children with long term illness. The analysis will follow the six steps of the Evolutionary Concept Analysis Framework as described by (Rodgers, 1989, 2000). Antecedents, attributes and consequences of uncertainty will be identified, a schematic representation developed and findings will be critically presented. The concept analysis of uncertainty will be shared with delegates as part of an exploratory interpretivist research inquiry approach into CYP with food allergy and their caregivers, to date an unexplored but much needed area of study. A Favourable Research Ethics Opinion has been received for this reaserch from the Faculty of Medicine & Health Sciences Research Ethics Committee, University of Nottingham.

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Lead Presenter Biography

Anne McDonnell is a Nurse Specialist (Children and Young People (CYP): Allergy and Immunology) and recipient of an NIHR ICA Pre-doctoral Clinical and Practitioner Academic Fellowship (PCAF). Anne is currently undertaking a MA in Research Methods (MARM) (Health) at the University of Nottingham. Anne ‘s research area of interest is the emotional and mental health needs of parents and caregivers of CYP with food allergy. Anne’s masters level dissertation comprises a qualitative study exploring psychological models of uncertainty and the impact or uncertainty, ‘not knowing’, on the psychological wellbeing of parents and caregivers of children with food allergy.

Paediatric family activation rapid response (FARR): Qualitative exploratory study for the development of a digital multi-lingual intervention.

Wednesday, 11th September - 11:20: 3.4 Under-represented groups - Oral - Abstract ID: 455

Dr. Takawira Marufu (Nottingham Childrens Hospital, Nottingham University Hospitals NHS Trust), Mrs. Nicola Taylor (Nottingham Childrens Hospital, Nottingham University Hospital), Ms. Shannon Cresham Fox (Nottingham Childrens Hospital, Nottingham University Hospitals NHS Trust), Dr. Emma Popejoy (Nottingham Childrens Hospital, Nottingham University Hospitals NHS Trust), Mrs. Rachel Boardman (University of Leicester/ Nottingham Children's Hospital, Nottingham University Hospitals NHS Trust), Prof. Joseph C. Manning (University of Leicester/ Nottingham Children's Hospital, Nottingham University Hospitals NHS Trust)

Abstract

Background: Delayed recognition of clinical deterioration can result in harm to patients [1]. Parents/ carers can often recognise changes in the child's condition before healthcare professionals (HCP). To mitigate the risk of failure to rescue and promote early intervention, family-activated rapid response (FARR) systems are part of family-integrated care [2]. Mechanisms for parents/caregivers to escalate concerns regarding their child's clinical status remain limited to direct verbal communication which may impede those with communication/linguistic challenges [2,3].

Aim: To develop a digital multi-lingual intervention by which families/carers can escalate their concerns directly to the rapid response team whilst in acute paediatric care.

Methods: A single-centre, sequential, intervention development study was conducted involving: (i) e*vidence gathering* - A systematic review of the international literature [2] and (ii) p*rototype development:* Using experience-based co-design workshops. Participant recruitment targeted underserved communities for multi-lingual functionality validity. Data was analysed using qualitative content analysis. Full Ethical approval was received (REC reference: 22/WA/0174).

Results: The review identified five telephone family activation interventions [2].

Thirty participants took part in the workshops (16 parents/ carers and 14 HCPs). Three themes were generated from the data analysis; (i) Relational factors consisting of communication, professional and parental attributes, and collaborative working, (ii) Technology factors consisting of app content, usage and outcomes, and (iii) Individual and environmental factors consisting parental and professional elements, and workload. A FARR app prototype was developed.

Discussion: The study co-created a multi-lingual app by which families/carers can escalate their concerns directly to the rapid response team. In the absence of accurate artificial intelligence language translation services, a crossover approach – professional translation to native speakers and vice-versa was used providing rigour on accuracy of multilingual functionality.

Conclusion: The technology acknowledges cultural nuances and preferences, ensuring that parents can communicate in a manner that aligns with their cultural background, thereby enhancing the quality of care delivered.

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Funder: The Study was funded by Oracle Cerner, the American Nurses Credential Centre (ANCC) Pathway to Excellence® (no award/grant number), and the CRN East Midlands Under-served Communities funding 22/23 (UF49).

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Lead Presenter Biography

Dr Marufu is a Clinical Academic Nursing Research Lead at Nottingham Children's Hospital, Honorary Assistant Professor; Centre for Children and Young People Health Research (CYPHR), School of Health Sciences, Faculty of Medicine and Health Sciences, Nottingham University and Honorary Fellow, School of Healthcare, College of Life Sciences, University of Leicester. He is currently on an NIHR Senior Research Leadership Programme and his current NIHR-funded research study focuses on testing pressure injury assessment tool accuracy in babies, children, and young people with dark skin tones.

Transcultural Nursing Skills in Action: An Assessment of the ¡Viva Bien! Health Promotion Initiative on Baccalaureate Nursing Students

Wednesday, 11th September - 11:50: 3.4 Under-represented groups - Oral - Abstract ID: 201

Dr. Maria Hughes (Purdue University Northwest)

Abstract

Background

Research indicates there is strong evidence to support a need to investigate educational strategies aimed at cultivating cultural competence among novice nursing students, yet there is little research on the measurement of designed strategies that delineate specific skills to improve cultural congruence (Oikarainen, et al., 2019; Sharifi, et al., 2019).

According to the American Association of Colleges of Nursing *(AACN), The Essentials of Baccalaureate Education for Professional Nursing Practice* defined five key competencies required to provide culturally competent care in partnership with an interdisciplinary team. The fifth competency specifically stresses the significance of continuous cultural competence development. Therefore, a standardization of measurement to evaluate the effectiveness of educational strategies is essential.

Aims

To identify practical skills that contribute to effective cultural competence while engaging in a ¡Viva Bien! a population-specific health promotion initiative.

Methods

Design By utilizing the Transcultural Self-Efficacy Tool (TSET), this study evaluates participants before and after their active engagement in the health promotion initiative to assess changes in self-efficacy and perceived cultural competence.

Setting Undergraduate nursing students from a Hispanic-Serving Institution (HSI) engaged in the population-specific health promotion initiative, ¡Viva Bien! Students from an HSI, share an intrinsic connection with the Hispanic community that the health promotion initiative serves.

Results

Evaluation of the pre-and post-scores of the TSET to determine the impact of the practical skills used throughout the health promotion initiative on promoting cultural competence.

Discussion

The ¡Viva Bien! health promotion initiative integrates pedagogical principles by practical application of knowledge, fostering effective communication, community engagement, and promoting reflective practice. This example of an integrative learning strategy can contribute to the practical skill development of cultural competence.

This study received approval from the Institutional Research Board (IRB) at Purdue University Northwest. IRB-2023-1747

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Lead Presenter Biography

She is an Assistant Professor in the College of Nursing at Purdue University Northwest. She holds ANCC board certifications in both the Nurse Executive Advanced and the Nurse Educator credentials.

She teaches in both the undergraduate and graduate programs.
She is a member of the American Nurses Association (ANA), the Indiana Nurses Organization of Nurse Leaders (IONL), the National League for Nursing (NLN), the Transcultural Nursing Society (TCNS), the National Association of Hispanic Nurses (NAHN) and Sigma Theta Tau International (STTI).
Her passion lies in cultivating an inclusive learning environment that embraces diversity and promotes equity for students.

3.5 Workforce

A hermeneutic phenomenological investigation of adult nurses' concept of agency in clinical nursing care within hospital settings

Wednesday, 11th September - 10:50: 3.5 Workforce - Oral - Abstract ID: 211

Dr. Nkosilathi Moyo (University of Wolverhampton)

Abstract

A hermeneutic phenomenological investigation was undertaken to understand nurses' concept of agency (the power to act) in clinical nursing care within hospital settings. It examined how free or constrained nurses felt in nursing care within their scope of practice. There were questions of what constituted freedom in nursing care. Data was gathered using stories from nurses' experiences in clinical practice. A purposive homogeneous sample of twelve nurses was used in this study, all of whom were insiders who were involved in clinical nursing care. This made it easier for them to understand the questions asked during their stories.

The main themes which emerged were experiences and responsibilities in nursing care, the ability to provide nursing care, constraints in nursing care and collaborative nursing care. The findings revealed that nursing care has changed over time, and nurses are now doing more clinical skills, but at a closer look, freedom appeared limited. Nurses could initiate and deliver basic nursing care; however, in some aspects of care, including extended roles, nurses first needed doctors' approval. When the findings were subjected to poiesis, the concept of agency was further compounded by the characteristics of power and authority, structuration, the cognitive empire, and colonialism. Findings were discussed against the backdrop of the existing literature and theories.

What made freedom an interesting concept in nursing care was that nurses could discuss their roles, responsibilities, and clinical nursing skills they had or did; however, they were unable to define nursing as it had various meanings to them. It was then difficult for them to say what was freedom. Freedom, however, was whatever the nurse saw as such. It was indicative that nurses should be allowed to develop their epistemic knowledges, deliver nursing care the way they saw appropriate and utilise clinical skills they were competent to perform.

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Lead Presenter Biography

My name is Dr Nkosilathi Moyo, senior lecturer in adult nursing. I am a registered adult nurse and tutor with the NMC. I have been a senior lecturer in nursing for over 25 years. I teach in all fields of pre-registration nursing, doing Masters nursing degrees, including Intensive Care Unit post-registration Masters courses. My specialist areas of clinical practice are emergency nursing, intensive care nursing and general nursing. I teach pathophysiology, anatomy and physiology, clinical nursing care, and research methods. I also supervise, teach and appraise doctoral students. My research interests are in agency, freedom and oppression in nursing care.

Improving inclusion in pharmacological review: The value of Parkinson's Nurse Specialists as non-medical prescribers

Wednesday, 11th September - 11:15: 3.5 Workforce - Oral - Abstract ID: 175

Dr. Kathryn McEwan (Northumbria University), Prof. Angela Bate (Northumbria University), Prof. Amanda Clarke (Northumbria University), Prof. Sonia Dalkin (Northumbria University), Dr. Stephen McCarthy (Northumbria University), Prof. Annette Hand (The Newcastle upon Tyne Hospitals NHS Foundation Trust)

Abstract

Providing inclusive pharmacological support to people with Parkinsons and their care partners requires specialist skills and competencies. Parkinson's medications are complex and treatment regimens require significant oversight and support. This paper/poster provides data on the scope, values, and impact where Parkinson's Nurse Specialists are qualified to provide non-medical prescribing (NMP). Recently finalised theories and evidence will be presented from a mixed methods study with HRA/REC approval. Data collection took place between 2020-2021, phase one included three online surveys for different participant groups: Parkinson's Nurses (PNS), people with Parkinson's (PwP), and their care partners (CP). Phase two included semi-structured interviews recruited through purposive sampling from respondents to all three surveys. In total,1172 participants (PNS 180, PwP 741, CP 251) took part in the surveys, and 46 semi-structured interviews were conducted (PNS 18, PwP 19, CP 9). Data was analysed inductively and iteratively, and a social constructivist grounded theory approach taken to identify emergent explanatory theories of social action, process, and behaviour. In the overall study, four data categories were identified. This paper provides the data from one category 'pharmacological review and support'. Emergent final theories establish that where Parkinson's nurses are prescribers, they can improve inclusion due to the combination of their specialism of Parkinson's and Parkinson's medication, with their understanding of the PwP individual condition, and their inclusion of care partners; together these allow for the provision of person-centred care. Further, when PNS (de)prescribe, they can improve concordance through continuity of care and the development of reciprocal trusting relationships with PwP and CP. Finally, they can improve the speed of treatment through cutting circuitous routes to medication management through other HSCPs.

Lead Presenter Biography

Kathryn is a Lecturer in Health and Social Care at Northumbria University and was the PDRA on the Understanding the Scope and Value of Parkinson's Nursing Project.

“I can’t look after my patients if I can’t look after myself”. Preliminary Findings of The WELLBEING Study: Exploring Healthcare Professionals’ Understanding of Psychological Wellbeing at Work and Patients’ Experiences of Care

Wednesday, 11th September - 11:40: 3.5 Workforce - Oral - Abstract ID: 366

Mrs. Kathryn Bamforth (University of Plymouth), Prof. Helen Lloyd (University of Plymouth), Prof. Bridie Kent (University of Plymouth), Prof. Jill Maben (University of Surrey), Dr. susie pearce (University of Plymouth)

Abstract

Background

COVID-19 and global economic insecurity has propelled the growing concern over healthcare professionals’ (HCPs) psychological wellbeing into crisis (Reed et al., 2022). The HCP literature frames wellbeing negatively (Bamforth et al., 2023). Despite HCPs’ wellbeing being linked to patients’ experiences of care there is a paucity of studies that involve patients (Bamforth et al., 2023).

Aims

The WELLBEING Study uses experience-based co-design to explore HCPs’ and patients’ perceptions of staff psychological wellbeing at work and identify possible models of wellbeing support. The findings from the initial interviews with HCPs and patients are presented.

Methods

This project took place on an elderly care community ward in the Southwest of England. Semi-structured interviews were undertaken with 13 HCPs and 6 patients between March-December 2022 (HRA and HCRW approval: REC 21/WA/0214). The data were analysed using reflexive thematic analysis (Braun and Clarke, 2022).

Results

Staff described the barriers and enablers to psychological wellbeing at work. Barriers included a pressurised system and a dysfunctional culture. Staff struggled to survive, experiencing moral distress, and suppressing their needs. Patients attempted to compensate by overly ingratiating themselves with staff and withholding their needs. Enablers included a nurturing culture and teamwork which supported staff to thrive. Staff that felt valued and recognised provided the relational care that patients craved resulting in good health outcomes.

Discussion

There is a complex interplay between the enablers and barriers of HCP psychological wellbeing at work; staff and patients experienced one or all of them during the same shift or episode of care. Patients were aware of staff wellbeing; this influenced the extent to which they shared health concerns.

Conclusion

Despite the pressures currently affecting HCPs, a nurturing culture and good teamwork support staff wellbeing at work and improves patients’ experiences. This study demonstrates the importance of cultivating environments where staff wellbeing thrives.

Keywords: Psychological wellbeing; healthcare professionals; patient experience; interviews

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Lead Presenter Biography

I qualified as a physiotherapist in 1998 and became interested in workforce wellbeing whilst studying for my MSc in 2016. I was particularly influenced by the module on compassion and the emerging link between staff wellbeing and patients' experiences of care. I moved into NHS Research and Development in 2017 and started my part-time PhD in Applied Health at the University of Plymouth in 2019. My PhD explores healthcare professionals' and patients perceptions of staff wellbeing at work and uses experience-based co-design to develop models of wellbeing support.

3.6 Nursing, Midwifery Or Support Worker Education

Nursing practice assessors; practice supervisors and academic assessors‘ experience and perceptions of their roles of when supervising student nurses: A multiple methods study

Wednesday, 11th September - 10:50: 3.6 Nursing, midwifery or support worker education / workforce and employment - Oral - Abstract ID: 263

Ms. CONSTANCE MAMBANJE (West London NHS Trust)

Abstract

Background: Implementation of the Nursing and Midwifery Council (NMC 2018) standards across the four nations of the United Kingdom replaced the mentor and sign off mentor with the roles of practice supervisor, practice assessor and academic assessor.

Study aims: The research aims to investigate through exploring, describing and explaining the perceptions of practice supervisor, practice assessor, and academic assessor roles and the factors that influence these roles in practice.

Study design: A two-phase exploratory sequential mixed method design will be adopted (Creswell and Creswell 2018). Stage 1, Grounded theory (Glaser and Straus,1967; Glasser,1978) methodology was used to collect qualitative data from practice supervisors, practice assessors, and academic assessors through semi-structured interviews. Findings from stage 1 will be used to inform the development of a questionnaire that will be used to collect quantitative data through an online survey in stage 2 of the study.

Results: Preliminary findings from stage 1 qualitative study identified 6 themes: Role Dynamics, Organisational Support, Four nations of UK NMC (2018;2023) Implementation, Professional Values, digital Technology.

Discussion: Qualitative findings offered insights into similarities and differences on how the NMC (2018) standards have been implemented across the United Kingdom. Role dynamics, Organisational support and professional values highlighted the challenges encountered in navigating the evolving landscape of nursing practice learning environment. Addressing the challenges and leveraging the opportunities presented by the NMC (2018; 2023) standards will be essential in promoting excellence and innovation within the nursing profession.

Conclusions: It is anticipated that the findings of the research will be generalised and will influence further development of guidance and evidence base NMC pre-registration standards in clinical practice environment. The research will contribute towards new and existing body of knowledge that will inform the NMC, Universities, and Healthcare providers to understand and improve the experiences of practice supervisors, practice assessors, and academic assessors creating robust clinical learning environments for student nurses.

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Lead Presenter Biography

Constance Mambanje is Head of Nursing Practice Development and Innovation at West London NHS Trust. She oversees Pre-Registration Nursing Learners, Preceptorship, International Recruitment, and Post-Registration Practice Development. As an Adult and Mental Health Nurse, Constance brings extensive experience in Acute and Community Mental Health Nursing, as well as Surgical Nursing.

She is also an experienced nurse educator and a PhD student. Her research centres on Practice Learning and Assessment of student nurses. She is passionate about ensuring that nurse learners develop the right skills and knowledge that will improve patient outcomes and advocates for teaching strategies that actively engage students.

Creation of Acute Oncology Standardised Competence Assessment Documents and their Evaluation (CASCADE): Phase 2

Wednesday, 11th September - 11:20: 3.6 Nursing, midwifery or support worker education / workforce and employment - Oral - Abstract ID: 352

Ms. Gina Madera (The Christie NHS Foundation Trust), Dr. Verna Lavender (Guy's and St Thomas' NHS Foundation Trust)

Abstract

Background:

The CASCADE project aimed to standardise education, training and assessment to improve the knowledge and skills of staff caring for patients with an oncological emergency. Competence assessment passports at four levels of practice (UKONS, 2018) were piloted and evaluated across the UK.

Aims:

To evaluate the educational quality, acceptability and accessibility of the Passports and identify perceived staff confidence of acute oncology knowledge and skills.

Methods:

Data was collected from learners and assessors in 27 NHS trusts, 3 universities and primary care using online questionnaire. Patient key performance indicator data was also collected (IRAS-326060). Data were analysed using descriptive and inferential statistics and content analysis.

Results:

Here we report findings from learner respondents. There was >99.5% data completeness from 718 pre-pilot and 306 post-pilot respondents. Chi-squared goodness-of-fit demonstrated significant agreement between pre and post respondent characteristics. Passport completion rates, hours spent and duration were calculated for each level of practice. Significant difference was found between time to complete and level of qualification using the Kruskal-Wallace test (H), p = <.001. There was a significant difference between pre and post confidence in level of knowledge and skills (t-test = -11.843, 1014df, p = <0.01). The Passports were pitched at the correct level (Chi-square = 61.67, 8df, p = <0.01). The most frequent free text responses were that the Passports are informative and relevant but there was a need for practice-based learning and dedicated study time.

Discussion:

The acute oncology competence assessment Passports have been successfully piloted across the UK and are well evaluated by learners. There was a high level of stakeholder engagement across the UK, but the limited timeframe of the pilot presented challenges for learners completing Passports.

Conclusion:

The Passports are fit for purpose, acceptable and high-quality assessment documents. Revised versions will be launched and published Summer 2024.

References

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Lead Presenter Biography

Dr Verna Lavender is Head of Nursing for Research and Education in Cancer and Surgery at Guy's and St. Thomas'. She is also an NIHR Nursing and Midwifery Senior Research Leader. She is Past President of the UK Oncology Nursing Society, Visiting Associate Lecturer at the University of Surrey and a NIHR Senior Research Lead in the Nursing and Midwifery Programme. Verna is also the chief investigator of the Creation of

Acute oncology Standardised Competence Assessment Documents and their Evaluation (CASCADE) project and a Steering Group member of the Health Education England Aspiring Cancer Career and Education Development (ACCEND) programme.

The level of nurses’ work engagement and the antecedents

Wednesday, 11th September - 11:50: 3.6 Nursing, midwifery or support worker education / workforce and employment - Oral - Abstract ID: 153

Mrs. Mudhar Al Adawi (Royal Hospital), Dr. Hind Al Mamari (Al Dhahira Directorrate of health affairs), Mrs. Hiba AL Farsi (Ministry of health), Mrs. Marwa Al Nabhani (Sumail Hospital), Mrs. Saadiya Al Haddabi (Royal Hospital), Mrs. Muna Al Shukri (Musandam Hospital)

Abstract

Background: Nurses’ work engagement has received extensive attention due to its positive impacts on individual and organizational outcomes, including patient safety and quality care in healthcare organizations.
Aim: This study aims at examining the level of work engagement among nurses and its associated factors.
Methodology: This is a cross-sectional study utilizing an online survey and systematic stratified sampling. Each stratum represented a governorate (district). This study utilized the shortened version of the Work Engagement Scale. 940 nurses were recruited to participate in this study according to the strata specified.
Analysis: Descriptive statistics were applied to describe the sample work-related characteristics. The mean and standard deviation were assessed for work engagement. Pearson’s correlation analysis was applied to examine the relationships between key study variables.
Results: The decision-weight average was calculated from the mean average of respondents, which is **4.9.** Data analysis shows that the majority of the respondents appear to feel enthusiastic about their job, find that their job inspires them, feel happy when they are working intensely, feel proud of the work they do, and get immersed in their work. On the other hand, the majority of the respondents had a low perception of their energy at work and their feelings about when to go to work. interestingly, there was no association between the level of work engagement and the type of unit the nurse works in (i.e., critical care, general wards) or the years of experience the nurse works in
Conclusion: This study examined the level of work engagement among nurses overall. It was noticeable that the majority of nurses feel proud of their job and get immersed in the work they do, regardless of their energy from the workload. Type of unit, qualification, and years’ experience were not associated with participants’ level of work engagement.

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Lead Presenter Biography

Nurse researcher at Royal hospital , Oman

MSC advanced nursing
leading the scientific work at Royal hospital
leading the two hourly purposeful round at Royal hospital
Initiated the journal club and EBP culture at Royal hospital, Oman

3.7 Inequalities in Health

Adult experiences of sexual assault disclosures in nursing practice: A phenomenological study

Wednesday, 11th September - 10:50: 3.7 Inequalities in health - Oral - Abstract ID: 76

Dr. Claire Dosdale (Northumbria University)

Abstract

Introduction:

Sexual assault is a form of sexual violence; it is a deeply violating experience for the survivor resulting in both immediate and long-term health implications. Research demonstrates experiencing sexual assault can lead to serious public health concerns of epidemic proportions, yet the number of people seeking support from healthcare remains low. Nurses' roles are continually evolving, leading to increased responsibility, indicating nurses are significantly more likely to receive disclosures and/or support those that have experienced sexual assault.

Aim and Objectives:

The aim of this research is to address this gap in knowledge and gain insight surrounding disclosure experiences to nurses, through the perspectives of both survivors and nurses.

Methods:

A phenomenological approach was used to carry out this research exploring the lived experience. Descriptive phenomenological methods were sought to capture the experience for both sets of participants. Seventeen participants taking part in this study (9 survivors/8 nurses) using non-dyadic interviews. Data was analysed using the descriptive phenomenological psychological method.

Outcomes:

Three phenomenological concepts are identified: authenticity, empathy, and embodiment. Survivors struggled to face their authentic self resulting in a lack of acceptance of the assault. Whilst all participants experienced empathy they were often not aligned, e.g. survivors were searching for empathy, at the same time the nurse turned away from their empathetic response (to compartmentalise). Facing the authentic self and the empathetic engagement result in an experience that embodied both sets of participants.

Conclusion:

Both sets of participants' experiences are entrenched with underlying rape myth and victim blaming assumptions resulting in bias that impacts communication and ongoing support. This study demonstrated nurses would benefit from being trauma informed in their care and practice, only then will they be able to fully understand the impact trauma might have on an individual and appropriately support survivors of sexual assault.

Lead Presenter Biography

Dr Claire Dosdale is a registered nurse with over 20 years professional experience. Her clinical specialist role was in sexual health before moving into academia. She has been in nurse education for 10 years, leads the department in Fitness to Practise, and teaches in both pre and post registration education. Her doctorate and ongoing research explores sexual violence disclosures, and adherence to rape myth assumptions in healthcare. She is an early career researcher with knowledge in qualitative methods, undertaking sensitive research, and has presented her research internationally.

A qualitative systematic review of the experiences of people from ethnic minority backgrounds living in care homes

Wednesday, 11th September - 11:20: 3.7 Inequalities in health - Oral - Abstract ID: 453

Mrs. Lorna Hollowood (University of Birmingham), Prof. Julie Taylor (University of Birmingham), Dr. Kerry Allen (University of Birmingham)

Abstract

Aim: Despite the increasing need for older people from ethnic minority backgrounds to be able to access good quality, culturally competent care home provision, globally, there is an absence of literature exploring resident's perspectives on their care experiences. This study aimed to conduct a systematic review identifying and synthesising qualitative evidence which explored the experiences of residents', and their families, from ethnic minority backgrounds, and their families, who live in care home settings.

Design: A qualitative systematic review

Data Sources: Nine electronic databases were systematically searched MEDLINE, Nursing and Allied Health, CINAHL, ASSIA, AMED, Sociological Abstracts, PsycINFO, Web of Science, SCOPUS for research published after 2005 until 1st January 2024.

Review Methods: This systematic review of qualitative studies was conducted in accordance with The PRISMA 2020 (Preferred Reporting Items for Systematic Reviews and Meta-analyses) statement (Page et al 2020). Studies were appraised individually for quality based upon validated critical appraisal tools from the Joanna Briggs Institute (2020). Qualitative data were extracted and synthesised using reflexive thematic analysis.

Results: Sixteen studies were identified from the international literature, that explored care home experiences from the resident's and families' perspectives. Three key themes were extrapolated ***Patter;*** which includes how cross cultural communication skills and language affect care experiences, ***Place;*** including the care home environment, the multi-ethnic environment and quality of care and ***Person;*** the individual's culture, values, beliefs, food and family.

Conclusion: There is a significant absence of literature in the UK, and low-to-middle income countries exploring the care home resident's perspectives on care provision. The main components of culturally competent care are cultural humility in communication and language, adaptability of an environment to support resident's chosen way of living and a culturally responsive approach to living well and family involvement. There is need for research, education and policy initiatives aimed at enhancing the care home provision for people from ethnic minority groups.

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Lead Presenter Biography

I am a registered adult nurse and a full time Assistant Professor in Adult Nursing at the University of Birmingham. My clinical background was mostly working in primary care settings, working as a District Nurse and also in Specialist Palliative Care. I also work closely with the care home sector in my role as a clinical associate with the Gold Standards Framework. I am passionate about tackling social justice issues such a health inequalities and the broader impact in both education and health. I am currently studying for my PhD.

Consultations with Muslims from Minoritized Ethnic Communities Living in Deprived Areas: Identifying inequities in mental health care and support.

Wednesday, 11th September - 11:50: 3.7 Inequalities in health - Oral - Abstract ID: 101

Dr. Oladayo Bifarin (Liverpool John Moores University ; Mersey Care NHS Foundation Trust), Mr. Ashraf Tannerah (Liverpool John Moores University; Alder Hey NHS Foundation Trust), Ms. Oluwalolami Hazel (Not applicable), Ms. Sheree Desson (Mersey Care NHS Foundation Trust), Mrs. Rahima Farah (Central Liverpool Primary Care Network), Ms. Zalihe Kamil-Thomas (Liverpool John Moores University), Dr. Halima Iqbal (Univeristy of Bradford), Dr. Catrin Eames (Liverpool John Moores University), Dr. Pooja Saini (Liverpool John Moores Univeristy)

Abstract

Background: The Muslim population in the United Kingdom (UK) are under-represented groups within statutory mental health services. Concerning existing inequities in mental health care and support, limited research captures their perceptions and lived experiences.

Aim and Methods: Underpinned by social constructivist theory, we adopted a consultation approach to facilitate public-patient involvement and engagement (PPIE). In June 2023, we consulted Muslims from minoritised ethnic communities living in deprived areas in Liverpool, UK who are Algerian, Egyptian, Moroccan, Pakistani, Somali, Sudanese, and Yemeni communities to identify inequities in mental health care and support. We had 27 Women consultees and 8 Men consultees. We adopted purposive sampling technique and member checked our findings to enhance trustworthiness. This paper outlines recruitment strategy, data collection and processes for analysis. We used this consultation approach to (a) provide an environment that allows participants to safely share their perceptions and experiences of mental health care and support, and (b) promote inclusion in healthcare research activities.

Findings: Consultees' narratives generated four interlinked themes: (1) broken cycle of trust; (2) an over-medicalised model of care; (3) community mental health prevention initiatives; (4) culturally conscious training and education. Collaborative effort is required between service providers, healthcare professionals, community leaders and members to ensure that minoritised ethnic communities fairly access mental health services without contributing to existing stigma, promote education in mental health and remain cognisant of the influence of cultural and religious beliefs on clinical practices.

Discussions and Conclusion: This consultation, led by clinical academics who are Mental Health Nurses, strengthened existing place-based partnerships to improve access to health care provision for minoritised ethnic communities through proposed "one stop" shop (an intervention) aimed at driving improvements of local population health. Clinical academics can play significant roles in supporting delivery of evidence-based mental healthcare provisions to meet distinctive needs of the local population to mitigate existing mental health inequities pathways.

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Lead Presenter Biography

Oladayo is a Clinical Academic - Research & Effectiveness Lead at Mersey Care NHS FT and a Senior Lecturer (Mental Health Nursing). He holds an interest in the process of professional socialisation in nursing and nurse education.

Oladayo is an applied health researcher with keen interests in examining Mental Health Care pathways, with a specific focus on understanding the influence of culture on caregiving process and reducing health inequalities. Oladayo is passionate about increasing research capability and capacity for Nurses, Midwives and Allied Healthcare Professionals (NMAHPs), enabling knowledge mobilisation from clinical practice to clinical development and research implementation.

3.8 Clinical Research Nursing

Identifying national consensus about clinical research training resources in mandatory induction: First stage of an NIHR Nursing and Midwifery Senior Research Lead Project

Wednesday, 11th September - 10:50: 3.8 Clinical Research Nursing - Oral - Abstract ID: 354

Dr. Verna Lavender (Guy's and St Thomas' NHS Foundation Trust), Mrs. Diane McCarter (Liverpool Women's NHS Foundation Trust), Dr. Jo Teixeira (Royal national orthopaedic Hospital NHS Trust), Ms. Lucy Ainsworth (NIHR Coordinating Centre)

Abstract

Background

Menzies et al (2023) identified that 55% respondents had an interest in including clinical research training in mandatory induction, but found limited evidence of, and resources for, this across England.

Aim

To identify stakeholder consensus about what clinical research training to include in mandatory induction.

Methods

An adapted Nominal Group Technique (NGT) (Harvey and Holmes, 2012) was used to gain consensus over three online workshops between September 2023 and December 2023. Stakeholders represented induction training, clinical research delivery and clinical academic colleagues across healthcare organisations in England. Workshops were video-recorded, transcribed and 'Chat' was saved. Candidate items sourced from Menzies et al (2023) and at Workshop #1. Voting occurred between workshops using Mentimeter. Stakeholders assigned a score between 0-10 for each item and a median score was calculated. Items with a median score of 8 and above were further discussed and re-voted upon. Consensus agreement was reached in Workshop #3. Both content analysis and thematic analysis of Workshop recordings were conducted to ensure data completeness and reliability of the adapted NGT.

Results

Of 186 stakeholders invited, between 44 and 32 attended the workshops. Of 307 original candidate items, 20 items received a median score above 8/10 and gained consensus agreement. These included preference for type of resource (a bite-sized video, editable slide and website links), learning outcomes for mandatory corporate, mandatory clinical and local induction, and guidance for delivery and update responsibilities.

Discussion

Use of an adapted NGT achieved consensus about clinical induction training resources and delivery at online stakeholder meetings. Stakeholders were encouraged to attend all workshops; however, there was variation in attendance between workshops. This was mitigated by e-mail correspondence.

Conclusions

Findings are being used to adapt and/or develop clinical research training resources for corporate mandatory induction, which will be piloted and evaluated at three NHS Trusts.

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Lead Presenter Biography

Dr Verna Lavender is Head of Nursing for Research and Education in Cancer and Surgery at Guy's and St. Thomas'. She is also an NIHR Nursing and Midwifery Senior Research Leader. She is Past President of the

UK Oncology Nursing Society, Visiting Associate Lecturer at the University of Surrey and a NIHR Senior Research Lead in the Nursing and Midwifery Programme. Verna is also the chief investigator of the Creation of Acute oncology Standardised Competence Assessment Documents and their Evaluation (CASCADE) project and a Steering Group member of the Health Education England Aspiring Cancer Career and Education Development (ACCEND) programme.

Deciphering Decentralised Clinical Trials Across the Global Landscape of Clinical Research Nursing and Midwifery: A Pilot Comparative, Cross-Sectional Examination of Communication Skillset and Knowledge Base

Wednesday, 11th September - 11:20: 3.8 Clinical Research Nursing - Oral - Abstract ID: 26

Dr. Elizabeth Johnson (Montana State University), Dr. Gordon Hill (Glasgow Caledonian University), Mx. Lisa Marsh (Northwest University), Dr. Hazel Ann Smith (Staffordshire University), Mrs. Kelly Beer (Murdoch University)

Abstract

Background: Almost 1 in 4 clinical trials conducted across the globe today either are fully decentralised or contain decentralised elements of participant management or research conduct. The rapid adoption of the decentralised trial model has necessitated strong community engagement and outreach, along with diffusion of resources outside traditional trial sites. While clinical research nurses and midwives (CRNs/CRMs) are instrumental to optimal trial proceedings, a gap in literature exists pertaining to these roles' necessary resources and communication skillset required to engage with participants of diverse populations and geographic regions in the community or home-based decentralised clinical trials.

Aims: An embedded mixed methods study was conducted to examine CRN/CRM knowledge base, experiences, and communication skillsets pertaining to decentralised trials across global regions engaged in remote research: United States, Republic of Ireland, United Kingdom, and Australia.

Methods: An online survey was deployed across international CRN/CRM stakeholder groups, collecting demographics, decentralised trial experience, barriers and facilitators to optimal trial conduct, and the Self-Perceived Communication Competence (SPCC) and Interpersonal Communication Competence (IPCC) instruments.

Results: Data were collected from July 2022 until September 2022. 86 CRN/CRMs completed the survey: The SPCC and IPCC results indicated increased clinical research experience significantly correlated with increased SPCC score ($p<0.05$). Qualitative thematic analysis revealed 5 themes: 1. Implications for Role, 2. Safety and Wellbeing, 3. Training and Education, 4. Implications for Participants and 5. Barriers and Facilitators.

Conclusions: Common trends and observations across the global sample can inform decentralised trial resource allocation and policy pertaining to the CRN/CRM workforce. This study demonstrates shared cultural norms of research nursing and midwifery across varied regional clinical trial sites and practice settings, which indicates opportunities for collective, global development of education, training, and scholarship within the clinical research nursing and midwifery specialties.

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Lead Presenter Biography

Elizabeth is an Assistant Professor (tenure track) at Montana State University- Mark & Robyn Jones College of Nursing in Bozeman, Montana. As a former research nurse and trial manager for 10 years, her academic research includes technology innovation and digital health device development for clinical trial participant safety management, with funding awarded from the American Nurses Association, NIH, Genentech Innovation Fund, and via the National Science Foundation- National Innovation Corps program. Her service includes Chair for the Research Committee of the International Association of Clinical Research Nurses and the American Nurses Association Innovation Advisory Committee for Technology + Medical Devices.

Improving the inclusion of adults with impaired capacity to consent in research: lessons from the CONSULT programme

Wednesday, 11th September - 11:50: 3.8 Clinical Research Nursing - Oral - Abstract ID: 189

Dr. Victoria Shepherd (Cardiff University)

Abstract

Background

Research involving people with impaired capacity to consent can be challenging due to the ethical, legal, and methodological challenges issues involved and are often excluded from research as a result. Inclusion of under-served groups is a priority area for policymakers and research funders, and a global ageing population with rising rates of conditions such as dementia brings greater urgency to addressing the barriers to inclusion.

Aim

CONSULT is a nurse-led programme of research which is exploring the challenges encountered when designing and conducting research involving adults with impaired capacity to consent and developing targeted interventions to support inclusion.

Methods

This presentation will focus on four workstreams: 1) CONSULT-ENABLE qualitative study exploring the barriers and facilitators to research involving people with impaired capacity, 2) development of the NIHR INCLUDE Impaired Capacity to Consent Framework to help researchers design trials that are more inclusive of this population, 3) development and evaluation of a decision support intervention for family members making research decisions, 4) CONSULT-ADVANCE which is a mixed-methods study exploring the acceptability and feasibility of advance research planning to enable people to express their preferences about taking part in research should they lose capacity in the future.

Discussion

A number of structural, systemic, and methodological barriers to research involving adults with impaired capacity have been identified. Tools such as the INCLUDE Impaired Capacity to Consent Framework will support researchers to overcome these, alongside resources to support its uptake. Interventions such as the decision aid will help to support decision-making by families, which could be informed by the person's advance research planning.

Conclusions

The CONSULT programme is developing evidence-based interventions to improve inclusion in research, underpinned by clinical and methodological expertise. The findings will inform changes to research practice and help ensure that research is more inclusive of this under-served group.

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Lead Presenter Biography

Victoria Shepherd is a Senior Research Fellow and registered nurse based at the Centre for Trials Research (Cardiff University) where leads an interdisciplinary research programme exploring the ethical, legal, and methodological challenges surrounding research involving adults who lack capacity to consent. Victoria has held a series of prestigious NIHR and Wellcome Trust fellowships and currently holds an NIHR Advanced Research Fellowship. She has published over 70 peer-reviewed articles on this topic. She co-leads the inclusivity theme of the Trial Conduct Working Group of the MRC-NIHR Trials Methodology Research Partnership and is an expert member of an NHS Research Ethics Committee

4.2 Older People

EXPLORING AND UNDERSTANDING HIGH-QUALITY PERSON-CENTRED CARE IN CARE HOME SETTINGS

Wednesday, 11th September - 15:05: 4.2 Older People - Oral - Abstract ID: 343

Dr. Gary Hodge (University of Plymouth), Dr. susie pearce (University of Plymouth)

Abstract

Background

There are 16,726 care homes in the UK with a population of approximately 441,479 residents [1]. Compared to other groups in society there has been little research evaluating the delivery of high-quality person-centred care provided to residents in their care homes.

Aim

The primary aim of the study was to explore and understand the barriers to, and enablers of, delivering the most effective high-quality person-centred care possible in care homes.

Methods

The study used multiple case study design. Data was collected across seven care homes between September 2022 and August 2023 through multiple stakeholder interviews (n=61) and non-participant observation (400 hours). A reflexive stance was central to the research process. Data was triangulated and analysed using Reflexive Thematic Analysis [2]. Ethics approval was sought and obtained from the NHS (HRA) Social Care REC (ref: 22/IEC08/0009).

Results

Themes stress the importance of ‘people being placed at the centre’, when providing high-quality person-centred care, the challenge of residents and family members (re)negotiating their identity during the move into care home settings, the importance of a care home being the residents’ home, the crossing and negotiating of old and new boundaries between health and social care providers, and care home staff making sense and finding meaning during critical moments in care.

Discussion

The study provides new insights into the provision of high-quality person-centred care in care home settings through resident to system level and provides a platform for further research. The inclusion of an experienced older people’s mental health nurse as an embedded researcher and observer was critical in this study.

Conclusion

The provision of person-centred high-quality care is important to residents, family, professionals and health and social care systems as a whole. Nurses are central to developing person centred care in these settings [3] and are well placed to develop resident focused and accessible care home research.

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Lead Presenter Biography

Dr Gary Hodge worked within the NHS as an older people's mental health nurse over a period of two decades and is now a research fellow at the University of Plymouth. His topics of interest include social care research (care homes), older people's mental health and wellbeing, and palliative and end-of-life care. He is a qualitative researcher with a background in ethnographic and observational research. He has a particular interest in creative research methods that can capture and share the lived experiences of research participants.

Clinical effectiveness of a patient involvement intervention to improve the safety and experience of care transitions for older people: a randomised controlled trial.

Wednesday, 11th September - 15:35: 4.2 Older People - Oral - Abstract ID: 151

Dr. Jenni Murray (Bradford Teaching Hospitals NHS Foundation Trust)

Abstract

Background: Transitions from hospital to home are a risky time for older people (aged 75 years+). Unplanned and often avoidable hospital readmissions are therefore high in this group.(1)

Aims: To assess the clinical effectiveness of a patient involvement intervention called ‘Your Care Needs You!’ in improving the safety and experience of care transitions for older people (75rs+).(2)

Methods: The intervention comprised a booklet, advice sheet for managing at home and a short film supported by staff training and tailored ward posters. A cluster randomised controlled trial involving 11 NHS hospital trusts (November 2021 to March 2023). We included 4947 patients from 39 wards in a routine data cohort to assess the primary outcome of 30-day unplanned hospital readmissions. In a nested cohort we recruited 613 patient participants from 35 wards to assess a range of secondary outcomes including 60- and 90-day unplanned readmissions, patient experience and adverse events.

Results: There were no significant differences in 30-, 60- or 90-day readmissions between intervention and control. However, at all timepoints, the rate was lower in the intervention group. *Total number* of readmissions was also lower in the intervention group at all timepoints, reaching statistical significance across 90-days post-discharge with 13% fewer readmissions (IRR 0.87; 95% CI, 0.76 to 0.99; p=0.039). At 30-days post discharge significantly fewer adverse events were observed in the intervention group (IRR 0.75, 95% CI 0.57 to 0.99, p = 0.039).

Discussion: Despite huge challenges to delivering the intervention and the trial imposed COVID-19, we did observe positive findings in favour of the intervention.

Conclusions: Meaningful involvement of patients in their care in hospital to prepare them for returning home is clinically important.

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Lead Presenter Biography

Jenni Murray is a Programme Manager in the Yorkshire and Humber Patient Safety Research Collaboration (PSRC) and the PSRC SafetyNet, a collaboration of the 6 PSRCs in England. She recently completed a NIHR funded programme grant exploring the role of patient involvement in the safety and experience of care transitions for older people. Her research passion is patient involvement and empowerment in care.

Life through their lens: Understanding the lived experiences and effects of social isolation on the older population.

Wednesday, 11th September - 16:05: 4.2 Older People - Oral - Abstract ID: 156

Mrs. Keri Furniss (Manchester University NHS Foundation Trust)

Abstract

Background

Social isolation affects a significant proportion of older people globally and is associated with poor health outcomes, including frailty and mortality (Neves et al., 2019). Yet, there is limited literature regarding the experiences of older people living with social isolation, meaning that care needs are not fully understood (Neves et al., 2019, Soulieres & Charpentier, 2022). This research aimed to explore the lived experiences of social isolation in older people.

Methods

Interpretive phenomenological analysis [IPA] was used to capture the rich and in-depth lived experiences (Smith et al., 2022). Full NHS ethical approval was obtained, and participants were sampled using homogenous purposeful sampling. In-depth semi-structured interviews were conducted and demographic data (age, gender, ethnicity, marital and housing status), frailty score, and social isolation score were collected to provide context to the lived experience data. Interviews were transcribed and analysed using Smith's IPA approach.

Results

Eleven participants were recruited from 8th August to 1st December 2023 from a hospital in North West England. Preliminary findings evidenced that participants showed both independence and resilience, with a drive to pursue activities and hobbies. Participants felt their lives and experiences were meaningful and accepted the limitations that age places on their abilities to function. Family was a key attribute in all participants' lives. However, fear of being a burden, and being perceived negatively as an older person by society was a poignant feature of the lived experiences.

Conclusion

This research makes an original contribution to knowledge, in understanding the lived experiences of older people in relation to social isolation. This will enable planning for care provision, services and interventions that prevent social isolation in the UK and globally.

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Lead Presenter Biography

I am a nurse consultant for older people. I am currently due to complete a Professional Doctorate with the University of Salford in September 2024. My research has stemmed from my passion and thirst for knowledge on social isolation within the older population. Through completing this research I want to embed a culture of change within the Trust I work for and improve services for older people

4.3 Children And Young People

“Keep people safe yes, not just the patients, the people who were looking after the patients as well”: A Qualitative Interview Study with Staff Caring for Children and Families in a UK Specialist Children’s Hospital during the COVID-19 Pandemic

Wednesday, 11th September - 15:05: 4.3 Children and Young People - Oral - Abstract ID: 238

Mrs. Susie Aldiss (School of Health Sciences, University of Surrey), Dr. Paula Kelly (Centre for Outcomes and Experience Research in Children’s Health, Illness and Disability (ORCHID), Great Ormond Street Hospital for Children NHS Foundation Trust, London), Prof. Jo Wray (Centre for Outcomes and Experience Research in Children’s Health, Illness and Disability (ORCHID), Great Ormond Street Hospital for Children NHS Foundation Trust, London), Prof. Cecilia Vindrola-Padros (Department of Targeted Intervention, University College London), Prof. Faith Gibson (School of Health Sciences, University of Surrey and Centre for Outcomes and Experience Research in Children’s Health, Illness and Disability (ORCHID), Great Ormond Street Hospital for Children NHS Foundation Trust, London)

Abstract

Background

Despite lower rates of illness, morbidity and mortality associated with SARS-CoV-2 infection in children during the COVID-19 pandemic, their health and well-being have, and continue to be, significantly impacted. Experiences of providing care during the pandemic have focused on staff working in adult care settings, with less reported about experiences of children’s hospital staff.

Aim

To hear from a range of clinical and non-clinical staff about their perceptions of the impact of COVID-19 on care delivery, preparedness and staffing specific to a specialist children’s hospital.

Methods

Ethical approval was obtained (IRAS:282069). Staff were invited to participate in a telephone interview. Researchers used a qualitative rapid appraisal design. This included RREAL Rapid Assessment Procedure (RAP) sheets for early sharing, interpretation and analysis of data, transcription of interviews, with a team framework approach to analysis.

Results

Interviews took place from March-November 2021. Thirty-six staff representing a range of roles participated: 19 (53%) nurses, 7 (19%) medical staff and 10 (28%) other staff groups (including radiographers, managers, play staff, schoolteachers, social workers, domestic and portering staff).

Three overarching themes relating to staff perceptions of the impact on children and families were identified: (1) same hospital but different for everyone, (2) families paid the price and (3) the digital world.

Discussion and conclusions

Participants included a broader range of staff than previously reported (where nurses/medical staff based in adult care settings have dominated), including front-line experiences of porters and domestic staff, as well as staff involved in play, education and therapies. Providing care for children and families changed profoundly during the pandemic, particularly during lockdown periods. Adaptations to deliver clinical care, play, schooling, and other therapies online were rapidly implemented however benefits were not universal or always inclusive. The disruption to a central principle of children’s hospital care - the presence and involvement of families - was of critical concern to staff.

Lead Presenter Biography

Susie is a Research Fellow in the School of Health Sciences at the University of Surrey. Susie has been working as a researcher on various projects in the field of children and young people's health care, mainly cancer care, since 2004. Susie has a degree in Psychology and MSc in Health Psychology. Susie's research interests include: the experiences of children and young people who have cancer, communication about cancer, symptoms and treatment between children, professionals and parents, using creative techniques to engage with children in research and transition from child to adult health services.

Not just small adults: Research approaches to optimise the inclusion of children and young people (CYP).

Wednesday, 11th September - 15:35: 4.3 Children and Young People - Oral - Abstract ID: 521

Mrs. Jacqueline Miller (King's College London), Dr. Jane Chudleigh (King's College London), Dr. Annegret Dahlmann-Noor (Moorfields Eye Hospital NHS Foundation Trust)

Abstract

Background: The design and delivery of paediatric eye and vision research (EVR) must be suitably tailored to accommodate the unique eye and vision conditions of children and young people (CYP), their developing visual systems, and their evolving acceptability of research methods and treatments. The Ci2i Project aims to explore the experiences of CYP taking part in EVR and co-design interventions to bring about improvements. Guided by a systematic review of the literature (Miller et al., 2023), Experience-based Co-design (EBCD) methods (Bate and Robert, 2007) were selected, to engage with all stakeholders; parents/guardians, staff and importantly the CYP themselves. Informed by patient and public involvement (PPI) with CYP, the project design aims to support both the acceptability of participation for CYP and their right to have their voices heard (UN, 1989); the evaluation workstream will measure the extent to which this was achieved.

Methods: Methods included the recruitment and training of four Young Interview Assistants (YIA) to support CYP interviews, mimicking how CYP usually interact with friends (Thomas et al. 2003). The 'Emotional Touch-Points' resource (Dewar, 2012) was adapted to enable CYP to articulate how they *felt* about experiences. A creative opportunity to imagine/draw/doodle what a perfect research experience would look like was integrated. Shared agreements for how participants should work together aimed to support an inclusive environment for all. Creative outputs (illustrations) aspire to be child-friendly and easy to understand. CYP are members of the project Oversight Team, to ensure the perspectives of CYP are considered throughout.

Conclusion: The approaches served to empower and actively engage CYP to share their views, play to their strengths and include them in a way that accommodates their needs. Recruitment figures reflect immediate success, the results of our evaluation workstream are pending.

NHS Ethical Approval: IRAS: 305243

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Lead Presenter Biography

Jacqueline qualified as a children's nurse, later completing her Master of Health Sciences in Nursing Practice.

Jacqueline is now a part-time PhD student in the Faculty of Nursing, Midwifery and Palliative Care at King's College London. Her PhD project, called Ci2i Project, is funded by the NIHR Moorfields BRC and aims to co-design interventions to improve the experiences of children and young people who take part in eye and vision research, using Experience-based Co-design.

She works as a Children's Research Nurse at Moorfields Eye Hospital, caring for children and young people who take part in eye and vision research.

Neonatal Pain Management in Indonesia Culture

Wednesday, 11th September - 16:05: 4.3 Children and Young People - Oral - Abstract ID: 148

Dr. Siti Yuyun Rahayu Fitri (Faculty of Nursing Universitas Padjadjaran), Dr. Windy Rakhmawati (Faculty of Nursing Universitas Padjadjaran), Mrs. Sri Hendrawati (Faculty of Nursing Universitas Padjadjaran), Mrs. ikeu nurhidayah (Faculty of Nursing Universitas Padjadjaran)

Abstract

***Purpose**: Even though Indonesia has about 1,300 tribes, no specific traditional method for reducing pain, especially in neonates, has been elaborated. This study aimed to investigate the traditional methods used by the Indonesian people to manage pain in neonates. **Methods**: This descriptive qualitative study was conducted in five provinces in Indonesia. Eighty-four informants participated in this study, including health cadres, midwives, and community leaders in the health sector, such as trained traditional birth attendants and female elders. Data were collected through interviews, focus group discussions, and field notes. Data were analyzed using the four phases of qualitative analysis based on Leininger's theory. **Results**: Four themes were identified in this study: (1) preference for using traditional and modern methods for neonatal pain management, (2) desire to receive information regarding how to use traditional medicines safely, (3) use of medicinal plants, and (4) physical methods for reducing neonatal pain. The Indonesian people deal with infant pain using traditional and modern methods. Medicinal plants and physical methods are the traditional approaches applied for managing pain. **Conclusions**: This study demonstrates the need for better harmonization between the use of traditional and modern medicines in research and practices to determine the most appropriate mix that combines the strengths of each method based on objective scientific evidence.*

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Lead Presenter Biography

Graduated from doctoral in nursing at Faculty of Medicine, Public health and Nursing Universitas Gadjah Mada Indonesia. Career as a lecturer in Pediatric Nursing Department, Faculty of Nursing Universitas Padjadjaran Indonesia. H index 5 in Scopus.

Exploring the impact of Socially Assistive Robots on health and wellbeing across the lifespan: an Umbrella review and Meta-Analysis

Wednesday, 11th September - 16:35: 4.3 Children and Young People - Oral - Abstract ID: 107

Ms. Beth Nichol (Northumbria University), Dr. Jemma McCready (Northumbria University), Dr. Goran Erfani (Northumbria University), Dr. Dania Comparcini (University of Bari), Dr. Valentina Simonetti (University "LUM" Giuseppe Degennaro), Dr. Giancarlo Cicolini (University of Bari), Prof. Kristina Mikkonen (University of Oulu), Dr. Miyae Yamakawa (Osaka University), Prof. Marco Tomietto (Northumbria University)

Abstract

Background: Socially assistive robots offer an alternate source of connection for interventions within health and social care amidst a landscape of technological advancement and reduced staff capacity. The current study aimed to summate the available systematic reviews on the psychosocial, behavioural, and physiological health and wellbeing outcomes across the lifespan and explore potential moderators and mediators (PROSPERO registration: CRD42023423862).

Design: An umbrella review utilising meta-analysis, narrative synthesis, and vote counting by direction of effect.

Methods: 14 databases were searched (ProQuest Health Research Premium collection, Scopus, PubMed, Web of Science, ASM Digital Library, IEEE Xplore, Cochrane Reviews, and EPISTEMONIKOS) from 2005 to May 4, 2023. Systematic reviews including the effects of socially assistive robots on health outcomes were included and a pooled meta-analysis, vote counting by direction of effect, and narrative synthesis were applied. The AMSTAR-2 was applied to assess quality of included reviews.

Results: 35 reviews were identified, most focusing on older adults with or without dementia (n = 24). Pooled meta-analysis indicated no effect of socially assistive robots on quality of life (SMD = 0.43), anxiety (SMD = -0.02), or depression (SMD = 0.21), although vote counting identified significant improvements in social interaction, mood, positive affect, loneliness, stress, and pain across the lifespan, and narrative synthesis identified an improvement in anxiety in children. However, some reviews reported no significant difference between the effects of socially assistive robots and a plush toy, and there was no effect of socially assistive robots on psychiatric outcomes including agitation, neuropsychiatric symptoms, and medication use.

Discussion: Socially assistive robots show promise for improving non-psychiatric outcomes such as loneliness, positive affect, stress, and pain, but exert no effect on psychiatric outcomes such as depression and agitation, and may also decrease anxiety and distress in children. The main mechanism of effect within group settings appeared to be the stimulation of social interaction with other humans.

Lead Presenter Biography

Beth Nichol is a research assistant and PhD student at Northumbria University. Her research interests centre around health promotion and prevention and biopsychosocial interventions to optimise health and wellbeing, She is experienced in qualitative methods, systematic review, and umbrella review methodologies.

4.4 Pt 1. Service innovation and improvement Pt. Primary and community care

Occurrence and management of premature clinical trial termination: a survey of Healthcare Professionals.

Wednesday, 11th September - 15:05: 4.4 Pt 1. Service innovation and improvement Pt. Primary and community care - Oral - Abstract ID: 171

Mrs. Helen Pluess-Hall (University Hospitals Bristol and Weston NHS Foundation), Dr. Julie Menzies (University Hospitals Bristol and Weston NHS Foundation), Dr. Paula Smith (University of Bath)

Abstract

Background: A proportion of clinical trials terminate prematurely before enrolling and treating the anticipated number of participants, due to logistical or conduct issues and emerging scientific data (Williams et al., 2015). Due to a paucity of literature and non-standardised reporting the overall rate is unknown however 23% of adult oncology trials have premature terminated (Zhang and Dubois, 2023). Little is known about the number and experience of Healthcare Professionals (HCPs) managing this situation.

Aims: To identify how many HCPs delivering clinical research have experienced premature trial termination, the challenges experienced and resources available for managing this situation.

Methods: Following University Ethics approval, a national e-survey of HCPs self-identifying as involved in delivering clinical research was conducted (April-September 2022), with advertisement by hospital communications, social media and professional groups. Analysis included descriptive statistics and content analysis for categorisation of challenges. Reporting was in accordance with the CROSS guideline.

Results: Of the 137 responses 65% (n=89) had experienced ≥one premature trial termination. Challenges included communicating with research participants and/or families (n=20), and emotional distress for participants and/or families (n=21). 48 HCPs identified resources used in this scenario. Of those available for review, only one resource provided guidance for managing research participant and family expectations.

Discussion: Premature trial termination is commonly encountered by UK HCPs delivering clinical research however currently the topic does not feature in the essential training for researchers delivering clinical trials (National Institute for Health and Care Research, 2022).

Conclusions: All clinical trials have the potential to terminate prematurely. HCP within this study reported practical challenges for care delivery and the impact on patients/families. HCPs therefore need preparation and training for this eventuality to ensure participants are appropriately supported if their trial prematurely terminates.

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Lead Presenter Biography

Mrs Helen Pluess-Hall is a Paediatric Research Sister and NIHR Senior Research Leader at University Hospitals of Bristol and Weston NHS Foundation Trust. Her roles encompass leading a research delivery unit and bulding research capacity and capability. She is undertaking a Professional Doctorate in Health at the University of Bath exploring the experience of prematurely terminating clinical trials.

What makes a local accreditation programme successful and how? A rapid realist review and in-depth stakeholder consultation.

Wednesday, 11th September - 15:35: 4.4 Pt 1. Service innovation and improvement Pt. Primary and community care - Oral - Abstract ID: 409

Prof. Ruth Harris (King's College London), Mrs. Sarah Sims (King's College London), Dr. Mary Leamy (King's College London)

Abstract

Background: Locally driven ward/unit accreditation programmes provide a comprehensive tool to assess the quality of patient care delivered[1]. Reported benefits include reduced variation in care delivery, increased assurance of care quality and improved staff motivation. However, little empirical research explains how and why ward accreditation programmes work.
Aim: To identify what it is about locally driven ward and unit accreditation programmes that work, for whom, why and in what circumstances.
Methods: A rapid realist review approach[2] to develop and iteratively refine programme theories of locally driven ward accreditation programmes through evidence review, expert focus groups and in-depth stakeholder consultation. King's College London Research Ethics Committee (ref no. LRS-19/20-20820).
Setting(s): Six case study sites across England.
Participants: Sixteen senior nurse leaders at six case study sites participated in focus groups lasting 90-120 minutes to elicit detailed reflections on how their accreditation programmes had been designed and implemented, to test the preliminary programme theories identified from the literature. These theories were then further tested through a consultation group of key stakeholders.
Results: Seven preliminary programme theories were identified from the literature: 'Continuous improvement, shared learning, innovation and reflection'; 'Standardisation, consistency and accountability'; 'Performance assessment'; 'Engagement, empowerment, collective purpose, and power to negotiate resources'; 'Public disclosure and/as incentivisation'; 'Development of leadership skills'; and 'Teamwork and communication'. There was evidence for all seven preliminary programme theories, although some had more resonance with senior nursing teams and stakeholders than others. No new theories were identified, demonstrating that the review comprehensively captured the reasons why ward accreditation programmes are thought to generate actions that lead to the outcomes the programmes are designed to produce.
Discussion and conclusions: This review provides an important and newly developed conceptual framework to underpin future empirical work and evaluate the effectiveness of locally driven ward and unit accreditation programmes to improve the quality and outcome of patient care.

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Lead Presenter Biography

Ruth Harris is Professor of Health Care for Older Adults in the Florence Nightingale Faculty of Nursing, Midwifery and Palliative Care, King's College London. She has a clinical background in acute medical nursing and the care of older people. Her research focuses on understanding how complex nursing and interprofessional interventions contribute to healthcare delivery, patient outcome, and patient experience of care, particularly for older people and those with long-term conditions. Ruth is a Fellow of the Royal College of Nursing and a member of the Editorial Board of the International Journal of Nursing Studies. For further information please see: https://www.kcl.ac.uk/people/ruth-harris

How do mental health organisations respond post external inspection: compliance or improvement? A critical literature review

Wednesday, 11th September - 16:05: 4.4 Pt 1. Service innovation and improvement Pt. Primary and community care - Oral - Abstract ID: 331

Mrs. Sarah Galloway (South West London Mental Health Trust)

Abstract

Background Regulation and inspection methods have a long history in the UK including healthcare. Following serious healthcare failings, the UK Government responded by introducing mandatory inspections by external agencies against an agreed framework of standards with the goal to improve care (Sutherland and Leatherman, 2006).

Aims The aim of the literature review was to understand how mental health organisation respond to an external inspection, specifically the Care Quality Commission.

Methods Critical literature review. Scopus, CINAHL, MEDLINE, Education Research Complete & Business Source Premier databases were searched from April 2023 to December 2023 for both non-empirical and empirical papers. No date or geographical limiters were used. 39 studies were included in the final review: 22 empirical, 14 non-empirical and 3 systematic reviews. The author screened the literature using agreed inclusion and exclusion criteria, using narrative analysis.

Findings The findings were summarised from these diverse sources, drawing together similarities and differences between the data using narrative synthesis. Outcomes were grouped into 4 findings (direct impact on quality, organisational learning, ratings and reputation, learning from others).

Conclusions Continued call for more research into inspections, described as currently poorly understood (Hovlid et al, 2020). External inspections in conjunction with robust improvement and governance structures has the feasibility to improve the quality of care delivered. However, we need to better understand how organisations can combine compliance and improvement responses post external inspection.

Implications for Practice This review addresses the complex and complicated problems faced by staff and organisations when responding to an external inspection, highlighting considerable variation across mental health organisations. The literature suggests a tension for both organisations and staff between compliance responses to ‘pass the test’ (Grote et al, 2021) and a continuous improvement approach. Understanding the challenges faced by mental health organisations better allows providers to consider how they can galvanise internal resources whilst harvesting learning from other organisations.

References

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Lead Presenter Biography

Sarah has worked in mental health since qualifying as an RMN in 1995. She has worked across a range of clinical services before her current role in quality improvement. She attained her MSc in psychiatric and mental health nursing and and Masters in clinical research.

Sarah is committed to nurses furthering their education and delivering evidence based care and disseminating their work for others to learn from.

The nature of participant observation in the home setting: investigating the experiences and perspectives of the housebound person with long-term conditions

Wednesday, 11th September - 16:35: 4.4 Pt 1. Service innovation and improvement Pt. Primary and community care - Oral - Abstract ID: 411

Ms. Katie Mills (Oxford Brookes University), Dr. Helen Aveyard (Oxford Brookes University), Dr. Marion Waite (Oxford Brookes University), Dr. Lucy McGeagh (Oxford Brookes University)

Abstract

Background

People who are living with complex long-term conditions can often be excluded from research however understanding the way in which community nurses can meet the needs of the patient with multiple healthcare needs was highlighted as the top research priority by the James Lind Alliance priority setting exercise in the UK, (James Lind Alliance, 2021). This is important as this understanding is fundamental to enhancing person centred outcomes. Research methods such as participant observation along with interviews can enable valuable insights to be gained as to the person's perspective and the nature of nursing care carried out within the home.

Aim

In this presentation we aim to critically examine the nature of participant observation in the home including inherent ethical challenges.

Methodological Discussion

We will draw from the researcher's experience of conducting doctoral research in the home setting within a focused ethnography study investigating shared decision-making between people with long term conditions and community nurses. The study was reviewed and approved by the North of Scotland Research Ethics Committee 2. Our research included 'one off' observational visits and follow up interviews with the nurse and patient participants. We will discuss the 'participant as observer' role, illustrating this with our changing perceptions of the participant observer role, moving away from 'looking at' towards 'working with' participants in an active, holistic and emotionally engaged process.

Conclusion

In this presentation participant observation is presented as a valuable way of gaining insight into the perspectives and experiences of housebound people living with long-term conditions and to understand the nature of nursing in the home setting. Acknowledgement of the researcher's role as participating in a holistic way as being part of the observed situation is essential to enabling the collection of rich data to facilitate the voices of the participants to be heard.

References

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Lead Presenter Biography

Katie Mills is Senior Lecturer in Nursing at Oxford Brookes and Subject Co-ordinator for the District Nursing Programme.

Katie is a fifth year student on the DNurs programme at Oxford Brookes University and her doctoral research is a focused ethnography study exploring the decision-making process occurring between the person with long-term conditions and the community nurse in the home.

Katie is a District Nurse Specialist Practitioner and prior to moving into nursing education worked as a DN team leader in South London.

Katie is a Queens Nurse and a member of the Association of District Nurse Educators.

4.5 Pt 1. Workforce Pt 2. Mental health

Clarifying the role of the social prescribing link worker: a scoping review

Wednesday, 11th September - 15:05: 4.5 Pt 1. Workforce - Oral - Abstract ID: 48

Ms. Jill Mulholland (Queen's University Belfast), Dr. Karen Galway (Queen's University Belfast), Dr. Liam O'Hare (Queen's University Belfast), Dr. Marcello Bertotti (University of East London), Dr. Aideen Gildea (Queen's University Belfast)

Abstract

Recent work outlines definitions of social prescribing but the role of a social prescribing link worker (SPLW) remains ill defined. Core components of the role must be clarified to enable the study of its impact in connecting people to community-based support and subsequent outcomes.

A scoping review was completed using The Preferred Reporting Items for Systematic Reviews and Meta Analysis for Scoping Review.Suitable online databases were searched using identified terms, a review of the reference lists of identified papers was completed and relevant grey literature was identified through Google Scholar. Relevant reports from UK-based social prescribing networks and government organisations were gathered. Eligibility of each paper was determined based on the specified criteria. Inclusion criteria were identified using the PCC (Population;Concept;Context) framework.

Of the 251 search results originally identified,15 peer reviewed papers met the criteria for inclusion. Five additional published reports from government and community organisations and networks were identified. Data was extracted and collated in tabular form. Thematic data analysis highlighted four common themes clarifying the role of the SPLW and identifying improvements required to advance social prescribing referral processes:

1. SPLW works in collaboration with the participant, to identify personal needs and goals, and monitors progress over time
2. SPLW connects service users to community/statutory support
3. SPLW views health in a holistic manner
4. The importance of training for SPLWs, and those referring into the system, to improve the referral process

This review compiles and summarises published information on the SPLW role. Disparity in language and roles is evident, making it difficult to describe and compare the role across social prescribing services. The importance of training is outlined, and training recommendations made. Additional effort is needed to clarify the role, impact and training requirements within social prescribing, to strengthen the evidence-base,and allow applicability and transferability across services.

Lead Presenter Biography

Jill is an Adult Nurse with experience working in a range of hospital settings. Through these experiences, she has developed an interest in research involving the connection of hospital care to community care, and enhancing access to holistic health to allow people to take control of their health and wellbeing. She is a PhD student in the School of Nursing and Midwifery at Queen's University Belfast. Her PhD research is affiliated with the NIHR funded Common Health Assets project. It aims to explore and assess the impact of referral mechanisms involved in connecting people to community-based support.

Navigating the Journey to Becoming a Registered Nurse. Where is the Map?

Wednesday, 11th September - 15:35: 4.5 Pt 1. Workforce - Oral - Abstract ID: 267

Mrs. Heather Scripps (Birmingham City University)

Abstract

The Nursing and Midwifery Council (NMC) of the United Kingdom (UK) set new pre-registration nursing curriculum standards in 2018 (NMC, 2018) and refreshed these in 2023. The new standards were introduced to address the dynamic and technologically advancing nursing world, with a clear focus on leadership and, care co-ordination and what had previously been considered as advanced skills. Against this backdrop as well as global nursing shortages, this study set out to explore what it is like to be a nursing student, to be able to consider how students can best be supported to achieve and complete their course, ultimately entering the nursing workforce.

Undertaken as a PhD study, using a longitudinal approach and constructivist grounded theory (Charmaz, 2014) members of a cohort of adult field nurses starting in January 2021 were interviewed in each of the three years of their course, with a focus group also taking place in the final year, 2023). Due to the timing of the study, the impact of the COVID-19 pandemic has been captured within the data collection and was added as a specific question.

In total there were eleven participants, some of whom were consistent across the three years. Using a semi-structured approach and the ability to follow the emerging themes through the constructivist grounded theory methodology, themes and relationships have emerged through the progression of the study. Now in the theoretical coding and theory generation phase of the study there are emerging findings that are of interest to those who work in education, and support students in clinical practice.

The data collected and analysed highlights that students experience a number of transitions including novice student to expert student to novice nurse, and the cruciality of their relationships and interactions with key individuals is fundamental to success. Additionally this study showcases constructivist grounded theory.

References

Charmaz, K. (2014) *Constructing Grounded Theory (2nd Edition),* London: SAGE Publications.

Lead Presenter Biography

Heather qualified as a Registered Nurse in 1996 and joined the British Army as a Nursing Officer in 1998 having completed two years in the NHS. Continuing with a clinical leadership focus Heather has worked in a range of settings both nationally and internationally and having discovered a passion for teaching and student well-being, moved into nurse education in 2003.

Leaving the Army in 2017 Heather has continued in nurse education and currently leads to the return to practice provision at Birmingham City University as well as acting as admissions tutor for the MSc Nursing course.

Experiences of Community Mental Health Workers in the Care Coordination of Patients with Mental Health Diagnoses Discharged from Hospital into community mental health integrated services. A constructivist inquiry

Wednesday, 11th September - 16:05: 4.5 Pt 1. Workforce - Oral - Abstract ID: 194

Mr. Samuel Ndoro (Lancaster University)

Abstract

Background: The importance of experiences of community mental workers in care coordinating patients with a diagnosis of mental illness is recognised as the key to facilitating a safe discharge process. Recent global health care reforms are encouraging mental health to be community-based (WHO, 2022).

Aim: The aim of the study was to explore experiences of community mental health workers engaged in the care coordination of the discharge of patients into the community.

Methodology and Design: The study was guided by the Constructivist inquiry Denzin and Lincoln (2017) through Normalisation process embedded in ecological social theory lens . This study used purposive sampling to recruit community mental health workers as participants. This research received ethical approval from Lancaster University Faculty of Health and Medicine Research Ethics Committee and NHS Integrated Research Application System.

Method of Data Collection: Using semi structured interviews 14 community mental health workers , between the ages of 18 years and above , were interviewed from one National Health Service in the North West of England. Semi-structured telephone, face to face and online interviews using MS Teams lasted up to 45 minutes to collect data. Interviews were recorded with participants' consent.

Data Analysis : Data analysis was guided by Braun and Clarke's (2018) reflective thematic analysis using Atlas ti software.

Findings: Four themes were developed from this study findings: experiences of collaborative working; barriers and facilitators; organisational system and culture; personal experience and professional growth.

Conclusion The findings, that emerged from reflective thematic analysis, revealed insights into collaborative working, identified barriers and facilitators, explored organisational systems and culture, and personal experiences and professional growth of community mental health workers.

References

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Denzin, N. K., & Lincoln, Y. S. (2017). *The SAGE handbook of qualitative research.* Sage Publications.

WHO. (2022). *World Mental Health Report Transforming Mental Health.* W. H. Organization. Available at: https://www.who.int/health-topics/mental-health

Lead Presenter Biography

I am a mental health research nurse with 11 years of professional experience in the field. I am currently pursuing my Ph.D. in Mental Health at Lancaster University, where I am in my fifth year of the post graduate research phase. In terms of my philosophical stance, my ontological and epistemological position aligns with the constructivist paradigm, rooted in the interpretive paradigm. However, I maintain a pragmatic approach, which allows me to flexibly integrate both the positivist paradigm for quantitative research and the interpretivist paradigm for qualitative research.

4.6 Patient experience

Symptom Experiences in Primary Hypertension: A mixed methods systematic review

Wednesday, 11th September - 15:05: 4.6 Patient experience - Oral - Abstract ID: 184

Dr. Sue Schutz (Oxford Brookes University), Dr. Louise Stayt (Oxford Health NHS Foundation Trust), Dr. Carolyn Horne (University of North Carolina at Charlotte), Dr. Christopher Smith (University of North Caroline)

Abstract

Background:

Globally, primary hypertension causes approximately 8.5 million deaths. An estimated 1.28 billion adults aged 30–79 years worldwide have hypertension. The current clinical position is that hypertension has no symptoms (Erickson, Williams, & Gruppen 2001), yet evidence indicates otherwise and patients tend to lack understanding of hypertension and an awareness of treatment choices (Johnson et al 2021).

Aims:

The purpose of this review was to evaluate and synthesise current global literature exploring symptoms experienced by patients with primary hypertension using the Joanna Briggs Institute Convergent Integrated Approach to Mixed Study Systematic Reviews. The presentation will report the findings of this review and the implications for nursing practice and research.

Methods:

We conducted a database search, following PRISMA guidelines, using MEDLINE® (PubMed®), CINAHL® (EBSCO), Scopus, and Web of Science™ from January 2010 to January 2022. Inclusion criteria included empirical research that reported hypertension symptoms.

Results:

Forty-one articles were included in the review, representing a wide geographical spread including nine qualitative studies and thirty-two quantitative. Quality of the articles varied. Symptoms included those commonly reported and some less prevalent, including some reporting absence of symptoms. Primary hypertension is associated with symptoms, influencing lifestyle and medication compliance. Factors that affected symptom experience included culture, beliefs, psychosocial factors and knowledge. We also found that there is a bidirectional relationship with symptoms and behaviours and that a lack of understanding of hypertension can be associated with low compliance with lifestyle and medication.

Discussion:

Evidence from this review indicates that people with primary hypertension have reported symptoms. Given the bidirectional relationship that we have found between symptoms and behaviours, it is likely that self-management and shared decision-making would contribute to effective management of primary hypertension.

Conclusions:

Nurses should be providing tailored information on hypertension, symptom evaluation could empower patients to self-manage their condition.

References

Erickson SR, Williams BC and Gruppen, L.D. (2001) Perceived Symptoms and Health-related Quality of Life Reported by Uncomplicated Hypertensive Patients Compared to Normal Controls. *Journal of Human Hypertension*, 15 539-548

Horne C, Stayt L, Schutz S, Smith C, Haberstroh A, Bolin L, Taylor C, Moosavi S and Bibbey, A (2023) Symptom experiences in hypertension: a mixed methods systematic review. *Journal of Hypertension*, 41(1) 1-16

Johnson R, Turner K, Feder G and Cramer, H (2021) Shared decision making in consultations for hypertension: Qualitative Study in General Practice. *Health Expectations: an international journal of public participation in* *health care and health policy,* 24(3) 917–929

Lead Presenter Biography
Sue Schutz is an experienced nurse and senior lecturer who teaches on the doctoral programmes at Oxford Brookes University. She has extensive experience in conducting qualitative research and reviews. Sue is director of studies for a number of doctoral students. Sue's research interests include support and experiences of caregivers of people with heart failure, the management of primary hypertension, the experience of caregivers in social care and digital health. Sue reviews for a number of nursing and healthcare journals and is also co-editor of Reflective Practice in Nursing.

(ViPER) Mixing and integrating person reported outcome measures and glucose sensor data with qualitative thematic analysis to explore initiation of continuous glucose monitoring in people living with type 1 diabetes

Wednesday, 11th September - 15:35: 4.6 Patient experience - ViPER - Abstract ID: 105

Ms. Charlotte Gordon (Northumbria University)

Abstract

Background Continuous glucose monitoring (CGM) has been shown to be superior to finger prick testing in improving glycaemic management in type 1 diabetes (reduced HbA1c, reduced hypoglycaemia), particularly for those with elevated HbA1c (Lind *et al*, 2017; Leelarathna *et al* 2022).

Aim To investigate the real-world impact of NHS funded CGM on biopsychosocial measures, and how this is further understood in relation to the lived experience of people with type 1 diabetes.

Method 22 participants were recruited online and at a single specialist diabetes centre in the UK between April 2022 and May 2023 to a sequential explanatory mixed methods study. Quantitative data included changes in validated person reported outcome (PRO) measures and CGM data before and after 6 months CGM use. Results were analysed using SPSS 29. 1-2-1 interviews were undertaken with 11 participants, analysed using NVivo 14.

Preliminary results Improvements in diabetes distress, device satisfaction and quality of life were noted after 6 months. Analysis of sensor data did not demonstrate improvements in glucose management, such as the percentage of time glucose levels were in target ranges. Emergent qualitative themes include the dual nature of sensor stigma, sensor symbolism, empowerment via sensor driven self-discovery, and the complexity and relief of burden.

Discussion Whilst CGM had minimal impact improving physiological glucose control, there was no deterioration. Improvements in PRO measures were reflected in the qualitative findings with particular emphasis on technological satisfaction associated with the burden of diabetes management. Ongoing integration of the data sets will provide further insights.

Conclusions This study will enable a synthesised insight into the complex relationships between the measurable and perceived efficacy of CGM devices. Given the increasing global incidence of diabetes and uptake of diabetes technologies, these findings demonstrate a need to ensure nurses are cognisant of this complexity when initiating and managing users of CGM.

Ethical approvals granted from HRA IRAS 265296.

References

Leelarathna, L., Evans, M. L., Neupane, S., Rayman, G., Lumley, S., Cranston, I., Narendran, P., Barnard-Kelly, K., Sutton, C. J., Elliott, R. A., Taxiarchi, V. P., Gkountouras, G., Burns, M., Mubita, W., Kanumilli, N., Camm, M., Thabit, H. and Wilmot, E. G. (2022) ‘Intermittently Scanned Continuous Glucose Monitoring for Type 1 Diabetes’, *New England Journal of Medicine*.387:1477-1487. DOI: 10.1056/NEJMoa2205650

Lind, M., Polonsky, W., Hirsch, I.B., Heise, T., Bolinder, J., Dahlqvist, S., Schwarz, E., Olafsdottir, R.N., Frid, A. Wedel, H., Ahlen, E., Nystrom, T., Hellman, J. (2017) ‘Continuous Glucose Monitoring vs Conventional Therapy for Glycemic Control in Adults With Type 1 Diabetes Treated With Multiple Daily Insulin Injections: The GOLD Randomized Clinical Trial’. *JAMA*. 2017;317(4):379–387. doi:10.1001/jama.2016.19976

Lead Presenter Biography

Charlotte Gordon is a Registered Nurse and Assistant Professor of Adult Nursing at Northumbria University.

Completing her MClinRes in 2011, she is currently undertaking a PhD focused on technologies for diabetes care. Engaging in national and international research collaborations, she is passionate about diabetes technologies, multi-morbidity, and tackling stigma.

Leading diabetes education and MSc CPD programmes at Northumbria University, she holds HEA fellowship and actively contributes to various diabetes organisations. As the former chair of the RCN diabetes forum until 2023, she has significantly influenced policy and guidance, leveraging expertise in teaching, research, and clinical care to impact diabetes management.

4.7 Pt 1.Leadership and management Pt. 2 Cardiovascular/women

An evaluation of the impact of the ‘My Home Life’ Leadership Support Programme on care home managers

Wednesday, 11th September - 15:05: 4.7 Pt 1.Leadership and management Pt. 2 Cardiovascular/women - Oral - Abstract ID: 270

Prof. Assumpta Ryan (Ulster University), Dr. Paul Slater (Ulster University), Mr. Tom Owen (City University), Dr. Brighide Lynch (Ulster University), Prof. Julienne Meyer (City University), Prof. Belinda Dewar (Robert Gordon University, Aberdeen), Ms. SARAH PENNEY (Ulster University)

Abstract

Background: Care homes are the main providers of care for older people with multiple and complex needs and co-existing health conditions. It is essential that staff in this sector are supported to enhance their leadership skills and maximize the quality of care provision to some of the most vulnerable people in our society.

Aim. The aim of this study was to evaluate the impact of the ‘My Home Life Leadership Support Programme’ on care home managers.

Methods: This quantitative study investigated the perceptions of participants (n=298) who completed the My Home Life Leadership Support Programme in England, Scotland, and Northern Ireland between 2017 and 2018. Data were collected using two questionnaires,

the Assessment of Workplace Schedule (AWES) and the Perceptions of Workplace Change Schedule (PoWCS) (Nolan *et al*, 1998). Both questionnaires were completed by participants before and after the ‘My Home Life Leadership Support Programme’.

Results: Results were categorized by factors identified from an exploratory factor analysis. The results provided robust evidence of the overall positive impact of the My Home Life Leadership Support Programme across the three participating countries. The key areas in which participants reported significant change within their care homes were 1) recognition and regard for self and others, 2) workload, 3) quality of care, and 4) working relationships. The study also provided an updated factor analysis of the AWES and PoWCS.

Discussion: Recognising the uniqueness of the care home environment, leadership that is facilitative and based on relationship-centered values is key to enabling the empowerment of those giving and receiving care.

Conclusion: The study highlights the importance of supporting care homes staff in leadership roles and demonstrates the positive impact of this support on people who live (residents), work (staff) and visit (families and friends) care homes.

References

Nolan, M., Grant, G., Brown, J., & Nolan, J. (1998). Assessing nurses’ work environment: Old dilemmas, new solutions. Clinical Effectiveness in Nursing, 2(3), 145-154. https://doi.org/10.1016/S1361-9004(98)80013-7

Lead Presenter Biography

Sarah Penney is a Lecturer in Nursing at Ulster University, Northern Ireland. With a background in gerontological nursing, Sarah’s research interests are in the field of gerontological nursing and long-term care. Sarah is currently Associate Director of My Home Life (Northern Ireland) and in this role, she oversees the implementations of a 5-year to roll out the MHL programme to all care homes across Northern Ireland. My home Life is an international leadership support programme that seeks to promote quality of life for those who live, die, visit, and work in care homes (www.myhomelifecharity.org.uk). Sarah won the RCN (Northern Ireland)

‘Revealing feelings about what matters most’: care home leaders’ perceptions of the impact of a leadership support programme on residents and relatives

Wednesday, 11th September - 15:35: 4.7 Pt 1.Leadership and management Pt. 2 Cardiovascular/women - Oral - Abstract ID: 448

Dr. Brighide Lynch (Ulster University), Prof. Assumpta Ryan (Ulster University), Ms. SARAH PENNEY (Ulster University), Dr. Deirdre Harkin (Ulster University), Ms. Aoife Conway (Ulster University), Ms. Rosemary Bradley (Ulster University)

Abstract

Background

On an international scale, there were an average of 46 beds per 1,000 people aged 65 and over in 2021 with the vast majority of beds located in long-term care facilities (OECD 2023). Older people are entering care homes with more complex conditions and higher levels of physical and cognitive impairment than previous years. The My Home Life (MHL) Leadership Support Programme is specifically designed to meet the unique needs of care home managers and other staff with leadership roles in their care homes. The Programme is grounded in relational, appreciative and collaborative approaches to creating a positive culture of mutually respectful relationships between people that use services, their families, staff, and between services and the wider community.

Aims

To explore the impact of the MHL Leadership Support Programme on residents and relatives across a region of the UK.

Methods

A qualitative approach was adopted for the evaluation using two different methods of data collection. Qualitative summative data were collected at the end of the Programme using one-to-one semi-structured interviews with participants (n=56), and detailed field notes were captured by the MHL facilitators over the course of the Programme. Thematic analysis was used to analyse the data (Braun and Clarke 2006; 2020).

Results

Data analysis identified four key themes that reveal a chronology in relation to transitioning into the care home and comprise: ‘easing the move’, ‘enhancing connections’, ‘sharing in decision-making’ and ‘getting to know you’.

Discussion

The study highlights the importance of a leadership programme that is relevant to the unique needs and experiences of care home managers and supports them in responding to the needs of an increasingly frail population and deliver a high quality service.

Conclusions

The study provides significant evidence of the impact of the MHL Programme on the leader’s ability to enhance the care experience of residents and relatives.

Ulster University Ethical Approval: FCNUR-21-039

References

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Lead Presenter Biography

I have had a long career as an RGN, and worked for several years as Coordinator of Services for Older People across County Louth, ROI. My PHD explored the role of situational leadership in transforming the culture of long term care for older people to one that is person-centred. I took up the post of Research Associate in Ulster University in 2016 working on research related to developing and evidencing person-centred practice. Since 2021, I have been working with Professor Assumpta Ryan and her Team on the My Home Life NI Leadership Support Programme for Care Home Managers and leaders.

Prevalence of risk factors of Coronary Artery Disease among women.

Wednesday, 11th September - 16:05: 4.7 Pt 1.Leadership and management Pt. 2 Cardiovascular/women - Oral - Abstract ID: 149

Dr. Reena Issac Vellakkattuthadathil (Lisie College of Nursing, Kerala)

Abstract

Introduction: CAD is found to be the leading cause of mortality for women worldwide as showed in a study done by Gholizadeh and Davidson (2008). Another study from India by Mohan.I etal (2016) showed that the coronary risk factors are found to be highly prevalent among women.

Objective: To determine the prevalence of risk factors of CAD among women.

Methodology: A descriptive survey design was used to collect data from women (35-55 years) residing in a selected community in Kerala, India. Data was collected from women of 35-55 years of age and sample size was 102.The anthropometric measurements, the blood pressure and blood sugars were checked following standard protocols. A self-prepared rating scale used for assessing physical activity and diet practices. The stress was assessed by using perceived stress scale **(**PSS-10).

Results:

Majority of the samples were between 35-39 years of age (35.3%) and most of the participants were housewives (55.9%). Among the women, 45.1% were educated up to high school level. In the present study, unhealthy dietary practices were reported among 35.0% of women, inadequate physical activity was prevalent among 72.5% and moderate or severe stress observed among 75.4% of women ,63.7% had obesity (BMI>25Kg/m^2) , 87.3% had abdominal obesity (WC≥80cms) 19.6% had a blood pressure ≥140 mm of Hg systolic, 22.5% had ≥90 mm of Hg diastolic, 49.9% of women had a fasting blood sugar level of >100 mg% and 39.2% of women had high total cholesterol levels.

Conclusion: Risk factor identification is the key to prevent CAD.

Key words: Women, Prevalence, Risk factors of coronary artery disease

References

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2. Mohan.I etal. (2016). Disparities in Prevalence of Cardio metabolic Risk Factors in Rural, Urban-Poor, and Urban-Middle Class Women in India https://doi.org/10.1371/journal.pone.0149437, accessed on 01/03/2024

Lead Presenter Biography

A Ph.D nurse with 25 years of professional experience in different roles of nursing-both academic and clinical.

Asst. professor in nursing for 15 years.

Done Ph.D in Cardiovascular preventive nursing.

Currently working as Clinical Placement coordinator in a leading HSE hospital in Dublin , Ireland.

Published about 7 papers in various national and international journals.

4.8 Clinical Research Nursing

Advanced Clinical Practitioner’s in Research: An Opportunity to Transform Research Delivery.

Wednesday, 11th September - 15:05: 4.8 Clinical Research Nursing - Oral - Abstract ID: 289

Mrs. lucy cooper (Birmingham Women’s And Children’s NHS Trust)

Abstract

Aim: To highlight the vast scope of the Advanced Clinical Practitioner (ACP) role in the delivery of research within the UK. To demonstrate how the ACP role is pivotal in strengthening and sustaining a research workforce in response to the current challenges faced by the NHS, especially in the recruitment and retention of experienced healthcare professionals.

Background: ACPs in clinical research are educated to master’s level, vastly experienced, highly clinically skilled, autonomous practitioners who undertake the delegated roles and responsibilities of Principle Investigator and Sub Investigator on adult and paediatric studies. The ACP plays a key role in providing safe, effective, and consistent medical care and trial management of adults and children participating in clinical trials. They undertake roles traditionally delegated to the medical profession, such as, confirmation of eligibility, informed consent, causality assessment, SAE reporting, prescribing of investigational medicinal products and specialised/medical clinical skills. This was evident during the Covid 19 pandemic where ACPs provided much of the medical infrastructure to sustain research activity and meet the increased clinical demands of Covid-related trials.

Main: The NHS and wider research infrastructure need to look beyond the ‘traditional’ way research has ‘always been done’ as this approach is no longer fit for purpose if we are to increase research capacity, capability, and complexity. ACPs can contribute to the workforce transformation agenda by providing an innovation approach to the way research is delivered.

Future: Expand the number of ACPs involved in or working directly in clinical research. This could be paramount to sustaining a safe and effective workforce that is able to meet the ever-increasing demands of research delivery. Good Clinical Practice guidelines need updating to reflect this changing workforce and be inclusive of professional groups outside of medicine.

Lead Presenter Biography

I have worked at Birmingham Children’s Hospital (BCH) since 2001 and have worked in clinical research since 2009.I have worked as a the first Paediatric Advanced Nurse Practitioner since 2016. My studies include; MSc Clinical Research, Postgraduate Diploma in Advanced Clinical Practice and NIHR PhD bridging programme. I undertake the role of Principle and Sub Investigator on a large portfolio of research studies spanning multiple clinical specialities and disease areas. I have a national roles in the UK CRF network workstreams, CNO for England shared decision making council and the International ACP in Research Forum.

Understanding patients’ views on clinical trials and the level of information provided about them within the NHS

Wednesday, 11th September - 15:35: 4.8 Clinical Research Nursing - Oral - Abstract ID: 229

Dr. Ben Hood (The Newcastle upon Tyne Hospitals NHS Foundation Trust)

Abstract

Clinical trials are fundamental for advancing medical knowledge, developing new treatments, and improving patient care. Yet the lack of clear information within the NHS may hinder individuals’ understanding of their significance, procedures, and potential benefits (Halpern, Paolo and Huang, 2019). Research suggests that patients often have misconceptions around what clinical trials are, and why they may be asked to take part in one (Asher *et al.*, 2022).

In 2023 a national online survey was initiated by Cancer Research UK to examine patients’ thoughts around clinical trials. In particular it examined their thoughts upon the level of information provided to patients within hospitals that allowed them to understand what clinical trials are.

As part of this respondents were asked what they thought a clinical trial was, and what might stop them taking part in one. Additionally, it asked what might make them want to take part in a clinical trial. Data was collected from 1023 respondents, major findings highlighted lack of educational resources within the NHS that explained what clinical trials were. The information collected highlighted high rates of misconceptions around clinical trials and a reluctance to take part in one. The data collected provides an insight into what patients thought a clinical trial is, and reasons why they would, or would not take part in one.

References

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Halpern, J., Paolo, D. and Huang, A. (2019) ‘Informed consent for early-phase clinical trials: therapeutic misestimation, unrealistic optimism and appreciation’, Journal of Medical Ethics, 45(6), pp. 384-387.

Hood, B., Plummer, R., Hogarth, L., Brown, G., Porteous, H., Armstrong, A., Grice, C. and Barron, C. (2023) ‘Impact of an educational intervention for advanced cancer patients referred for early phase clinical trials’, Br J Nurs, 32(15), pp. 748-753.

Lead Presenter Biography

Ben is a Cancer Research Nurse Consultant, based at the Sir Bobby Robson Cancer Trials Research Centre in Newcastle. As an autonomous practitioner, Ben provides visible leadership and expertise in the delivery of cancer clinical research, clinical trial management and service development.

Ben was the first Nurse Consultant to be appointed within a clinical research area within the UK and his role was showcased within the 2021 NIHR Chief Nursing Officer for England’s strategic plan for research.

He has published an array of peer reviewed articles around patient experience, cancer research and patient and public involvement.

Service Evaluation of follow-up and post-trial care for paediatric patients leaving medicinal clinical trials

Wednesday, 11th September - 16:05: 4.8 Clinical Research Nursing - Poster - Abstract ID: 255

Mrs. Anna Christie (Great Ormond Street Hospital for Children)

Abstract

Patient experience needs to be a priority for clinical research nurses throughout the whole patient research journey, including end of trial/post-trial care. Being in a research trial can result in families having access to more healthcare professionals and stronger links and access with care settings. Patients finish clinical trials due to various circumstances such as, trials ending prematurely by the sponsor, family and clinical decision, and completion of clinical trials with medications being licensed, or with no access to the trial drug post-trial. Therefore, finishing a research trial can be a big change for families which can be daunting and worrying. It has been recognised that end of trial care planning and post-trial care may need more consideration. This will improve gaps in patient care by ensuring patients have a good patient experience and receive high-quality care following participation in a clinical trial.

A small cross-sectional service evaluation has been completed involving a retrospective chart review of patients end of study visit documentation to understand if follow-up care takes place. This service evaluation involved looking at 20 patients end of study visit documentation, to assess if protocol follow-up visits were adhered to, and if post-trial care planning in the clinical service was documented and carried out.

Overall, this service evaluation found that patients do receive their research protocol required follow-up visits. However, due to liaising with different/new care teams and lack of thorough handover, patients can experience communication difficulties such as; receiving new drug supply out of trial. Additionally, documentation of the patients next treatment/care plan is not always documented at the patient end of study appointments. This service evaluation does not look at the patient experience post-trial, but only the medical review which occurred. Therefore, more research is required to understand where improvements are required to improve patient experience post-clinical trial.

Lead Presenter Biography

I am a senior children’s research nurse who has been working on a paediatric clinical research facility (CRF) for the last 5 years. I care for children and their families on clinical research trials which are focussed on rare and/or life limiting conditions. I enjoy working on clinical trials due to the positive impact research can have on a patient’s life, as well as on future treatment options and healthcare. I believe patient experience is important in all nursing care, and I have recognised there are areas for development to ensure families experience a smooth research journey.

5.2 Older People

Evaluating Integrated Meeting Centres for suitability as placement hubs for healthcare students

Thursday, 12th September - 09:10: 5.2 Older People - Oral - Abstract ID: 405

Dr. Clementinah Rooke (University of Huddersfield), Ms. Laura Hawley (University of Huddersfield)

Abstract

Background: A pilot study to establish the merits/worthiness of extending the concept of dementia Meeting Centres (MC) as currently understood to Integrated Meeting Centres (IMC) serving as hubs for: student placements, public health promotion and research was conducted from the week commencing 02.10.2024 for 12 weeks. The pilot, which served as a placement hub for 18 mental health students who received training in innovative person-centred approaches and engaged in public health promotion focused on brain health, was collaborative work between various stakeholders from local authority, voluntary organisations, and University. MCs are an evidenced based intervention designed to mitigate changes and challenges associated with dementia. Evidence suggests that the flexible person-centred approach enabled by MCs has positive outcomes for both service users and their families especially following diagnosis.

Aim: To evaluate the outcome of the 12-week Integrated Meeting Centre pilot with a view to extending the concept to other healthcare professions.

Method: A thematic analysis of reflective accounts (18) and diaries (18) produced by the 18 students who were part of the pilot.

Results: Preliminary findings so far appear to strongly suggests that the proposed model is viable and equally applicable to a wider range undergraduate healthcare students.

Discussion: IMCs are primed to address the gaps in provision for those living with mild to moderate dementia and in the healthcare curriculum which has, to date, struggled to impart to the future healthcare workforce effective and appropriate skills to manage dementia. IMCs should serve as a model for sustainable dementia care and management, teaching/learning and provide sites for ongoing research.

Conclusion: IMCs should deliver several proven benefits for those living with dementia and their families/carers through inter-disciplinary work across health and social care, voluntary sector and Higher Education Institutes.

Lead Presenter Biography

Clementinah is a Senior Lecturer in Mental Health Nursing. She is an experienced Higher Education and NMC teacher able to teach on undergraduate and taught postgraduate programmes across the Human and Health Ssciences portfolio, and contribute to the management of such programmes. She has a live interest and involvement in research and scholarly activity with a particular focus on patient public involvement, quality improvement, the impact of the built environment on health and wellbeing, salutogenic health design, lean health care and person centred dementia care

Enhancing hydration competence in the care home workforce: impacts and challenges of sustainability

Thursday, 12th September - 09:40: 5.2 Older People - Oral - Abstract ID: 273

Dr. Philip Hodgson (Northumbria University), Prof. Glenda Cook (Northumbria University), Dr. Jessica Gates (Northumbria University), Dr. Collette Straughair (Northumbria University), Dr. Amy Johnson (Northumbria University), Dr. Claire Pryor (Northumbria University)

Abstract

Background: Suboptimal hydration remains a challenge in caring for people in care homes (Edmonds et al., 2021), particularly given the difficulty of maintaining change in such complex environments (Keenan et al., 2020)

Aims: The aim of the project was to co-produce and evaluate a hydration education programme and assessment of hydration competence embedded in the Enhanced Care of Older People competency tool.

Methods: The study took a blended approach of online modules supported by face-to-face workshops, all representing a synthesis of existing hydration resources. This was followed by pilot and evaluation in three UK care homes. A concurrent triangulation design (Cresswell et al., 2003) was used to highlight changes in practice, including descriptive analysis of UTI levels, antibiotic use, falls, and hospital / emergency admission due to UTI. Qualitative interviews were conducted with 23 care home staff, and analysed using thematic analysis. Normalisation process theory was used to consider sustainability given the complex context of care homes.

Results: Descriptive statistics from 75 resident care plan records found a reduction in UTIs of 14% from baseline to three months, as well as a reduction in hospital / emergency admissions. Qualitative data revealed positive responses to the training approach, and highlighted the importance of staff being more “mindful” of hydration in routines and practices. However, there was limited evidence of change found in organisational or communal practice.

Discussion: Many positives were found in the approach, particularly in the synthesis of content, flexibility of delivery and impact on individual skills. However, further strategies for organisation implementation are required to support this in order to create sustainable change.

Conclusion: This research highlights the challenges of maintaining sustained change in the care home and hydration care contexts, and outlines the necessity to include focus on the potential impacts of contextual and organisational pressures.

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Lead Presenter Biography

Dr Philip Hodgson is an Assistant Professor in Health Research at Northumbria University. He has a background in research on a variety of topics focused on older people, particularly the relationship between home and healthy ageing.

Implementing an intervention - learning from the Partners at Care Transitions (PACT) Process Evaluation

Thursday, 12th September - 10:10: 5.2 Older People - Oral - Abstract ID: 316

Ms. Jane Schofield (Bradford Teaching Hospitals NHS Foundation Trust - YHPSRC)

Abstract

BACKGROUND: Managers and clinicians are frequently involved in delivering new policies, guidance, treatments, or interventions (Morrison and Jensen, 2022). These can lead to service improvements and risk reductions for patients and staff but can be challenging to implement.

AIMS: The PACT study's overall aim was to improve the safety and experience of care transitions from hospital to home for older people (75 and over) through a complex intervention called 'Your Care Need You' (YCNY). YCNY's ethos is that patients 'know more and do more' while in hospital (Lawton et al, 2023), and includes materials for patients, and also staff delivering a more empowering approach. In this paper, we present learning from a process evaluation of the implementation of YCNY, which ran alongside a cluster randomised controlled trial evaluation of the intervention.

METHODS: Qualitative information was gathered on 8 wards across 4 NHS Trusts. Patients (n=19) gave information while still in hospital, and between 6 – 11 days post- discharge. 23 staff were interviewed, and 94 hours of ward activity observations carried out. Data was analysed using a constant comparison approach (Charmaz, 2006).

RESULTS: Key themes were identified. Staff understood and liked the ethos of YCNY. Practical delivery was difficult due to staff time pressures, such as understaffing and covid-related factors, and implementation became more task-related. Patients expressed differing opinions about YCNY, particularly the materials.

DISCUSSION: More successful implementation was linked to strong leadership, a broader staff understanding of the role of patient involvement, more staff being trained, and the development and use of customised materials and activities. The relevance of patient involvement for achieving safe transitions was not recognised by all staff, and delivering the materials was seen as the focus, rather than culture change.

CONCLUSION: The process evaluation identified the complexities of implementing an intervention within a challenging context, and the factors contributing to success.

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ETHICS APPROVAL Approved by the North East Newcastle and North Tyneside 2 Research Ethics Committee, Confidentiality Advisory Group, and the Health Research Authority (references: 20/NE/0020, 21/CAG/0054).

Lead Presenter Biography

Jane has worked as a Research AHP in the Yorkshire Quality and Safety Research team since May 2021, predominantly working on the PACT project until 2023. Since then she has been involved in several other projects: supporting safe care at home; a scoping review of the benefits of involvement in applied research for health and social care professionals; and testing equipment for NG tube insertion. Jane has over 30 years experience of working as a Chartered Physiotherapist, specialising in Children's Therapy and disability, as well as service and project management in the NHS (UK), and in India and Nepal.

5.3 Workforce and employment

What are the expectations and experiences of Nurses engaging in higher education based continuing professional development (CPD) study?

Thursday, 12th September - 09:10: 5.3 Workforce and employment - Oral - Abstract ID: 294

Dr. Daniel Monk (Northumbria University)

Abstract

Background

Continuing professional development (CPD) has been mandatory for UK nurses since 1995 with current requirements to undertake 35 hours of CPD relevant to their scope (NMC, 2021). Research has established that nurses individual resources, professional motivation, organisational commitment and managerial support influence nurses' engagement in CPD (Walter & Terry, 2021). This echoes the literature review by Burrow et al (2016) that found themes of motivation to study underpinned by personal and managerial drivers, and experiences of study underpinned by a concern for the academic level and the balancing of competing demands for their time beyond work. Little is known directly from the nurses themselves as students regarding their expectations and experiences of engaging in CPD study in a HEI based programme of study.

Aim

This study builds an understanding of the expectations and experiences of CPD students across a programme of study, what they look like, how and whether they are met, while they are experiencing study.

Methods

A hermeneutical phenomenological study of lived experience was conducted. Participants consented to a semi-structured interview held in 2022/23 during semester one of their programme. A three-stage Data interpretation process was used (Lindseth and Norberg, 2004) and the information power model justified sample size (Malterud et al., 2016),

Findings

Students reveal that experiences with the availability of funding, confused prioritisation and extensive use of their own time compete with family time to complete awards alongside feelings of not being academic, impact on CPD engagement. Students' personal achievement, career progression, expectations of HEI support and the justification of their knowledge have positive influence on CPD engagement.

Conclusions

This study allows a greater understanding of the expectations and experiences of CPD nursing students for HEIs and NHS providers, and evaluates how this can be addressed, reinforced, improved and adapted for post qualified CPD study.

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Lead Presenter Biography

Dr Monk's clinical career began in emergency care moving into Practitioner work in a variety or urgent and unplanned settings in the North East of England. Dr Monk moved into higher education and specialises in teaching emergency, urgent and unplanned care from a clinical, professional, patient and managerial perspective. He is also Head of CPD working closely with stakeholders to meet AHP workforce needs. His doctoral studies completed in 2021, examined proficiency in Emergency Nurse Practitioners and his research interests include non-medical prescribing, basic life support, CPD experiences and proficiency development.

Implementation of the Nursing Associate Role in General Practices in England

Thursday, 12th September - 09:40: 5.3 Workforce and employment - Oral - Abstract ID: 406

Dr. Annie Topping (NHS North East and North Cumbria Integrated Care Board)

Abstract

Background

Shortages of healthcare workers is a global and ongoing issue. In response to the challenges in nursing and primary care, the United Kingdom government introduced the Nursing Associate (NA) role in General Practices.

Aims

This research study has investigated how, why and to what extent the NA role has been implemented in general practice, including both barriers and enablers for role change and role establishment. It also assessed its early impact.

Method

Five qualitative case studies of General Practice were carried out with a purposive sample of stakeholders in the North East of England between October 2021 to August 2022. Semi- structured interviews (17) and focus groups (3) conducted with 29 participants from four groups (NAs, General Practitioners; Managers and Nursing Teams) were recorded, transcribed, anonymised and analysed firstly at case level and then cross-case. Template analysis was used to analyse findings against a priori codes, generated from review of workforce literature and interview questions.

Results

Five key themes of implementation challenge were identified: role clarity and place of new role; role identity and transition; tension at professional boundaries; education and training gaps; and future of the new role in terms of demonstrating added value and additional impact.

Discussion

This study is believed to be the first of its kind to research the NA role in General Practice, and makes contributions to policy and future practice, with recommendations covering education and training; professional identity; development for General Practices; and communication. This study has filled evidence gaps in under-researched areas, namely new work roles in healthcare and primary care. It also suggested a ‘modified’ Elaborated Institutionalisation Model for new work role (Kessler et al 2017) for further research.

Conclusion

The new NA role is not yet able to fill the skills gap in primary care, and it needs to be better supported and implemented, and more widely accepted.

References

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Lead Presenter Biography

Annie is a Director of Nursing at the NHS North East and North Cumbria Integrated Care Board. Having come to England as an International Educated Nurse over 30 years ago, Annie has held senior and Board level positions in a range of health commissioning and provider organisations.

Annie is passionate about equity, and had worked on diversity and inclusion priorities at regional and national levels. Annie is the Chair of Tyne Housing and a mentor at The Prince’s Trust.

Annie holds an MBA from Henley Management College, and a LLM (Medical Law) and a Professional Doctorate from Northumbria University Newcastle.

The development and impact of a programmed approach to Clinical Academic Careers: 5 years on

Thursday, 12th September - 10:10: 5.3 Workforce and employment - Oral - Abstract ID: 493

Dr. Eleanore Dring (Nottingham University Hospitals NHS trust), Dr. Louise Bramley (Nottingham University Hospitals NHS trust), Dr. Helen Janiszewski (Nottingham University Hospitals NHS trust), Dr. Kathryn Jack (Nottingham University Hospitals NHS trust)

Abstract

Background: The impact of research-active healthcare organisations greatly influences patient satisfaction and care experiences (Jonker et al., 2020; NHS England, 2019). Nurses, midwives, and allied healthcare professionals (NMAHPs) central position within the workforce necessitates the attainment of expertise to deliver care for patients and wider society. Therefore, it is imperative to develop research focused healthcare professionals, with the clinical experience and academic skills to deliver high-quality healthcare, to meet the needs of the population they serve (Cooper et al., 2019).

Aim: The NUH Step-into Clinical Academic Career Development Programme (SCACDP), launched in 2018, was designed to support and mentor NMAHPs who aspire to pursue a research and clinical academic career.

Methods: The annual 6-month programme, delivered by established Clinical Academics within the organisation, offers protected time and expertise to NMAHPs, and includes research design skills, preparing applications and networking across the research community. Attendees develop skills in designing a research question/research and produce a high-quality application for NIHR internship, PCAF, PCAF Bridging award and other funded research training. Central to the programme is the offer of bespoke mentorship, enabling attendees to critically identify their future training needs, related to research and clinical practice. This includes identifying and building relationships with potential research supervisors and international experts.

Results: Taking a programmed approached has resulted in excess of 60 NMAHPs completing the SCACDP and embarking upon a clinical academic career. Our data indicates that since 2018, we have trebled the number of NIHR PCAF applications and doubled the number of DCAF applications, in addition to six successful NIHR 70@70/SRL applicants.

Discussion and Conclusion: Our impact evaluation of the NUH SCACDP, from design to implementation, includes case study examples. These demonstrate the impact of structured support mechanisms provided by the programme, from bespoke mentorship, through to submission of competitive and successful applications, to wider engagement within clinical practice.

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Lead Presenter Biography

Eleanore is a Registered Adult Nurse working at Nottingham University Hospitals Trust. Her clinical role and research interests focus on evidence-based practice, clinical academic careers and skin integrity. This involves leading the annual NUH Evidence in Nursing, Midwifery and ODP course and the annual NUH Step-into Clinical Academic Careers Programme. Eleanore is one of the 2023 NIHR Senior Research Nursing and Midwifery

programme fellows.
Eleanore completed her PhD in Business and Management (Health) within the Nottingham University Business School, in 2022, exploring the coproduction of care for service-users living with chronic oedema, within a context of socioeconomic deprivation.

5.4 Service Innovation and Improvement

Working at the interface of Health and Criminal Justice. How do Mental Health/Learning disability nurses make sense of their role as Liaison and Diversion (L&D) nurses?

Thursday, 12th September - 09:10: 5.4 Service Innovation and Improvement - Oral - Abstract ID: 393

Ms. Sithandazile Masuku (PhD Candidate), Dr. Annessa Rebair (PhD Supervisor (1st supervisor)), Dr. Michelle Glascott (2nd PhD Supervisor)

Abstract

Background:

Published research regarding Liaison and Diversion has been in the form of service evaluations exploring 'nursing experiences' but concerning specific clinical outcomes to improve service delivery with limited focus on the subjective experiences investigating the nature of 'being a L&D nurse' (Disley et al., 2016; Parker et al., 2018; Burch & Rose 2020). This study aims to fill this gap by recognising the value of insight into subjective experiences by investigating what it is like, 'being' a L&D nurse in a complex non-clinical environment.

Aim: To explore what it is 'like being' a L&D nurse?

Methods: A single NHS site was targeted and nine L&D registered nurses were recruited utilising a homogeneous purposive sampling technique in 2022 to 2023 (Smith, Flowers, & Larkin, 2009). Underpinned by a constructionist Interpretative Phenomenological Analysis, nine L&D nurses consented to participate in two online semi-structured interviews (Smith et al. 2009; 2022). Participants also provided pictorial representations of the research aim. The IPA framework was employed to analyse the data (Smith et al. 2009).

Results: Following analysis, five themes emerged; 'Identity', 'Power', 'Moral Distress', 'Supervision' and 'Environment'. The study highlighted the impact of the custody environment and culture on decision-making and nurse identity.

Discussions

- Demands of a non-clinical high-pressured custodial environment were echoed throughout suggesting a personal, interprofessional and environmental impact on the role of nursing.
- L&D nursing is a transformative journey, nurses lack sufficient preparation for the nature of the role. Current well-being safeguards are clinical-focused with limited capability to manage personal well-being and the impact of interaction with 'real-time' offending behaviour, sparking considerations for education, recruitment, supervision, and retention.

Conclusion: This study highlighted the unique nature of the custody environment. Its impact in redefining the nature of nursing extends beyond reshaping nursing identity and has possible implications for both academia and practice concerning workforce development and the well-being of nurses.

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Lead Presenter Biography

Ms Sithandazile Masuku is an Assistant Professor in mental health nursing at Northumbria University. She has experience in delivering undergraduate and postgraduate programs locally and internationally. Ms. Masuku's clinical expertise spans forensic nursing, self-harm management, coaching, and service development. Ms Masuku holds a Master of Public Health Degree from Northumbria University. She is registered with the Nursing and Midwifery Council (NMC) as a teacher and is recognised as a Fellow of the Higher Education Academy. Ms Masuku is pursuing her PhD, with a specific focus on exploring the experiences of mental health and learning disability nurses working in police custody.

Pilot and feasibility study of a novel Carer Support Nurse role for unpaid/family carers

Thursday, 12th September - 09:40: 5.4 Service Innovation and Improvement - Oral - Abstract ID: 346

Prof. Morag Farquhar (School of Health Sciences, University of East Anglia), Dr. Carole Gardener (School of Health Sciences, University of East Anglia), Prof. Alison Leary (London South Bank University), Mrs. Roberta Lovick (PPI), Dr. Adam P. Wagner (University of East Anglia), Dr. Jennifer Lynch (University of Hertfordshire), Dr. Guy Peryer (University of East Anglia), Prof. Susanne Lindqvist (University of East Anglia)

Abstract

Background: Unpaid/family carers are crucial in enabling patients to be cared for in their place of choice but have unmet health-related support and education needs that are not met by current healthcare provision. A ‘Carer Support Nurse’ role (CSN) was proposed to support carers with complex health/wellbeing needs and promote best practice in carer support among other healthcare providers. It was endorsed by 70+ cross-sector stakeholders, 100+ carers and patients (Patient and Public Involvement work), and regional/national cross-sector leads in carer support, then developed with carers and cross-sector professionals and piloted.

Aim: To establish the feasibility and acceptability of the CSN role and methods for future testing.

Methods: Three stage multi-method multi-perspective pilot and feasibility study, with data collected between October 2022-October 2023. Ethical approval was obtained. Stage 1 identified existing local, regional and national resources to support carers (‘asset mapping’) and developed the pilot CSN operational model with cross-sector stakeholders and carers. Once seeing carers, Stage 2 identified the CSN’s role activity, and experiences and views of carers seen and cross-sector professional colleagues. Stage 3 developed recommendations to inform roll out and future testing.

Results: The CSN received 124 cross-sector referrals in 9 months (mean 66yrs; 73% female). Carer and cross-sector stakeholder views were overwhelmingly positive. The CSN supported carers with complex needs, ameliorating crises with positive impacts on carers, patients, and services, by providing direct carer support and cross-skilling other professionals. The level and universality of enthusiasm among stakeholders was remarkable, with former lack of provision for carers’ health-related needs being a repeated key message. Learning for future testing was gained, and 21 recommendations were developed.

Discussion and conclusions: This novel award-winning role enables support for carers with complex health/wellbeing needs, ameliorating crises, and positively impacting other services. It addresses the healthcare policy rhetoric on the need for carer support. It warrants testing on a larger scale.

Lead Presenter Biography

Morag Farquhar is Professor of Palliative Care Research at University of East Anglia. An early graduate nurse (King’s College London) with over 30 years research experience, predominantly in supportive and palliative care. Her research interests include person-centred care, unpaid/family carers, breathlessness in advanced disease, and developing/testing of interventions using mixed methods. Current programmes of work include development of a web-based resource for unpaid/family carers of breathless patients (https://supporting-breathlessness.org.uk/), the Support Needs Approach for Patients (SNAP: https://thesnap.org.uk/), and the Carer Support Nurse (https://arc-eoe.nihr.ac.uk/research-implementation/research-themes/palliative-and-end-life-care/carer-support-nurse-pilot). She is Deputy Lead for the NIHR Applied Research Collaboration East of England’s Palliative & End-of-Life Care Theme.

Realist Evaluation of the use of Patient-Reported Outcomes in Three Nurse-led Value-Based Healthcare programmes

Thursday, 12th September - 10:10: 5.4 Service Innovation and Improvement - Oral - Abstract ID: 303

Dr. May Silveira Bianchim (Bangor University), Prof. Jane Noyes (Bangor University), Dr. Gareth Roberts (Aneurin Bevan Univerity Health Board), Ms. Ellie Crane (Bangor University), Dr. Carys Stringer (Bangor University), Dr. Leah McLaughlin@bangor.ac.uk (Bangor University), Ms. Linda Edmunds (Aneurin Bevan Univerity Health Board), Ms. Karen Hazel (Aneurin Bevan Univerity Health Board)

Abstract

Background: The use of Patient Reported Outcomes Measure (PROMs) within Value-Based Healthcare (VBHC) are designed to incorporate what matters most to patients, improving the quality and cost of care. However, evidence evaluating the use of PROMs is scarce.

Aim: To understand what works about PROMs collection, for whom, in what contexts, and why, in three nurse-led services.

Methods: A mixed-methods realist evaluation across three VBHC programmes (Parkinson's Disease, Epilepsy, Heart Failure) using data from a scoping review, documentary analysis, questionnaires, routine data, and interviews. Data was collected from August 2022 to November 2023 and used to develop, test, and refine programme theories and logic models. The study included stakeholders (e.g. charities and patient groups). Ethical approval was granted by the Wales Research Ethics Committee.

Results: We conducted 80 interviews (47 patients, 18 carers and 15 staff) and obtained 244 questionnaires with patients and staff. In Epilepsy and Heart Failure, completing PROMs increased patient awareness of symptoms, but did not result in better communication with clinicians, shared decision-making or better self-monitoring and self-management. PROM questionnaires were too long and did not always cover aspects patients considered as most important. Nurses used PROMs to monitor patient symptoms of Heart Failure and Epilepsy, leading to better tailoring of treatment, and facilitation of referrals. In Heart Failure, this further resulted in a more efficient provision of care and informed service redesign. PROMs did not result in any of the expected outcomes in Parkinson's disease, leading to discontinuation of the programme. The main barrier was the lack of IT systems integration with patient records.

Conclusions: PROMs worked as intended in Heart Failure, but only partially worked in Epilepsy. Actionable recommendations were developed to further enhance PROMs use. This research is informing changes in practice to promote person-centred care and improve outcomes that matter to people.

Lead Presenter Biography

Ellie is a Research Officer for the National Centre for Population Health and Wellbeing Research. Ellie's research focuses on population health, health economics and health care policy. She has a background in mental health research as an MSc student at UCL and has experience conducting research evaluations of health system interventions.

5.5 Public Health

Factors Influencing Adolescent Mothers Engagement with Safer Sleep Messages

Thursday, 12th September - 09:10: 5.5 Public Health - Oral - Abstract ID: 202

Dr. Catherine Ellis (Northumbria University), Prof. Jane Coad (University of Nottingham), Prof. Peter Sidebottom (University of Warwick)

Abstract

Background: Despite widespread awareness of the risk factors for Sudden Infant Death Syndrome (SIDS), many infants continue to be exposed to a range of risks, and most deaths now occur in situations where risk reduction measures have not been followed. Around 200 infants each year die as SIDS in England and Wales and infants of young mothers are disproportionately represented. Research reports that mothers identified at increased risk of experiencing SIDS, have less knowledge of risk reduction strategies than mothers considered to be low risk. To further reduce SIDS rates, educational approaches need to be modified, which requires a deeper understanding of why young mothers continue to expose their infants to risks in the sleep environment.

Aim: To identify what factors influence young mothers' knowledge, understanding and engagement with infant safer sleep messages.

Method: A qualitative approach using Interpretative Phenomenological Analysis (IPA) was used with five first-time mothers identified with characteristics known to increase the risk for SIDS. Participants aged 16 to 19 years were recruited antenatally. Serial in-depth interviews were conducted at three time points during the ante- and postnatal periods, reflecting the months of greatest risk for SIDS.

Findings: Themes of *transition, information* and *fractured application* revealed the context of adolescence to be influential and provides the lens for interpreting how safer sleep information shared with participants was received, processed and influenced parenting practices.

Conclusion: Young mothers' knowledge and application of infant safer sleep guidance is inconsistent, highlighting that information could be delivered more effectively to this high-risk group. A move to 'information exchange' or a coaching model, based on conversational assessment and explanation, rather than 'information giving', can support young mothers to identify, and modify risks, and apply the principles of safer sleep recommendations to all infant sleep environments, including those outside of the cot situation.

References

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Lead Presenter Biography

I am a registered general nurse, midwife and health visitor with over 25 years experience working with children and families. I have held a variety of clinical and leadership roles within child and family health and safeguarding. My last clinical post was as consultant nurse, to establish the SUDI rapid response team across Warwickshire. I have been a research fellow with the team delivering the biennial analysis of serious case reviews between 2009 - 2013. Currently an Associate Professor in Nursing at Northumbria University, my research interests are in young parents and their decision-making behaviour related to infant-care practices.

All Our Children: The impact of a significant other, place or thing on young people’s development. A case study using Sen’s capability approach and Bronfenbrenner and Morris’s person, process, context and time model.

Thursday, 12th September - 09:40: 5.5 Public Health - Oral - Abstract ID: 416

Dr. Sasha Ban (Northumbria University)

Abstract

The purpose of the research was to examine the factors that impact on a young person’s holistic development.
Problem
Disadvantage permeates many parts of society: resources are finite, young people’s needs are complex and many remain unmet. There is little cohesive policy planning for young people that assesses their needs effectively. Without this, young people are being left behind and unable to fulfil their capabilities and subsequent functionings.
Research design
A pragmatic approach was coupled with nested case study methodology. Evidence was collected to enable a comprehensive understanding of the context and systems that young people exist within. Interview data was gathered from the field over a three-month period. Interviews were conducted with senior leaders, teachers and pastoral staff, a young person and staff that worked with the young person. Behaviour policies and Ofsted reports formed part of the evidence collection. Sen’s capability approach and Bronfenbrenner and Morris’s process-person-context-time models were used as a framework for analysis.
Findings
1. Sen’s Capability Approach and Bronfenbrenner and Morris’s Person, Proximal Process, Context and Time model have similarities and differences that when merged create depth and add rigour to better understand holistic development.
2. The findings indicate that young people’s capability and functionings are an outcome of personal, social and environmental micro and macro conversion and proximal processes.
3. Forgiveness, curiosity and love are values and behaviours that enhance young people’s development; justice, moral imperative and ‘giving a damn’ can support powerful reasoning in driving the young people’s agenda forward.
4. Assessment of need and measuring impact of interventions are fundamental to establishing a Young Person-Centred Framework and tackling inequity.

This research utilises two seminal theories and creates a tool that can be applied, tested, and explored to support development in health, social and education settings.

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Lead Presenter Biography
Sasha is a children's nurse, health visitor and academic. Sasha has 35 years experience in chidren and young people's practice and higher education , from neonates to public health. She currently works as Deputy Head of Department at Northumbria University. She volunteers as a Chair of Governors in a large secondary school, she works with a national foster care association as an indpendent panel member. She completed her PhD in February 2024.

Profiles of vaccination hesitancy among nurses: tailoring healthcare policies

Thursday, 12th September - 10:10: 5.5 Public Health - Oral - Abstract ID: 90

Prof. Marco Tomietto (Northumbria University), Dr. Goran Erfani (Northumbria University), Dr. Jemma McCready (Northumbria University), Ms. Beth Nichol (Northumbria University), Mrs. Charlotte Gordon (Northumbria University), Prof. John Unsworth (Northumbria University), Dr. Michelle Croston (Manchester University NHS Foundation Trust), Dr. Dania Comparcini (University of Bari), Dr. Valentina Simonetti (University “LUM” Giuseppe Degennaro), Dr. Giancarlo Cicolini (University of Bari), Prof. Kristina Mikkonen (University of Oulu), Mr. Jeremia Keisala (University of Oulu)

Abstract

Aims: To profile the characteristics of nurses with varying levels of vaccine hesitancy towards the COVID-19 and Influenza vaccines.

Background: In many countries across the world healthcare workers, and nurses in particular, display significant reluctance toward COVID-19 and Influenza vaccines due to concerns about safety, distrust in healthcare policies, and media influences. To address this, a proposed approach involves profiling nurses to tailor vaccination campaigns and to improve acceptance rates and public health outcomes.

Methods: This cross-sectional study adopted the Vaccination Attitudes Examination scale to assess hesitancy towards COVID-19 and Influenza vaccines amongst 294 registered nurses in the UK between March and July 2023. A K-means cluster analysis was performed. The Strengthening the Reporting of Observational Studies in Epidemiology guidelines were adopted.

Results: Three profiles were identified. Profile A showed low vaccination hesitancy, Profile B showed average hesitancy, and Profile C showed high hesitancy towards vaccines. The highest concern for all profiles was related to unforeseen future effects of vaccination. Profile C had more nurses in early career roles, while nurses in profiles A and B were in more senior roles. Profile A showed higher educational attainment. Nurses in Profile C used Snapchat more, while nurses in Profile A used Twitter more frequently.

Conclusion: This study identified specific characteristics associated with higher levels of vaccination hesitancy in nursing. Unforeseen future effects of vaccination is a core aspect to consider in promoting vaccination.

Implications for nursing and nursing policy: Policies and vaccination campaigns should be targeted on early career nurses and should deliver tailored messages to dispel misinformation about unforeseen future effects of vaccination through specific social media platforms. Senior nurses should be involved as role models in promoting vaccination. These results are key for enhancing an evidence-based approach to implementing global health policies in healthcare.

Lead Presenter Biography

Marco’s expertise mainly focuses on clinical learning environments, mentorship, organizational transition of newcomer nurses and work and organizational psychology dynamics related to nursing science, nursing environments and human resources management in the healthcare settings.

Along his research journey he developed a broad range og methodological expertise in scales validation, CFA, Structural Equation Modelling, biostatistics and epidemiology in order to further disclose the healthcare settings’ and nursing’s complexity.

His recent reasearch provided new insights in the motivational dynamics to support nurses’ work-ability, in designing mentoring strategies in nursing education, and in detecting the generational patterns of vaccination hesitancy in healthcare.

5.6 Qualitative approaches

Title: How do health visitors and parents interact in UK child health clinics around infant weight in the context of overweight and obesity - An interpretative research study.

Thursday, 12th September - 09:10: 5.6 Qualitative approaches - Oral - Abstract ID: 44

Dr. maggie coates (Northumbria University)

Abstract

Background: In 2020, figures estimated that 39 million preschool children worldwide, experienced overweight or obesity. Global prevalence has almost tripled in the last 40-50 years. The number of preschool children impacted makes it severe enough to be one of the most serious public health challenges for the 21^{st} Century, which could be addressed during infancy, for improved short and long-term health outcomes.

Objective: Research in a local Trust providing health visiting services in the Northeast of England aimed to describe and interpret the interaction between UK parents and health visitors around infant weight (0-2) in delivering the UK Healthy Child Programme. Ethical approval was granted.

Methods: The research paradigm was social construction, and interpretative phenomenology enabled the interpretation of experiences of self and everyday situational encounters, or the lived experience of participants. The research applied theoretical perspectives of hermeneutic phenomenology and symbolic interactionism. Purposive sampling recruited 14 parents and 20 health visitors, and 4 focus groups and 8 semi-structured interviews were completed. Data analysis was thematic.

Findings: Interaction between health visitors and parents around infant weight was complex. Assumptions were made and the interaction was open to misinterpretation. This impacted the integrity of the conversation. Managing infant weight was superseded by other public health needs of parents. There was no obvious approach to assessment of infant weight, that might be exceeding normal growth centiles, whole family approaches, or risk assessment. Infant weight remained an emotive subject for parents and health visitors, which governed how it was addressed.

Conclusion: While existing research has emphasised that infant weight is a sensitive issue to raise with parents, this research is unique providing detailed implications for UK health visitors and recommendations for future management of infant weight within the UK Healthy Child Programme. Findings are transferrable to other public health professionals communicating with infants and parents in managing infant weight.

Lead Presenter Biography

I am an Assistant Professor and Head of Subject – Health at Northumbria University, Newcastle, Department of Nursing, Midwifery and Health, Faculty of Life Sciences. I am also a registered Health Visitor, Adult Nurse, and Childrens Nurse.

Pain in adolescent idiopathic scoliosis

Thursday, 12th September - 09:40: 5.6 Qualitative approaches - Oral - Abstract ID: 72

Prof. Lesley Dibley (University of Greenwich), Dr. Ryan Essex (University of Greenwich), Ms. Molly Dibley (Patient Representative), Dr. Marianne Markowski (University of Greenwich), Mrs. Gemma Mooney (Royal National Orthopaedic Hospital), Dr. Paul Newton (University of Greenwich), Prof. Trevor Thompson (University of Greenwich)

Abstract

Background

Adolescent idiopathic scoliosis (AIS) affects 158-395 million people globally. Clinically, it is considered to cause minimal discomfort/pain after active treatment concludes. Anecdotally, chronic pain is reported widely by people with AIS.

Aim

To evidence experiences of pain as articulated by people living with fused or unfused AIS.

Method

We used an exploratory qualitative approach, with mixed methods (thematic, and sentiment) analysis. Community-dwelling people aged 18 years+ with fused or unfused AIS, participated. In-depth, semi-structured interviews (telephone/online, January-April 2022) were audio recorded, transcribed, and analysed. University ethics approval was obtained [UREC 20.3.5.6].

Results

Of 28 participants, 27 (96.5%) were female. Mean age 31 years (range 20-56 years); mean age at diagnosis 14.25 years; mean of 13.27 years since treatment completion/decision for no treatment. Participants had undergone bracing (n=1), bracing and surgery (n= 6), exercise (n=1), exercise and surgery (n=4), surgery only (n=11) or no treatment (n= 5). Sentiment analysis identified *pain* as the commonest negative word, present in all themes following thematic analysis:

Discovery and Recovery: participants had powerful memories of pain before diagnosis, and during treatment/recovery; pain experiences were often under-recognised or dismissed by clinicians once treatment/recovery was completed.

Wellbeing: ongoing current levels of (often) chronic pain had negative impacts.

Adjustment and Adaption: strategies were employed to avoid pain or relieve it once present

Relationships: chronic pain was often under-appreciated across participants' social networks, affecting activities and relationships

The Future: participants were concerned about AIS-related pain becoming worse, and more debilitating, over time.

Conclusion

The high prevalence of the word 'pain' and associated language reflects the prevalence of pain-related issues in participants' everyday lives, with little clinical support or empathy for these enduring pain experiences. This novel research highlights the currently unrecognised experiences of pain for those with AIS, indicating the need to challenge assumptions that AIS interventions are pain-free beyond the treatment and recovery phase.

Lead Presenter Biography

Professor Lesley Dibley is dual-qualified (RGN; RSCN) with several years of clinical practice in adult, childrens' and neonatal nursing, in nurse education, and since 2018, in nursing research. She received her PhD in 2014 for a hermeneutic phneomenological study of the experience of stigma in inflammatory bowel disease (IBD). Lesley's research has enhanced understanding of the complex incontinence, stoma-, and IBD-related distress experiences of patients with IBD. Lesley is a hermeneutic phenomenologist; she has co-written a practical guide to using hermeneutic phenomenology (HP), supervises doctoral students using HP, and leads the annual phenomenology summer school at the University of Greenwich.

A Feasibility study of the transferability of Improving Access to Psychological Therapies (IAPT) to emergency medical Inpatients within acute medical wards

Thursday, 12th September - 10:10: 5.6 Qualitative approaches - Oral - Abstract ID: 394

Mrs. Rebecca Pulford (University of Essex)

Abstract

Background

Mental health illness has become the leading cause of disability worldwide (Nochaiwong et al., 2021). In England psychological therapy is the first choice intervention for Depression and Anxiety (NICE 2011). Emergency admissions to hospitals are increasing with a 3.7% growth in 2022 (NHS Digital 2023). A literature review found that patients who presented with an acute medical presentation and had a comorbidity of Depression or Anxiety stayed 2.8 days longer in hospital. Psychological assessment and intervention is not provided routinely within the acute hospital setting in England.

Aim

To assess the feasibility of using Improving Accesses to Psychological Therapies Intervention (IAPT, NHS, 2023a) in an acute medical ward environment. To establish if Hospital length of stay and readmission rates can be collected and linked to outcome measures collected as part of the IAPT minimal data set. To identify the prevalence of Depression and Anxiety within the acute medical admissions patient cohort.

Method

Orsmond and Cohen (2015) five objectives to conduct a feasibility study have been used as a framework. Data was collected using recruitment, demographic and outcome data, patient survey and staff focus groups. Analysis of the data used descriptive analysis, the focus group transcripts were analysed using Braun and Clark (2022) reflexive thematic analysis.

Findings

The prevalence of Depression or Anxiety at screening were 12.60%, 26.84% were identified as not having Depression or Anxiety. A lack of mental capacity was identified in 28.93%. Thirty patients were recruited into the study, 90% completed a post discharge survey with a result of 85.59% positivity on feasibility and value of receiving intervention.

Conclusion

The overall acceptability and feasibility of delivering bedside step therapy was reported positively by patients and staff.

Recommendation to proceed to a full pilot in preparation for a multicentre RCT trial, noting limitations observed and modified accordingly.

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Lead Presenter Biography

Rebecca a Director of Nursing and CNIO at a Community and Mental health Trust. Most of her career has been based in an acute hospital setting, covering roles in Emergency medicine, surgery, women's and children's and Cancer and clinical support services. In the last 8 years her career has become focused on community and mental health care, driven by a passion to have closer alignment and care deliver between physical and mental health. Rebecca holds a Degree in Nursing, a master's degree in integrated health and social care Governance and is currently undertaking a Professional Doctorate.

6.2 Nursing, midwifery or support worker education

Inclusivity in Practice Education: The views and experiences of Nurse Educators supporting nursing students with mental health needs in mental health clinical placements

Thursday, 12th September - 11:00: 6.2 Nursing, midwifery or support worker education - Oral - Abstract ID: 126

Dr. Pras Ramluggun (Northumbria University), Ms. Margaret Rioga (Buckinghamshire New University), Ms. Rita Bundhoo-Swift (Oxford Health NHS Foundation Trust)

Abstract

This study aimed to explore the perspectives and experiences of Nursing Practice Supervisors and Assessors, referred to as Nurse Educators, regarding their support for students with mental health needs during mental health clinical placements.

Design

A qualitative survey design was employed to delve into Nurse Educators' views and experiences at two Mental Health Trusts in the Southeast of England, United Kingdom.

Methods

Data were collected using Google Forms to create an anonymous online questionnaire. Thirty-five Nurse Educators, comprising Practice Supervisors and Practice Assessors from two National Health Trusts, providing placements for two universities in the Southeast of England, responded to the survey. Thematic analysis was conducted to interpret the responses.

Results

The analysis revealed two overarching themes: the facilitating aspects of meeting students' mental health needs and the hindering aspects encountered during placements. Subthemes encompassed personal, professional, and procedural issues, intricately intertwined to offer a nuanced understanding of Nurse Educators' perspectives on supervising and assessing students' practice learning. While most Nurse Educators expressed willingness to support students with mental health needs, some raised concerns about the adequacy of adjustments within the preregistration nursing program. Additionally, challenges related to the demanding nature of supporting students and its impact on Nurse Educators' workload were widely reported.

Recommendations include a review of learning arrangements for students with mental health needs in clinical placements, along with improvement in w of guidelines, policies, and tailored training for Nurse Educators.

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Lead Presenter Biography

Dr Pras Ramluggun, is an Associate Professor in Mental Health Sciences and Nursing. Dedicated to enhancing students' teaching and learning experiences, his research interests centre on the influence of teaching and learning on nursing students' mental well-being, authoring several publications on this subject. With an overarching goal to empower future nurses with the necessary skills and resources for success in challenging and high-pressure settings, his work aims to shape the next generation of healthcare professionals. His publication addressing nursing students' fear of providing care during the COVID 19 pandemic garnered national attention featuring in the national news.

Healthcare students’ adherence to rape and sexual harassment myths.

Thursday, 12th September - 11:30: 6.2 Nursing, midwifery or support worker education - Oral - Abstract ID: 342

Dr. Claire Dosdale (Northumbria University), Dr. Katy Skarparis (Northumbria University)

Abstract

Introduction: Rape and sexual harassment is a deeply violating experience for the survivor, resulting in both immediate and long-term health implications. Disclosure to healthcare professionals is low at 15%, Evidence suggests those who do disclose are often met with unhelpful responses that are cloaked in rape myth assumptions, leading to victim blaming attitudes. These stereotypical or false beliefs about the culpability of survivors and innocence of rapists play a part in the illegitimacy of rape and sexual harassment as a serious crime. Adherence to common rape and sexual harassment myths have demonstrated problematic attitudes, are a known barriers to disclosure, and reduces likelihood in the survivor accessing ongoing supportive services. Therefore, it is important to understand the scale of this in our future healthcare workforce.

Aim and Objectives:

This research aims to examine baseline rape and sexual harassment myth acceptance of healthcare professional students.

Objective:

1. Gain insight into whether healthcare professional students adhere to rape and sexual harassment myths.

Methods:

This research took a quantitative approach to its methodology. Two validated rape and sexual harassment myth acceptance scales were combined and used to survey a cross professional group of healthcare students in the UK. 107 participants undertaking study on a healthcare professional programme in the North East of England completed the survey. Data was analysed using SPSS.

Outcomes

Levels of myth adherence was found. Adherence was higher surrounding false accusations, help seeking behaviours, and what constitutes are rape in relationships.

Conclusion:

Student healthcare care professionals are demonstrating adherence to rape and sexual harassment myths, which leads to victim blaming assumptions. These findings recommend that all healthcare professional education programmes would benefit from myth adherence and sexual violence education in general, in the form of bystander training, to challenge those normative assumptions displayed in this study and to empower people to speak out when witnessing these behaviours in clinical practice.

Lead Presenter Biography

Dr Claire Dosdale is a Registered Nurse with 20 years professional experience. Claire worked as a clinical specialist sexual health nurse before moving into academia. She has been an academic in nurse education for 10 years and has recently completed her doctorate exploring sexual violence disclosures in healthcare. Research in the arena of sensitive topics is methodologically challenging. These challenges are familiar to Claire, she has experience and expertise in researching survivors of sexual violence and gendered violence.

6.3 Workforce and employment

The role of the Professional Nurse Advocate in practice: An Interpretive Descriptive study

Thursday, 12th September - 11:00: 6.3 Workforce and employment - Oral - Abstract ID: 150

Dr. Analisa Smythe (The Royal Wolverhampton NHS Trust), Dr. Wendy Walker (The Royal Wolverhampton NHS Trust)

Abstract

Background: The Professional Nurse Advocate (PNA) A-EQUIP (Advocating and Educating for QUality ImProvement) model of clinical supervision was first launched in England in 2021, together with a programme of education for aspiring PNAs. In this unique role, nurses are trained to facilitate and support reflective conversations, and to foster a culture of learning from experience in a way that critically examines and improves nursing practice and care (NHS England and NHS Improvement, 2021).

Aim: This presentation provides insight into the perceptions and experiences of PNAs employed in a combined acute and community NHS Trust in the UK.

Method: A qualitative exploratory design, based on Interpretive Description methodology (Thorne, 2016). Interview data, collected between November 2022 and January 2023, was transcribed and thematically analysed (Braun & Clarke, 2006). Ethical approval was granted by the Health Research Authority; Reference: 22/HRA/2927.

Results: Seventeen PNAs were recruited. Five main themes were developed from the data: Learning in theory and practice; The nature of supervision; Deploying the A-EQUIP model; Understanding the outcomes of supervision, and Fulfilling the role.

Discussion: The findings suggested experiential learning and mentorship were important to PNA role preparation. A restorative approach to clinical supervision took precedence in practice; this being one of four ways in which the A-EQUIP model is intended to work for nurses. Perceived positive outcomes included improved wellbeing, personal/professional development, and quality improvement initiatives. The PNA role was described as rewarding, yet challenging, with workforce pressures impacting availability to provide/receive supervision. Support was also considered important to the welfare of the PNA.

Conclusion: The role of the PNA is critical to supporting the nursing workforce to constructively process, reflect and learn from their experiences. Further research is recommended to help showcase successful and sustainable approaches to role implementation and to evidence its impacts in practice.

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Lead Presenter Biography

Analisa qualified as a Mental Health Nurse in 1993 and has worked in research for over twenty years. She has a significant track record of grant funding and has written numerous papers for publication.

She was appointed as Research Matron at the Royal Wolverhampton NHS Trust in 2020; a bespoke role established to enhance the reputation of the Trust for nursing research. Her current interests focus on the wellbeing of the nursing workforce.

Nurses’ experience of professional enjoyment of nursing: a qualitative descriptive study.

Thursday, 12th September - 11:30: 6.3 Workforce and employment - Oral - Abstract ID: 399

Dr. sam donohue (Oxford Brookes University), Dr. Sue Schutz (Oxford Brookes University), Dr. Kathleen Greenway (Oxford Brookes University)

Abstract

Introduction

The recruitment and retention of the registered nursing workforce is both a domestic and global challenge. There is limited research studying what nurses enjoy about the profession and of being a nurse in addition to the consequences of enjoyment on retention of the nursing workforce.

Aim of the study: This doctoral study aimed to explore nurses’ experience of professional enjoyment and to understand the factors that enhance or diminish professional enjoyment in nursing.

Methods: This qualitative study explored professional enjoyment of nursing using semi-structured interviews with 25 registered nurses in England. The purposive sample of nurses were recruited via Twitter and included nurses with a range of tenure in the profession, age, roles, employment settings and from all four fields of nursing. Six themes were developed using reflexive thematic data analysis on the experience, impact and consequences of professional enjoyment of nursing.

Findings: This study found that the experience of professional enjoyment of nursing was strongly associated with ‘being a nurse’, ‘making a difference’ and from feeling valued and that the professional voice of nursing was heard. Professional enjoyment can be enhanced or diminished by others, specifically by work culture, leadership, civility and recognition of contribution. The study identified the positive and negative impact the Covid-19 pandemic had on nurses’ professional enjoyment and discovered consequences of professional enjoyment on teams, nurse retention and patient experience.

Conclusion: The study offers conceptual clarity for the phenomenon of professional enjoyment and concomitant concepts of joy, happiness, passion, job satisfaction and work engagement. The study includes a series of recommendations for policy, research, practice nurse leaders and future research with the aim to enhance professional enjoyment of nursing and consequently improve team cohesion and patient experience.

Lead Presenter Biography

Sam completed her doctoral research study in December 2023. The study explored professional enjoyment in nursing and data collection was conducted during the Covid 19 pandemic. Sam is Assistant Director at the Nursing and Midwifery Council with a portfolio including the outreach function of the NMC working with employers and professional and system regulators across the UK. Sam was previously deputy chief nurse of an NHS Trust and prior to this led the nursing associate and nurse apprenticeship development whilst a senior nurse for policy at Health Education England.

Results from a survey of the work lives and wellbeing of the mental health nursing workforce.

Thursday, 12th September - 12:00: 6.3 Workforce and employment - Oral - Abstract ID: 334

Dr. Naomi Klepacz (University of Southampton), Prof. Peter Griffiths (University of Southampton), Prof. David Baldwin (University of Southampton), Dr. Gemma Simons (University of Southampton), Prof. Jane Ball (University of Southampton)

Abstract

Background:

Nurses are fundamental to the effective and safe delivery of mental health services, yet vacancy rates remain high. To address issues around recruiting and retaining this workforce, we must engage with nurses to understand what modifiable workplace factors impact the quality of work life for nurses providing mental health care and how their work lives and well-being may be improved.

Method:

An anonymous online cross-sectional survey collected data between October 2023 and January 2024. Participants were registered nurses working in any mental health setting for any provider in the UK recruited through clinical and practitioner networks, conferences, social media, and adverts at NHS Trusts. The survey was designed for this study focusing on: 1) the role of nurses and their teams; 2) organisational culture and context, 3) nurses' views on care quality, 4) nurses needs, and 5) professional quality of life (ProQOL Health) and Burnout (Burnout Assessment Tool-12).

Results:

We received 999 eligible responses. Overall, 81% of participants were female, 93% were Registered Mental Health Nurses, and 92% were working in the NHS. A high proportion (39%) expressed dissatisfaction with their job. 27% were at risk of, and 22%, were at high risk of, burnout. Caseload, employment setting and job role were found to vary considerably, highlighting the diversity of job roles in mental health nursing. Results explore whether modifiable workplace factors such as staffing levels, teamwork, visibility of senior management, administrative support, and flexible working are associated with wellbeing or adverse work experiences.

Discussion/Conclusion:

This study provides insight into the daily rewards and challenges of mental health nursing. The findings can inform those developing and implementing workplace policies and interventions aimed at supporting registered mental health retention, recruitment, and wellbeing.

Lead Presenter Biography

Dr Naomi Klepacz is a Health Services Researcher at the NIHR ARC Wessex Mental Health Research Hub and the School of Health Sciences, University of Southampton. Her research focuses on improving the wellbeing of the NHS workforce by understanding the contexts in which healthcare professionals experience work-related mental ill-health.

6.4 Patient and service user experience

Exploring father's involvement during the antenatal period: A descriptive qualitative study

Thursday, 12th September - 11:00: 6.4 Patient and service user experience - Oral - Abstract ID: 376

Mr. Ron Chiang (KK Women's and Children's Hospital), Ms. Mei Qi Ang (KK Women's and Children's Hospital), Ms. Jia Jia Pang (KK Women's and Children's Hospital), Ms. Kar Wai Shum (KK Women's and Children's Hospital), Ms. Yen Lee Tan (KK Women's and Children's Hospital)

Abstract

Background

Fathers' involvement during the antenatal period is essential for the overall welfare of the family. However, only a few studies exploring this topic were conducted in Singapore, which had largely focused on the fathers' experiences during the postpartum period instead.

Aim

The aim of this study is to explore factors affecting fathers' involvement during the antenatal period using the Social-Ecological Model as a framework.

Methods

A descriptive qualitative design was used. Participants were men aged eighteen years and above, English literate, whose partners were admitted to the delivery suite or obstetric ward for induction of labour, were recruited from a public maternity hospital in Singapore. Men whose partners were diagnosed with pregnancy complications were excluded. Participants were interviewed to explore their experiences during the antenatal period with the aid of an interview guide based on the conceptual framework. The interview transcripts were audio-recorded, transcribed verbatim and analysed using thematic analysis.

Results

Twenty-two participants were recruited, generating four overarching themes and nine sub-themes. The four themes included: (a) Meaning of father's involvement; (b) Enablers and barriers affecting fathers' participation; (c) Fathers' experience in the healthcare system; and (d) Recommendations to improve fathers' involvement.

Discussion

Expecting fathers are intrinsically motivated to participate during the pregnancy and were able to depend on their family and friends for assistance through advice and recommendations for resources. Local employers have been supportive of fathers' participation during the pregnancy. However, more effort can be done by healthcare workers to engage fathers during antenatal visits, provide more condensed educational materials, and communicate the various avenues for support available through local social service agencies.

Conclusion

Expecting fathers in Singapore have been actively participating during the pregnancy and enjoy a good support structure. However, more improvements on the part of healthcare institutions and the community could still be done to address the needs and concerns of expecting fathers.

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Lead Presenter Biography

Graduated from National University of Singapore with a Bachelor of Science (Nursing) with Honours in 2021. Research interests includes fathers' involvement during the antenatal period, and has been working in the paediatric oncology setting in the KK Women's and Children's Hospital, Singapore.

The Experiences and Perceptions of Sexual Intimacy in Adults with an Intestinal Ostomy: A Qualitative Systematic Review

Thursday, 12th September - 11:30: 6.4 Patient and service user experience - Oral - Abstract ID: 290

Ms. Lauren McKenzie (Northern Care Alliance NHS Foundation Trust), Dr. Janice Christie (Manchester University NHS Foundation Trust)

Abstract

Background: An intestinal ostomy is an artificial opening in the abdomen that diverts faecal waste into a stoma bag. Intestinal ostomy formation affects all aspects of life, including sexual intimacy. Though an important topic for patients and clinicians, there were no existing qualitative syntheses that clearly defined and explored sexual intimacy from the perspective of solely intestinal ostomates.

Aim: To explore the experiences and perceptions of sexual intimacy in adults with an intestinal ostomy.

Methods: Six bibliographic databases (MEDLINE, CINAHL, Embase, APA PsycINFO, ASSIA, Scopus) were searched between 31/Jan/2023 and 10/Feb/2023 for qualitative, or mixed method studies with a substantial qualitative component, that explored the sexual intimacy experiences of adults aged ≥18 with an intestinal ostomy. Quality appraisal was informed by Long and Godfrey's ETQS tool (2004) and a thematic synthesis was undertaken as per Thomas and Harden (2008).

Results: Twenty-one studies of good overall quality with 615 participants were included. Five analytical themes emerged: 1*)* the bag is an intruder, 2) having a "dirty" secret, 3) having and rejecting a "disgusting" body, 4) ostomates' personal, physical, and psychological influences on sexual intimacy, and 5) types of sexual intimacy post-ostomy.

Discussion: The unrelenting presence of a stoma bag alongside uncontrollable bowel movements and surgical scars affected sexual intimacy in many ways. Mediated by various individual factors, different types of intimacy were identified post-ostomy, including enforced celibacy and reciprocal, non-sexual intimacy.

Conclusions: Healthcare professionals should initiate regular, open-ended discussions with ostomy patients to establish individual sexual intimacy needs as informed by this review, and offer holistic, tailored counselling. Further qualitative studies are needed to explore this phenomenon in more depth, particularly in underrepresented populations such as Africans, women, and gay men.

References

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Thomas, J. and Harden, A. (2008). Methods for the thematic synthesis of qualitative research in systematic reviews. *BMC Med Res Methodol*, 8 p. 45 https://doi.org/10.1186/1471-2288-8-45.

Lead Presenter Biography

The lead presenter of this work graduated from the University of Manchester in 2017 with a First-Class BNurs (Hons) degree in Adult Nursing. For the past five years, she has practiced as a Clinical Research Specialist Nurse in the field of Gastroenterology, specifically Inflammatory Bowel Disease, and recently completed the MRes (Clinical Research) at the University of Manchester.

How people living with dementia and their informal carers utilise resilient strategies to optimise safety whilst living at home

Thursday, 12th September - 12:00: 6.4 Patient and service user experience - Oral - Abstract ID: 272

Dr. Richard Clibbens (South West Yorkshire Partnership NHS Foundation Trust), Ms. Aysia Ilyas (South West Yorkshire Partnership NHS Foundation Trust), Dr. Beth Fylan (Univeristy of Bradford), Dr. Kathryn Lord (Univeristy of Bradford)

Abstract

This study explored the processes of resilience that people living with dementia use to live at home safely or despite the presence of safety issues or concerns. Resilient healthcare (termed Safety II) is an approach to patient safety that seeks to understand what 'works well' to enhance the ability of healthcare systems seeks to understand what 'works well' to enhance the ability of healthcare systems to achieve safe care. Through a deeper understanding of how people with dementia utilise resilience, health and social care staff can more effectively enhance this approach.

This research was funded by the General Nursing Council Trust. The chief investigator was an NHS nurse consultant and the sponsor organisation was an NHS Trust in collaboration with Bradford University. Funding was approved in Autumn 2020 and Research Ethical Committee approval obtained in May 2021. The study was adopted on to the National Institute for Health & Care Research Portfolio. The research report was completed in February 2024.

Purposive sampling enabled participants to be recruited via Join Dementia Research from across Yorkshire, England. Semi-structured interviews were audio-recorded (completed by telephone) and transcribed verbatim prior to qualitative analysis. A framework for qualitative coding was developed. This framework analysis of data enabled the research team to compare and contrast data across participant accounts.

The study recruited to target with n=30 interviewed participants, of these n=18 people with dementia were interviewed (age range 66 years to 91 years) and n=22 people identified as carers of a family member with dementia.

Four overarching themes were identified, which will be discussed with examples from participant's own accounts:

- 1) **Incorporating.**
- 2) **Experiential learning.**
- 3) **Maintaining 'sense of self'**.
- 4) **Flexibility and adaptation.**

The relevance of the study outcomes for health and social care organisations providing interventions to people living at home with dementia and their carers will be discussed.

References

Braithwaite, J. Wears, R, L. & Hollnagel, E. (2015) Resilient health care: turning patient safety on its head, *International Journal for Quality in Health Care*, Volume 27, Issue 5, October 2015, Pages 418–420.

Lead Presenter Biography

Richard is a registered mental health and adult nurse, has been a Consultant Nurse in Dementia for over 20 years and published related articles and book chapters. He completed his PhD related to younger people with dementia at The University of Sheffield in 2016. His main clinical role is as the clinical lead for an NHS Memory Service where he provides diagnosis of dementia. He is a non-medical prescribing lead within an NHS Trust and is a member of the Advisory Group for the RcPsch Memory Service National Accreditation Programme. Richard is also an Expert Advisor to NICE for dementia.

6.5 Chronic illness / Acute and critical care

Storyboarding as a methodology in the co-creation of a mobile behavioural intervention to prevent adrenal crisis

Thursday, 12th September - 11:00: 6.5 Chronic illness / Acute and critical care - Oral - Abstract ID: 259

Ms. Lisa Shepherd (University of Birmingham), Dr. Amelia Swift (University of Birmingham), Prof. Debbie Carrick-Sen (University of Birmingham)

Abstract

Background

People with Primary Adrenal Insufficiency (PAI) take daily glucocorticoid replacement and must adjust this during times of physical and psychological stress to avoid a life-threatening adrenal crisis (AC). Although they have the necessary knowledge they fail to apply it when needed. We believe a smart phone ‘app’ may provide useful support. Storyboards come from pre-production film-making that help to tell a story in words and pictures. They can facilitate discussion, promote innovation, and show how an application would work. This method aids transition from ideas to prototype development.

Aim

To use storyboarding to co-create a mobile health behavioural intervention to support prevention and management of adrenal crisis for people with PAI.

Methodological discussion

Participants were those who have PAI and had experienced an AC, their family members and healthcare professionals. Nine people were divided into two groups, each with six storyboard templates representing ‘pages’ of the app, such as data input and trend identification, and sick-day rule application guidelines. A facilitator worked with each group and made an audio recording and notes of discussions, which later formed part of the qualitative data for analysis. The groups used the templates to design the essential features of the app, discussing accessibility, aesthetics, and key content. They were encouraged to draw, write or comment verbally to generate the storyboard. A representative from each group provided feedback on the templates, which prompted a further discussion and amendments.

Conclusion

This is the first-time storyboards have been used in the co-design of a mobile application to prevent and manage AC. Storyboards provide an inclusive method for intervention co-creation that can be extended to the development of other healthcare interventions and patient pathways.

References

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Lupton, D, & Leahy, D. (2019). Reimagining digital health education: Reflections on the possibilities of the storyboarding method. *Health Education Journal*, 78(6), pp.633-646. https://doi.org/10.1177/0017896919841413

Lead Presenter Biography

Lisa has worked in Endocrinology for 23 years. Leading the endocrine nursing service at HGS part of University Hospitals Birmingham NHS Foundation Trust.

A member of SfE Nurse Committee and previous Chair, she has been involved with a number of projects that has advanced and standardised the education, knowledge and skills required as an endocrine clinical nurse specialist. She also sits on several endocrine working groups/committees, is actively involved with patient support groups and a visiting specialist University lecturer.

She is undertaking a fellowship PhD looking at developing an intervention to prevent adrenal crisis in patients with Primary Adrenal Insufficiency.

Understanding the Decision-Making Practices Used by Registered Nurses Assessing Acuity at Triage in Emergency Departments in the UK: A National Survey

Thursday, 12th September - 11:30: 6.5 Chronic illness / Acute and critical care - Oral - Abstract ID: 237

Mr. Hugh Gorick (School of Health Sciences, University of East Anglia), Dr. Marie McGee (University of East Anglia), Prof. Toby O Smith (University of East Anglia)

Abstract

Background

In the UK, people who attend the emergency department are triaged upon arrival to assess how rapidly they need treatment, with triage being most often completed by nurses (Edwards et al., 2021). However, uncertainty exists surrounding the background and triage training of these nurses, and the quality of the decision-making processes they use when assessing patient acuity (Gorick et al., 2023) . This exploratory study aimed to investigate the demographics and decision-making processes of triage nurses in UK emergency departments. The conference presentation will report the findings of this study.

Methods

This was a mixed-methods, online cross-sectional survey design, with participants recruited via social media in June and July 2023.

The study was submitted to and approved by the UEA FMH ethics committee [ETH2223-1877, granted 24/5/23].

Results

51 UK nurses were recruited. Utilising the Triage Decision-Making Inventory (Smith &Cone, 2010) revealed high scoring for all domains: cognitive characteristics (mean 4.8), critical thinking (mean 4.8), experience (mean 4.8), and intuition (mean 4.2). Intuition was the lowest scoring domain, in contrast to similar studies in other countries, and this was explored in context to triage training. Training for triage was non-standardised with 82% of participants receiving no or beginner training and only 13% of emergency departments offering regular updates. Satisfaction with amount of training was 37%.

Four themes were established from qualitative analysis: triaging the situation; stress, control and assimilation; maintaining safety through decisive actions; and prioritising the sickest.

Conclusions

This study represents the first survey of the decision-making processes of triage nurses in the UK. The findings have led to recommendations regarding safe staffing, standardisation of training and ensuring nurses' welfare. These aim to improve the abilities of nurses to make safe and effective triage decisions, and to improve the triage environment, which will lead to improved outcomes for both the patients and nurses.

References

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Lead Presenter Biography

I am a postgraduate researcher for the University of East Anglia, studying for my PhD, and I work clinically as an assistant practitioner at the Norfolk and Norwich Hospital. I have a keen interest in triage in emergency admission areas, and this

provides the main focus for my research. I am currently exploring how nurses assess acuity, what the impacts of these decisions are, and how the process can be improved.

6.6 Primary and Community Care

Collaborative inter-agency working to support and safeguard people experiencing self-neglect: perspectives of practitioners and people receiving interventions

Thursday, 12th September - 11:00: 6.6 Primary and community care - Oral - Abstract ID: 524

Dr. David Orr (University of Sussex), Dr. Cindy Morrison (University of Sussex), Dr. May Nasrawy (University of Sussex), Mrs. Nicky Selwyn (University of Sussex), Mr. Andrew Voyce (University of Sussex)

Abstract

Background: Self-neglect in England was classified as a safeguarding issue in 2014, responding to growing concerns about consistency and adequacy of service responses to people judged to be unwilling or unable to maintain safe levels of self-care. Nurses, and practitioners from many different organisations (e.g. Health, Social Care, Fire & Rescue, Environmental Protection, Housing, voluntary organisations), are often involved. Significant challenges to effective interagency and interdisciplinary collaboration have been encountered, with serious consequences for people experiencing self-neglect (Preston-Shoot, 2021). Existing research in this area is dominated by social work perspectives; there is a need for research that takes fuller account of multi-agency experiences.

Aims: To gather a range of professional and lived-experience perspectives on collaborative working in support of people experiencing self-neglect, in order to investigate:

- what common problems arise in interagency and interprofessional practice with self-neglect,
- why,
- and how these might be avoided or mitigated.

Methods: Semi-structured interviews were undertaken with 69 professionals with experience of self-neglect work, including district nurses, housing officers, fire and rescue, social workers, and other professions. Sixteen interviews were undertaken with people who had direct lived experience of self-neglect, and 2 with carers. Framework analysis (Gale et al., 2013) was used with the data. (HRA Ethics Committee Approval: IRAS310858)

Findings: Interview data indicated recurring challenges arising from questions of consent and autonomy, vague thresholds, differing agency responsibilities, resource limitations, mismatched interprofessional expectations, and the anxieties self-neglect evokes. Many of these challenges were surmountable with careful interprofessional relationship-building, creative practice and role design, involvement of people with lived experience, and inter-agency learning and monitoring.

Discussion: Self-neglect poses distinctive difficulties for inter-agency collaboration. Practitioner and managerial understanding of, and sustained efforts to address, the fault-lines can strengthen joint working.

Conclusion:

Sustained efforts to clarify roles, tasks and powers, and to support practitioners with the emotions aroused by self-neglect work, may strengthen referrals, communication, engagement and collaboration.

References

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Preston-Shoot, M. (2021) 'On (not) learning from Safeguarding Adult Reviews', *Journal of Adult Protection* 23(4): 206-224. https://doi.org/10.1108/JAP-02-2021-0008

Lead Presenter Biography

David Orr is Senior Lecturer in Social Work & Social Care the University of Sussex, with principal research interests in mental health and in adult safeguarding. He was an invited member of the UK Collaborative for Development Research's Expert Advisory Group on Safeguarding, and has co-authored several reviews for the Social Care Institute for Excellence, including on self-neglect and safeguarding. Before entering academia, David worked in Community Mental Health Teams in Older Adult Mental Health and in Adult Learning Disability.

Identify and Reduce Rural Health Disparities in Clinical Practice: The CHASE Model as Research Method

Thursday, 12th September - 11:30: 6.6 Primary and community care - Oral - Abstract ID: 115

Prof. Jean Ross (Otago Polytechnic)

Abstract

Background: The global rural population accounts for almost half of the total population globally. Reduced access to healthcare professionals and services is a common denominator amongst these communities and contributes to increased health disparities. Nurses play a critical role in reducing these disparities but with limited community rural models to guide their practice.

Aim: This study aimed to identify community assets and health need as part of a community development research project, by student nurses as they engaged with the Community Health Assessment Sustainable Education (CHASE) model (Ross et al., 2023).

Sample: The rural isolated community of Holyhead (Caergybi), Mon Cymru, North Wales.

Method: Qualitative method, case study was engaged with to gather and analyse data to progress the community project and navigate the holistic landscape of health that integrates the historical, socio-political, cultural, sustainable, economic and environmental aspects related to the uniqueness of this rural coastal community. Ethical approval was granted by School of Nursing Ethics Committee from the educational institution.

Findings: I demonstrate that the CHASE model provides a basis which enables nurse learners to influence, change, policy and legal responsibilities at local, national and global levels while community development aims to address nurses' role in advocacy that requires them to act on behalf of communities and advance their own learning in partnership with their peers, community stakeholders and supervisors.

Conclusion: Engaging with the CHASE model to augment rural community development was showcased as a vehicle for rural encounters, exemplified in the Holyhead case study. The model will be of particular interest to nurses in clinical practice, educators, researchers and community stakeholders tasked with integrating, community assessment, needs analysis and sustainability into community and nursing practice.

References

Ross, J., Mahoney, L. & Crawley, J. (2023). Progressive Rural Community Collaboration a Vehicle for Rural Encounters: The CHASE Model in Action. In J. Ross, S. Mann & K. Whiddon (Eds.). *Rural Landscapes of Community Health: The Community Health Assessment Sustainable Education (CHASE) Model in Action.* Springer Publishers

Lead Presenter Biography

Jean is Professor of Nursing, from Wales, and has lived in New Zealand since 1991. Jean has more than 30 years' experience of working with the rural nursing workforce. The cumulation of her work with rural nursing, includes activism, research, and education. Education includes undergraduate, postgraduate and doctoral engagement. Jean's initial work with rural nurses commenced in Wales and continued in 1994 with the establishment of the Centre for Rural Health of which she was co-director. Jean is an advocate for sustainable rural community development and nurse education. Jean's focus is research directive which both informs and directs her practice.

The implementation and impact of video group consultations by healthcare professionals in primary care general practice: a semi-structured interview study

Thursday, 12th September - 12:00: 6.6 Primary and community care - Oral - Abstract ID: 250

Ms. Ellie Scott (Keele University), Dr. Alice Moult (Keele University), Dr. Laura Swaithes (Keele University), Prof. Gwenllian Wynne-Jones (Keele University), Dr. Andrew Finney (Keele University)

Abstract

Background

The impact of the COVID-19 pandemic stimulated a digital shift, significantly influencing the ways in which healthcare services are run, with the need to adapt to newer ways of working (Greenhalgh et al., 2020). Video Group Consultations (VGCs) are one approach to delivering care in general practice, using a virtual platform to consult with a group of patients with the same or similar health condition (Birrell et al., 2020). Yet, little is yet known about the ways in which VGCs are implemented and the associated impact of the approach from healthcare professionals' perspectives.

Aim

To explore the implementation and impact of VGCs by healthcare professionals in primary care general practice.

Methods

Semi-structured interviews explored the implementation and impact of VGCs by general practice staff, recruited by purposive, random and snowball sampling. Interviews were conducted virtually via Microsoft Teams, and manually transcribed. Interview topic guides were developed iteratively, and data analysis adopted the principles of Reflexive Thematic Analysis (Braun and Clarke, 2022). Ethical approval granted by Keele University's Research Ethics Committee.

Results

A total of 14 healthcare professionals were interviewed across various primary care settings. Preliminary results suggest a consideration of the context of implementation, how implementation is conceptualised and understood, the processes involved with implementation and the ways in which impact is captured.

Discussion

There is an apparent diversity in the contextual, conceptual, and logistical processes involved with the implementation of VGCs, which creates difficulties in establishing universal impact, scale-up and sustainability of this approach into practice.

Conclusion

A range of healthcare professionals' roles captured diverse experiences of implementing VGCs, demonstrating varying interpretations of what constitutes as a 'VGC', leading to barriers in establishing coherency and sustainability. Further research is yet to be conducted exploring patients' perceptions of VGCs for a more comprehensive understanding of the viability of the approach into general practice.

References

Birrell F, Lawson R, Sumego M, Lewis J, Harden A, Taveira T, Stevens J, Manson A, Pepper L, and Ickovics J (2020) Virtual group consultations offer continuity of care globally during Covid-19, *Lifestyle Medicine*, 1, 17.

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Greenhalgh T, Koh G C H, and Car J (2020) Covid-19: A remote assessment in primary care, *British Medical Journal*, 368.

Lead Presenter Biography

PhD Student at the School of Nursing and Midwifery at Keele University

Critical Care Staff Nurse

6.7 Learning and intellectual disabilities

Enhancing Nursing Care for People with Intellectual Disability and/or Autism: A National CPD Program

Thursday, 12th September - 11:00: 6.7 Learning and intellectual disabilities - Oral - Abstract ID: 92

Prof. Nathan Wilson (Western Sydney University)

Abstract

Background: Health outcomes for people with intellectual disability (ID) and/or autism (ASD) are poor and among the worst of any identified population group. All nurses need to have sound capacity to provide the best care and support, and to make appropriate reasonable adjustments, yet the literature suggests many nurses are not well prepared. Education programs to increase preparedness are one way to improve healthcare experiences and outcomes.

Aims: To evaluate and reflect on a 4-year (2019 – 2024) national CPD program for Australian registered nurses to enhance their capacity to care for people with ID and/or ASD.

Methods: A multi-method approach was used. Baseline data (2019; N=693) about nurses' knowledge, preparedness, and confidence were collected using a cross-sectional design; qualitative data were collected about communication challenges; survey data were used to evaluate the effectiveness of the CPD program; and a second national survey (2024) was used to identify changes because of the CPD program.

Results: The majority of respondents (95%) reported that their undergraduate education had not adequately prepared them to care for people with ID and/or ASD. ED, ICU and acute care nurses were the least prepared ($p<0.001$). Proportionally more respondents (59.6%) reported having limited awareness about reasonable adjustments, yet 52% self-reported implementing them in practice. Nurses who participated in the CPD program had higher comfort levels across all 5 comfort domains compared to baseline data.

Discussion: All nurses will encounter people with ID and/or ASD in their practice. This national CPD program offers a cost-effective means to enhance their capacity as nurses and to make reasonable adjustments that will lead to better outcomes for this underserved population.

Conclusions: Increased educational content about ID and/or ASD in undergraduate and postgraduate level nursing courses is indicated. Educational design should be based on understanding the diversity in thinking and information processing represented by forms of neurodiversity.

Lead Presenter Biography

Professor Wilson's research interests are in applied research that enhances the health, wellbeing and social participation of people with long-term disabilities, in particular people with intellectual and developmental disability. Professor Wilson has expertise on the intersection of intellectual disability, social inclusion, the nursing workforce, men's health and sexual health. With over 120 peer reviewed scientific papers, 2 books and multiple book chapters, Professor Wilson is an Australian disability nurse leader. Professor Wilson is the immediate past President of the *Professional Association of Nurses in Developmental Disabilities, Australia,* and has led many campaigns to promote the expertise of intellectual disability nurses.

Meaningful involvement of People with learning disabilities in research

Thursday, 12th September - 11:30: 6.7 Learning and intellectual disabilities - Oral - Abstract ID: 258

Mrs. Sarah Rabbitte (Leicestershire partnership NHS Trust), Dr. Lizelle Bernhardt (Leicestershire partnership NHS Trust)

Abstract

Background
Many communities remain under-served in research, including people with learning disabilities (PwLD) who are often absent from collaborative research design. Researchers' lack of awareness of the required reasonable adjustments to fully include PwLD in research, is often a key barrier to participatory research with this group.
Aim:
To describe the development and implementation of meaningful patient and public involvement (PPI) of PwLD in the DECODE research project.
Methods:
Four PPI groups were established and categorised into expert by experience groups: Two groups for PwLD and two groups for family members and carers. Group members were recruited from local networks for PwLD and Carers. Easy read information leaflets and posters were utilised to aid recruitment. Reasonable adjustments were made to accommodate the PPI groups. Meetings were scheduled monthly at locations and venues with accessibility. Arrangements were put in place with a local taxi company to provide pre-paid transport. PPI participants received training on how research benefits the NHS, research methods and data analysis relevant to the project. Easy read format with visual activities and support with individualised communication needs were utilised for training. PPI participants received regular feedback on the impact of their feedback on the project's design and delivery.
Findings:
PPI participants were involved from the start of the project's design. The recruitment strategy, data collection methods and data analysis were co-designed with PwLD and their carers to ensure effective engagement with PwLD. PPI participants advised on the reasonable adjustments required for participants during focus groups and interviews. Preliminary findings were analysed by PPI participants to ensure that findings that are meaningful to PwLD are highlighted.
Conclusions:
Meaningful PPI that involves PwLD requires reasonable adjustments to ensure retention and a meaningful experience for participants.
Implications:
Educating researchers on reasonable adjustments for PwLD can enhance PPI activity and research impact.

Lead Presenter Biography

Sarah Rabbitte is a Dual registered nurse in the fields of Learning disability and Mental health.
After qualifying in 2016, Sarah spent the first 6 years of her nursing career supporting People with learning disabilities (PwLD) with their health in the community. Sarah joined the DECODE research project in 2022 as a Research nurse, supporting the Patient and Public Involvement (PPI) element of the project.
Sarah's aim is to make research accessible, particularly for under-served groups and she is passionate about ensuring reasonable adjustments are made in order to include people in a meaningful way.

Intervention development in mentoring programs for young people with intellectual disability

Thursday, 12th September - 12:00: 6.7 Learning and intellectual disabilities - Oral - Abstract ID: 308

Prof. Nathan Wilson (Western Sydney University), Prof. Reinie Cordier (Northumbria University)

Abstract

Background: Health and social outcomes for young people with intellectual disability (ID) are often poorer compared to all other population groups. The transition to adulthood is a key time for interventions with school ending, and achieving good outcomes in adulthood is challenging. Mentoring offers a unique solution to countering disadvantage during this time, as pilot research shows that mentors are willing to offer a range of support that sits outside the funded disability "system" and thus offer flexible and individualised needs-based support. Yet, the evidence and theory underpinning mentoring as a potential solution remain weak.

Aims: To describe a program of intervention development research focused on mentoring programs during the transition to adulthood for young people with ID.

Methods: A multi-method approach conducted over ten years will be described, including qualitative studies about mentee and mentor experiences, a case study of mentoring programs, an Australian survey of mentoring at community-based Men's Sheds, and two feasibility studies developing mentoring practice and theory.

Results: Mentees self-report positive experiences from mentoring programs with a sense of pride and achievement in activity-based projects. Mentors report a sense of generativity and enjoyment from helping young people in need. National survey data suggest that there are more mentoring programs, some formal and funded, at community-based men's sheds than might be anticipated. Case study data reveal the essential ingredients needed for good mentoring programs. Feasibility studies showed that mentors self-reported significantly better mental health (p=0.012), with mentees reporting significantly higher community-related quality of life (p=0.036) following the 6-month program.

Discussion: Although feasible, large-scale randomised controlled studies are needed to determine, more precisely, the effectiveness of mentoring interventions and advance mentoring theory.

Conclusions: Mentoring programs that seek to improve health and social outcomes for young people with ID are feasible, appropriate, and show preliminary effectiveness across several domains.

Lead Presenter Biography

Professor Wilson's research interests are in applied research that enhances the health, wellbeing and social participation of people with long-term disabilities, in particular people with intellectual and developmental disability. Professor Wilson has expertise on the intersection of intellectual disability, social inclusion, the nursing workforce, men's health and sexual health. With over 120 peer reviewed scientific papers, 2 books and multiple book chapters, Professor Wilson is an Australian disability nurse leader.

7.1 Research Policy

Going beyond a publication: Using Policy Lab methodology to get evidence into practice

Thursday, 12th September - 15:05: 7.1 Research Policy - Oral - Abstract ID: 152

Dr. Rachel Taylor (University College London Hospitals NHS Foundation Trust), Dr. Alexandra Pollitt (King's College London), Dr. Gabriel Lawson (King's College London), Dr. Ross Pow (King's College London), Dr. Elizabeth Davies (King's College London), Prof. Jo Armes (University of Surrey), Dr. Lorna Fern (University College London Hospitals NHS Foundation Trust)

Abstract

Introduction

Policy Lab (PL) methodology was introduced as a process for "facilitating research evidence uptake into policy and practice"[1]. The method is a collaborative process engaging a wide range of stakeholders including patients. There are multiple purposes of a PL, spanning from issue identification to policy evaluation. The steps of the PL include establishing the purpose; identifying and inviting participants; synthesising and communicating evidence; and conducting the PL.

The aim of this paper will be to describe the PL methodology in the context of two case studies conducted in 2022, to highlight the unique way in which it supports research making an impact on policy and practice. One PL was virtual due to the restrictions during the pandemic and the second was held in person.

Case_1: Cancer in prison

A mixed-method study exploring the disease burden and experience of people who had cancer in prison.[2] The purpose was to identify the top three improvements that were achievable in the next three years, given the practical obstacles. Sixteen stakeholders attended the event representing NHS England, Ministry of Justice, UK Health Security Agency, senior prison/health professionals and experts-by-experience.

Case_2: Cancer care for teenage and young adults (TYA) in England

A mixed-methods study evaluating cancer service for TYA between 2012-2019.[3] The purpose was to develop the roadmap for empowering different stakeholders to shape how the TYA service specifications were implemented. Twenty-two stakeholders attended, representing NHS England, NIHR, third sector, Operational Delivery Networks, and young people.

Conclusion:

Case_1 resulted in the development of guidance and a short film, which will be presented in the House of Lords in May 2024 to key Parliamentary, prison and healthcare leaders. A follow-up workshop was held in Case_2 to develop actions to support the recommendations, which young people presented in a short animation and infographics for healthcare professionals to communicate the changes in care across their networks.

References

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3. Taylor RM, Fern LA, Barber JA. et al. The evaluation of cancer services for teenagers and young adults in England: the BRIGHTLIGHT research programme. Programme Grants for Applied Research, 2021 9(12) doi: 10.3310/pgfar09120

Lead Presenter Biography

Dr Rachel Taylor is Director of the Centre for Nursing, Midwifery, Allied Health Profession Led Research (CNMAR) at University College London Hospitals NHS Foundation Trust (UCLH) and honorary associate professor at University College London. Rachel has worked in research since 1995. She provides research leadership across UCLH to build NMAHP research capability and capacity, develop clinical academic roles and to provide NMAHP research leadership. Rachel's portfolio of work focuses on the delivery of age-appropriate care to adolescents and young adults with cancer, psychosocial outcomes, development of patient reported outcome measures and improving access to clinical trials.

7.2 Respiratory

The experiences and perceptions of being the mother of a child with asthma in Saudi Arabia

Thursday, 12th September - 15:05: 7.2 Respiratory - Oral - Abstract ID: 130

Ms. Randa Alsunitan (University of Manchester), Prof. Susan Kirk (University of Manchester), Dr. Janice Christie (University of Manchester)

Abstract

Introduction: Asthma is a common, life-threatening, chronic lung disease among children in Saudi Arabia (Al-Moamary et al., 2019). Parenting beliefs and practices are culturally influenced; mothers, in particular, have an important role in recognising, monitoring and managing their child's asthma care (Smith et al., 2015). Yet, no study has been identified that explores mothers' experiences of caring for a child with asthma in Saudi Arabia.

Aim: To generate a grounded theory to explain the experiences and perceptions of being a mother of a child with asthma in Saudi Arabia.

Methods: Constructivist grounded theory (Charmaz, 2014) was adopted. In-depth semi-structured interviews (n=22) were conducted between May 2022 to September 2023 with mothers whose children were attending one of three hospitals in Qassim, Saudi Arabia. Purposive progressing to theoretical sampling was undertaken concurrently with constant comparison-based data analysis until theoretical saturation was reached.

Results: Mothers' viewed asthma as the presence of asthma attacks and a theory emerged that explained their core concern of controlling asthma attacks.

Discussion: Mothers became experts in managing and preventing asthma attacks through the control of triggers bespoke to their child. Controlling such triggers had socio-cultural, family and personal cost. Mothers used a blend of religious, traditional and modern medicines to prevent and manage attacks.

Conclusion: This study provides an in-depth understanding of Saudi mothers' experience of being a mother of a child with asthma. The use of the theory could help healthcare providers in providing better culturally tailored care. Further research is needed to see if the emergent theory could apply to parents from other countries.

References

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Smith, J., Cheater, F. & Bekker, H. (2015). 'Parents' experiences of living with a child with a long‐term condition: A rapid structured review of the literature' *Health Expectations*, 18 (4), pp. 452-474.

Lead Presenter Biography

Rand is currently a PhD student at the University of Manchester.

The psychosocial experience of living with severe and uncontrolled asthma as a young adult; a qualitative synthesis.

Thursday, 12th September - 15:35: 7.2 Respiratory - Oral - Abstract ID: 108

Mrs. Leanne Jo Holmes (Manchester University NHS Foundation Trust), Mrs. Siobhan Ludlow (Manchester University NHS Foundation Trust), Dr. Marie Marshall (Manchester University NHS Foundation Trust), Prof. Karina Lovell (University of Manchester)

Abstract

Background.

Asthma effects 800,000 of young adults in the UK (Couriel, 2003). Young adults with asthma are at increased risk of, poor adherence to therapy, exacerbation, hospitalisation and mortality (Nanzer et al., 2021). This can then be cyclical upon emotional well-being with increased levels of anxiety, depression, emotional and behavioural problems being reported (Mansur and Prasad, 2023).

Living with severe and uncontrolled asthma can impose negatively upon psychosocial wellbeing, yet little is known about the psychosocial impact on young adults (age 12-25) living with this disease.

Aim.

To undertake a qualitative synthesis to address the research question” What is the psychosocial experience of living with severe and uncontrolled asthma as a young adult?”

Methods.

We systematically searched for literature (In January 2023 and updated in December 2023), following a pre-defined protocol, registered on PROSPERO, to answer the research question. Two reviewers, worked in isolation to firstly screen the identified title and abstracts (n=6545) then secondly review full text papers (n=67) resulting in the final dataset.

Results.

Ten studies with 239 participants were identified.

Thematic synthesis formulated 73 codes which were then developed into 17 descriptive themes and subsequently five analytical themes:

1. Living with a constant uncertainty.
2. The deleterious impact of asthma.
3. Acquiescence.
4. A need for support & understanding.
5. The constraints of living with asthma.

The results highlighted that young adults with severe and uncontrolled asthma live with a significant negative impact upon their psychosocial wellbeing, which is then cyclical upon physical symptomology.

Conclusion.

This review has highlighted the negative psychosocial impact of living with asthma as a young adult. It has also identified a paucity of recent literature, validating the necessity for further research in this area . Young adults are a population in their own right, deserving of care specific to their needs. A greater understanding of their experiences and needs will serve to improve care and outcomes longer-term.

References

COURIEL, J. 2003. Asthma in adolescence. *Paediatr Respir Rev,* 4, 47-54.

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NANZER, A. M., LAWTON, A., D'ANCONA, G. & GUPTA, A. 2021. Transitioning Asthma Care From Adolescents to Adults: Severe Asthma Series. *Chest,* 160, 1192-1199.

Lead Presenter Biography

With 25 years nursing experience, Leanne now works as the first UK severe asthma nurse consultant within the Manchester severe asthma service. Leanne leads nationally in the care of severe asthma and is dedicated to promoting the delivery of high-level standards of care to individuals living with severe asthma and respiratory disease. Leanne works passionately as her patient advocate to provide the best care possible for patients affected physically and psychologically by severe asthma. Leanne is now in her second year of her PhD exploring outcomes, experiences, and support needs of young adults with severe asthma.

7.3 Research process issues

The clinicians Skills, Capability, and Organisational Research Readiness (SCORR) Tool

Thursday, 12th September - 15:05: 7.3 Research process issues - Oral - Abstract ID: 40

Prof. Heather Iles-Smith (University of Salford)

Abstract

Background and Rationale

Improving patient care is partially predicated on a research active nursing workforce. Nurses may unwittingly apply early research skills as part of every-day practice. Our study aim was to increase nurses understanding of their level of research attainment.

Method

The Clinicians Skills, Capability, and Organisational Research Readiness (SCORR) Tool was developed to assess clinician's research skills/attainment at clinician, and organisational level during annual appraisal. SCORR levels 1 to 5, were developed recognising the UK NMC Code of practice and Health and Care Professions Council (HCPC) registration requirements. SCORR level 1 being entry level (clinician meets minimum professional registration standards) and level 5 being actively leading the generation of clinical research. Following testing, an additional level 6 was included for those believing they did not meet basic registration requirements.

SCORR was incorporated within the annual appraisal (1st April to 30th June 2019) for 5,000 nurses/midwives at a Northern England NHS Trust. A mandatory gatekeeper question 'are you a registered health professional' was added to the electronic appraisal system requiring an answer of 'yes' to enable the individual (with their manager) to self-asses their SCORR level.

Results

4,036 nurses/midwives completed their annual appraisal and 3,285 registered nurses/midwives answered 'yes' to 'The gatekeeper question', 751 (18.6%) chose to answer no.

47.9% (1572), of nurses/midwives identified with Level 2: 24.2% (796) as Level 1: and 21.7% (712) Level 3. Few assessed themselves as Level 4 (5.2%) i.e. undertaking own research, and only 23 (0.7%) at the highest (Level 5). 12 (0.4%) individuals identified themselves as Level 6, requiring support to gain research knowledge.

Conclusion

SCORR is a useful means to better understand the research attainment of the workforce and a means to open 'the conversation' related to research between the nurse and manager. Additional analysis and exploration is required to better understand the organisational research readiness and to validate SCORR.

Lead Presenter Biography

Professor Heather Iles-Smith

Professor of Nursing, University of Salford and Northern Care Alliance NHS Foundation Trust (NCA)

Heather is Director of the NCA Centre for Clinical and care Research (CCR) which is dedicated to developing research engagement and NCA Health and Care professionals (excluding medicine) research skills.

Her personal research interests include psychological wellbeing, long term conditions, healthcare technologies and research capacity and capability building. She is a member of the NIHR doctoral panel and an NIHR mentor.

Heather is a member of the National Clinical Academic Roles and Career Pathways Implementation Network (CARINS) supported by the Council of Deans.

Sex-disaggregation in UK emergency medicine trials from 2010 to 2023: a systematic review

Thursday, 12th September - 15:35: 7.3 Research process issues - Oral - Abstract ID: 464

Ms. Raine Astin-Chamberlain (Barts Health NHS Trust), Mr. Jason Pott (Barts Health NHS Trust), Prof. Elaine Cole (Queen Mary University of London), Dr. Ben Bloom (Barts Health NHS Trust)

Abstract

Background

Female participants are underrepresented in randomised control trials conducted in emergency care settings[1]. Although sex and gender are frequently reported within demographic data, it is less common for primary outcomes to be disaggregated by sex or gender[2]. The results of clinical trials shape and guide clinical practice in emergency medicine, and the absence of disaggregation may lead to ineffective or potentially harmful interventions being recommended for patients. The aim of this review is to report sex and gender bias in primary papers published on research listed on the National Institute of Health and Social Care Research (NIHR) Trauma and Emergency Care (TEC) portfolio.

Methods

This is a systematic review of the published outputs of interventional trials conducted in UK ED. Interventional trials were eligible to be included in the review if they were registered on the NIHR TEC research portfolio from January 2010, if the primary paper was published before 31st December 2023 and if the research was delivered primarily in the ED.

Results

The initial search revealed 169 registered research projects on the NIHR TEC portfolio during the study period, of which 24 met the inclusion criteria. Overall, 76,719 participants were included, of which 31,374 (40%) were female. Only one trial (CRYOSTAT-2) reported a sex-disaggregated analysis of the effect of the intervention on either primary or secondary outcomes, and no sex-based difference in treatment effect was detected. By specialty, orthopaedic and cardiology trials included the most females (56% and 51% respectively) while trauma trials included the least (21%). Seven (29%) trials (six efficacy, one feasibility) had sex-based exclusion criteria.

Discussion

Researchers should consider sex disaggregating the primary outcome of the trial at the design stage Exclusion of females from trials should be avoided unless there are clear potential harms.

References

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2. Phillips SP, Hamberg K. Doubly blind: A systematic review of gender in randomised controlled trials. Global Health Action. 2008;9(1). doi: 10.3402/gha.v9.29597.

Lead Presenter Biography

Raine Astin-Chamberlain is a senior emergency medicine research nurse based at the Royal London Hospital. She has worked as a nurse in a variety of emergency care and trauma setting for the past 11 years and as a clinical research nurse in emergency medicine for the past 5 years. She has a wealth of experience delivering research in emergency situations and is vice chair of a Research Ethics Committee for research involving paediatrics and adults who lack capacity.

7.4 Patient education

Investigating impact of social media worldwide in promoting asthma health education among minority ethnics with asthma: Using digital leaflet

Thursday, 12th September - 15:05: 7.4 Patient education - Oral - Abstract ID: 240

Mrs. Afusat Osewa (London South Bank University)

Abstract

Background

Poor asthma management among ethnic minorities has been well established and linked to a lack of knowledge, and cultural beliefs (Tackett et al., 2021). Globally, ethnic minorities have higher asthma death rates (Global Asthma Network, 2022). It was important to conduct a literature review to determine whether the adoption of a digital leaflet distributed through social media can improve asthma knowledge/outcomes among these minority groups.

Aim:

To investigate if there is any evidence that employing a digital leaflet published via social media improves asthma knowledge among minority ethnics.

Methods

Inclusion criteria: Articles published in English and dated between January 2014 to June 2024.

Data sources: Electronic searches of databases (CINAHL complete, AMED, Medline and ProQuest) was performed in March 2024 using generated keywords from abstract title. Six articles were returned from search. Initial database search in September 2023, also generated six articles. Articles generated identified lack of knowledge and poor asthma management among minority ethnics. None provided ways of improving asthma knowledge among minority ethnics.

Data Analysis: Selected studies were reviewed and analysed using Critical Appraisal Skills Programme tool and thematic analysis.

Results/ findings

An empirical review of papers (covering minority ethnics in both developed and developing countries) reveals extensive research on the relationship between a lack of education among minority ethnics and increased rates of asthma exacerbation and mortality. Unfortunately, no publications were found to promote educational opportunities to raise asthma awareness among minority ethnics.

Discussion

Research into the suitability of digital educational tools for informing asthma knowledge among minority ethnics is critical because current approaches (clinical setting education) are not readily accessible.

Conclusion

Despite the findings indicating an asthma knowledge deficit, there appears to be no consensus or approach for boosting asthma education among ethnic minorities.

References

Global Asthma Network (2022) The Global asthma report 2022. International Journal Tuberculosis Lung Disease, 26: S1–S102

Tackett, A. P., Farrow, M., Kopel, S. J., Coutinho, M. T., Koinis-Mitchell, D. and McQuaid, E. L. (2021) Racial/ethnic differences in pediatric asthma management: The importance of asthma knowledge, symptom assessment, and family-provider collaboration, The Journal of Asthma, 58 (10), pp. 1395-1406.

Lead Presenter Biography

Afusat is a Senior Lecturer within the advanced clinical practice division at London South Bank University teaching on the Non-Medical Prescribing Module. She is an expert member of the ethics committee for health research Council UK. She is also a National physician Associate examiner and a fellow of the higher education academy.

A comparison between the concepts shared decision-making and patient participation in nursing research: a focused mapping review and synthesis

Thursday, 12th September - 15:35: 7.4 Patient education - Oral - Abstract ID: 527

Ms. Katie Mills (Oxford Brookes University), Dr. Helen Aveyard (Oxford Brookes University), Dr. Marion Waite (Oxford Brookes University), Dr. Lucy McGeagh (Oxford Brookes University)

Abstract

Background,

Shared decision-making (SDM) is a widely used concept in healthcare research and policy yet there is a lack of clarity in its meaning. Grounded in the ethical principles of autonomy and informed consent, SDM has been defined by Makoul and Clayman, (2006) as a two-way exchange of information and treatment preferences to enable a shared decision. The concept is similar to other terms such as patient participation in decision-making.

Aims

The aim of this focused mapping review and synthesis was to compare how shared decision-making and patient participation in decision-making are conceptualised in published nursing research.

Methodology

We adapted Bradbury-Jones et al.'s, (2017) focused mapping review and synthesis methodology, exploring a sample of literature to determine trends. We searched the literature using CINAHL to identify nursing research papers, published between 2013 – 2023 with either 'shared decision-making' or 'participation in decision-making' in the title. Seeking a 'snapshot' of contemporary research papers we explored the first 10 of each of the 'SDM' and 'participation in decision-making' papers.

Results

Similar definitions of SDM were found in the papers including terms such as: collaboration, interpersonal and interdependent. Person-centred care was described as underpinning SDM and 'participation in decision-making' in most of the papers. Most of the SDM papers did not include a discussion of the ethical/ professional underpinnings of SDM. The 'participation in decision making' papers tended to have a more expansive definition of the process of decision-making recognising the underpinning ethical framework.

Conclusions

While the findings show consistency between the definitions of SDM, the lack of discussion around the ethical framework of the concept of SDM is concerning. This contrasts with the 'participation in decision-making' papers where the ethical principles tended to be more explicit within the papers. There is a need for more acknowledgement of the ethical underpinnings of SDM within nursing research.

References

Bradbury-Jones, C. *et al.* (2017) 'The State of Qualitative Research in Health and Social Science Literature: A Focused Mapping Review and Synthesis', *International Journal of Social Research Methodology*, 20(6), pp. 627–645.

Makoul, G. and Clayman, M. (2006) "An Integrative Model of Shared Decision Making in Medical Encounters," *Patient Education and Counseling* 60 (3) pp. 301 - 312.

Lead Presenter Biography

Katie Mills is Senior Lecturer in Nursing at Oxford Brookes and Subject Co-ordinator for the District Nursing Programme.

Katie is a fifth year student on the DNurs programme at Oxford Brookes University and her doctoral research is a focused ethnography study exploring the decision-making process that takes place between the person with

long-term conditions and the community nurse in the home setting.
Katie is a District Nurse Specialist Practitioner and prior to moving into nursing education worked as a DN team leader in South London.
Katie is a Queens Nurse and a member of the Association of District Nurse Educators.

7.5 Rehabilitation

Trauma in older adults: Family members’ experiences of becoming a caregiver

Thursday, 12th September - 15:05: (Harvard Lecture Theatre 402) - Oral

Ms. Hanna Järbrink (Sahlgrenska University Hospital, Department of Surgery, Gothenburg, Sweden), Dr. Kristofer Bjerså (Department of Surgery, Institute of Clinical Sciences, Sahlgrenska Academy, University of Gothenburg, Gothenburg, Sweden), Dr. Hanna Falk Erhag (Institute of Health and Care Sciences, Sahlgrenska Academy, University of Gothenburg, Gothenburg, Sweden), Dr. Jörgen Lundälv (Department of Social Work, University of Gothenburg, Gothenburg, Sweden), Dr. My Engström (Sahlgrenska University Hospital, Department of Surgery, Gothenburg, Sweden)

Abstract

Aims: To explore the experiences of family members of older persons affected by physical trauma.

Introduction: The population of older adults is growing rapidly and it is estimated that the number of people > 85 and over will have nearly doubled by 2050(1). As the number of older adults increases, so does the burden on healthcare systems from diseases and injuries associated with ageing as well as decreased overall health (2). Limited resources and staffing compound these challenges, affecting the provision of quality care. The trend towards shorter hospital stays necessitates increased patient responsibility after discharge, highlighting the crucial role of family and social networks in the caregiving process.

Design: Employing a qualitative approach with an inductive descriptive design, the study was conducted at a level 1 trauma center.

Methods: Nine focus group interviews involving 24 family members were conducted between January 2022 and November 2022. The data were the analyzed using qualitative content analysis. This study was approved by the Swedish Ethical Review Authority.

Results: Family members of older trauma patients (aged >65 years) highlighted significant challenges within the healthcare system, particularly related to insufficient information provision. The trauma and recovery journey of older patients substantially impacted the lives of their family members, evoking feelings of anxiety and personal disruption. In addition to emotional strain, family caregivers had to adapt their living and work arrangements and navigate the complexities of healthcare, alongside uncertainties regarding their loved one’s care and recovery.

Conclusion: The study reveals deficiencies in the care of older trauma patients, notably in information dissemination and family involvement. It emphasizes the need for educating and coaching family caregivers to advocate for both the patient and themselves, manage stressors effectively, and adjust to their roles as informal caregivers. Nurses can play a pivotal role in alleviating these burdens by actively engaging family members in the care process.

References

1. United Nation. (2019). Population Prospects. Retrieved from https://population.un.org/wpp2019/Download/Standard/Population/

2. Abrams, E. M., Akombi, B., Alam, S., Alcalde-Rabanal, J. E., Allebeck, P., Amini-Rarani, M., . . . Yip, P. (2020). Global burden of 369 diseases and injuries in 204 countries and territories, 1990–2019: a systematic analysis for the Global Burden of Disease Study 2019. *The Lancet (British edition), 396*(10258), 1204-1222. doi:10.1016/S0140-6736(20)30925-9

Lead Presenter Biography

Clinical nurse specialists at a level one trauma unit at Sahlgrenska university hospital and PhD student at Sahlgrenska academy.

My research is about optimizing the recovery process after physical trauma in older adults.

A realist review of psychosocial interventions in neurorehabilitation for young adults post-acquired brain injury

Thursday, 12th September - 15:35: (Harvard Lecture Theatre 402) - Oral

Dr. Catherine Clarissa (University of Edinburgh), Dr. Lissette Aviles (University of Edinburgh), Dr. Colin Chandler (University of Edinburgh), Dr. Elaine Haycock-Stuart (University of Edinburgh), Dr. Laura Wauthier (University of Oxford), Prof. Aisha Holloway (University of Edinburgh), Prof. Daniel Kelly (Cardiff University), Dr. Rosie Stenhouse (University of Edinburgh), Dr. Oisín Cleary (University of Edinburgh), Mrs. Carolina Henriquez Galindo (University of Edinburgh)

Abstract

Background

Acquired brain injury (ABI) has diverse outcomes for young adults, ranging from sudden death to varying disability levels, impacting physical, cognitive, psychological, emotional, social and behavioural aspects (IMHE, 2018). The need for neurorehabilitation post-ABI varies amongst individuals, but there is limited evidence of how psychosocial interventions can work, for whom and in what context for young adults.

Aim

To develop programme theories of psychosocial interventions for young adults post-ABI regarding what works (or not), for whom, why and in what context.

Method

We used Pawson's (2005) realist review method to analyse secondary data, employing two theory-driven iterative stages in searching the evidence. We searched databases from January 2013 to February 2024 (CINAHL, MEDLINE, EMBASE, PsycINFO, ASSIA, AMED, PEDro, Cochrane Library, and Web of Science) and grey literature. Data was extracted and analysed using abductive and retroductive reasoning, resulting in the formulation of initial program theories (IPTs) in the first stage. These IPTs informed the second stage, where we developed refined programme theories. An Advisory Board, comprising experts and individuals with lived experience, validated evidence analysis and synthesis.

Results

We analysed 51 studies, developed 19 IPTs and refined the IPTs into 10 programme theories highlighting key areas: (1) engagement in rehabilitation is influenced by how young adults' life situations are considered in rehabilitation plans, (2) group settings should facilitate peer connection for young adults to benefit, (3) Applying coping strategies and engaging in enjoyable activities helps young adults manage ABI consequences and maintain daily participation, and (4) an interdisciplinary rehabilitation team facilitates addressing the needs of young adults.

Conclusion

Our findings highlight the necessity of comprehensive psychosocial support for young adults post-ABI, encompassing person-centred care planning, fostering peer connection, providing safe rehabilitation environments, and adopting holistic rehabilitation approaches. Our theories offer actionable recommendations for practitioners and policymakers on the necessary elements in psychosocial interventions that can lead to positive outcomes.

References

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Pawson, R. *et al.* (2005) 'Realist review - A new method of systematic review designed for complex policy interventions', *Journal of Health Services Research and Policy*, 10(SUPPL. 1), pp. 21–34. Available at: https://doi.org/10.1258/1355819054308530

Lead Presenter Biography

Dr Clarissa is a Lecturer in Nursing (Life Sciences) and a Research Fellow (YARNS Transitions) at the University of Edinburgh. Her research interests are focused on the recovery and rehabilitation of critically ill patients and young adults after stroke. Her doctoral research explored staff experiences relating to early mobilisation of mechanically ventilated patients in intensive care. Following her PhD, she has been involved in several research projects on post-stroke rehabilitation for young adults.In her current role as a Research Fellow, she leads Work Package 1 of the YARNS Transitions Project.

7.6 Nursing, midwifery or support worker education

Teaching & Learning Experiences of Students and Alumni from Ethnic Minority Background in Healthcare Studies

Thursday, 12th September - 15:05: (Harvard Lecture Theatre 403) - Oral

Dr. Chun Hua Shao (Northumbria University), Dr. Benjamin Ajibade (Northumbria University), Ms. Sithandazile Masuku (PhD Candidate), Dr. Sasha Ban (Northumbria University), Dr. Sue Jackson (Northumbria University), Dr. Nwanyieze Nwali (The University of New South Wales)

Abstract

Background: Growing anxiety is evident among students from ethnic minority backgrounds in UK universities amidst ongoing criticisms of universities' failure to address racism (Arday, 2020). Concerns persist regarding these students' retention, attainment, and progression (Bhopal, 2020).

Aim: To explore the learning and teaching experiences of current students and alumni from ethnic minority backgrounds within the Faculty of Life Sciences at a university in the UK.

Methods: Underpinned by a constructivist approach, semi-structured online face-to-face interviews were conducted to understand 'real life' situations (Lincoln & Guba, 1985). Following ethical approval and consent, participants were recruited from ethnic minorities, including current students and recent graduates from healthcare studies. Snowball sampling (Naderifar et. al, 2017) was employed from July 2021 to January 2022, resulting in fourteen participants from BSc and MSc healthcare programmes. Interviews were conducted via Teams, transcribed, and thematically analysed (Braun & Clarke, 2006) by five researchers from diverse backgrounds.

Findings: Three main themes emerged: "sense of belonging" (making friends and accommodation challenges), "navigating systems" (IT challenges and seeking assistance), and "cultural challenges" (racial stereotypes and communication difficulties). The study highlighted the potential impact of the attainment gap between ethnic minority students and their white peers, suggesting that struggles to fit in or feel undervalued within the academic environment may hinder minority students from reaching their full potential at the university.

Recommendation:

- Explore educational opportunities regarding cultural competence with staff and students.
- Increasing visibility and representation of students from ethnic minority backgrounds, with better signposting and access to a more diverse cohort.
- Proactively address the needs of international students in halls, including managing expectations around mixed-gender environments and drinking culture.

Conclusion: The study highlights positive practices and areas needing improvement to enhance the learning experience for students from minority ethnic backgrounds. These insights could benefit other higher education institutions aiming to foster a more inclusive environment.

References

Arday, J. (2020) Race, education, and social mobility: we all need to dream the same dream and want the same thing. *Educational Philosophy and Theory*, 53, (3), pp. 227 – 232. DOI: https://doi.org/10.1080/00131857.2020.1777642.

Bhopal, K (2020) Gender, ethnicity, and career progression in UK higher education: a case study analysis. *Research papers in education*, vol.35 (6), pp. 706 – 721.

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3, pp. 77-101.

Lincoln, Y. S., and Guba, E. G., (1985*) Naturalistic Inquiry*. London: SAGE Publications

Naderifar, M., Goli, H., and Ghaljaei, F., (2017) Snowball Sampling: A purposive Method of Sampling in Qualitative Research. *Strides in Development of Medical Education*, 14 (3): e67670. DOI: 10.5812/sdme.67670.

Lead Presenter Biography

After providing several years of critical care services in China and the UK, Dr Shao became a Senior Lecturer at Northumbria in 2007. In this role, she teaches, assesses and facilitates students' learning, helping pre-registration nursing and operating department practitioner (ODP) students work towards professional registration. In addition, she teaches on the franchised overseas nursing programme, providing teaching and support for staff and students, as well as programme development. Dr Shao is also a Programme Leader for campus-based post-registration international nursing programmes, including MSc Nursing and BSc (Hons) Nursing Science, and leads Dissertation modules for these programmes.

Poster tour A | Under-represented groups and inequalities in health

Poster 1 | Challenges of Speaking Truth to Power: Reflections of a Filipino Charge Nurse

Tuesday, 10th September - 13:05: Poster tour A | Under-represented groups and inequalities in health - Poster - Abstract ID: 216

Mr. James Jeremiah Gacis (The Newcastle upon Tyne Hospitals NHS Foundation Trust)

Abstract

Background

The NHS Long Term Plan (2020) envisions a culture based on respect and civility. However, harassment, discrimination, and incivility continue to pervade healthcare settings (NHS Resolution, 2023). As a result, toxic behaviours may become normalised, creating an expectation for challenges to be faced with resilience, rather than confronted and called out (Clark, 2022).

Aim

To explore cultural elements which may hinder international nurses from speaking up, and to encourage further critical discussions of the highlighted issues.

Method

A personal critical reflection on lived experiences as a Filipino ward leader in healthcare. Reflexivity was adopted as a strategy to understand and address factors which may influence how staff members react to incivility and demeaning behaviour from their colleagues. Reflections will be offered on dealing with unprofessional and unacceptable behaviours, using personal cultural background and identity to promote a positive work culture based on respect, kindness, civility, and inclusivity.

Discussion

Although resilience is instrumental in meeting the demands of the NHS, it can be used to conceal people's emotions, undermining incivilities. This poses the risk of an unbounded work culture where people can be uncivil and victims feel unable to speak out against it, leading to toxic positivity. If people can be assertive and courageous in calling out inappropriate behaviours, as well as finding comfort in uncomfortable situations, they can positively acknowledge self-shame and pave the way to self-efficacy and kindness.

Conclusion

Showing vulnerability rather than resilience can enable greater self-awareness and self-compassion. Learning to speak up and call out behaviours that make us feel inferior can enable us to create a work environment where inappropriate behaviours cannot grow and foster. Doing so can contribute to transforming a toxic culture based on shame and power into a nurturing culture of respect and civility within the NHS.

References

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NHS Long Term Plan (2020) *NHS Long Term Plan*. Available at: https://www.longtermplan.nhs.uk/ (Accessed: 05 March 2024)

NHS Resolution (2023) *Being Fair 2*. Available at: https://resolution.nhs.uk/wp-content/uploads/2023/03/Being-fair-2-final-1.pdf (Accessed: 05 March 2024)

Further reading

NHS England and NHS Improvement, (2021) Civility and Respect Toolkit. Available at: https://www.socialpartnershipforum.org/system/files/2021-10/NHSi-Civility-and-Respect-Toolkit-v9.pdf (Accessed 05 March 2024)

Lead Presenter Biography

James Jeremiah, also called JJ, is an internationally educated nurse working within Practice Education at Newcastle upon Tyne NHS Foundation Trust. He is also a postgraduate student at Kingston University with special interests on coaching, wellbeing, supporting others as well as equality, diversity, and inclusion.

Poster 2 | Inclusion Fellowship: Polish Pictorial Menu

Tuesday, 10th September - 13:05: Poster tour A | Under-represented groups and inequalities in health - Poster - Abstract ID: 256

Ms. Katie Pegg (Nottingham University Hospitals NHS trust)

Abstract

In response to the In-patient Picker 2022 findings around patient experience at mealtimes and the Quality Service Oversight Group (QSOG), recommendations the trusts current menu has been adapted into a bi-lingual menu with accompanying images enabling patients to make informed choices at meal times and support their physical and mental wellbeing. Polish will be focused on first, followed by Urdu, Arabic, Romanian and Cantonese, being the most requested translations which correlate with the data obtained from the Office of National Statistics Census 2021. We are working on obtaining all menus to be printed in the same format as the current memory menu to promote Inclusivity, equality and equity for all our patients.

The benefits of the translation menu:

Mental well being

Empowering patients to make their own informed choices around meals.

Physical well being

The benefits of nutrition and hydration in wound healing have been well documented and highlight the importance of good nutrition which can reduce the incidence of tissue damage by 25% in patients that are deemed at risk. Adequate nutrition Improves mobility supporting a reduction in patient stay resulting in a financial saving.

Speech and language.

Speech and Language Therapist have enquired as to whether they could use the images for patients who are aphasic and have cognitive impairments.

Neurological units have requested the use of the contents to put in their welcome packs for their service users.

The Green Plan

Supporting the NHS commitment to achieve carbon net zero by 2040 by reducing the amount of food waste going into the waste streams.

As a Trust we have a duty of care to help reduce the health inequalities that exist in our populations The feedback so far from ward staff, FSAs, patients and carers has been well received with 100% in favour of menus in patient's spoken languages

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Lead Presenter Biography

I am the Inclusion Fellow on a twelve month fellowship. My substantive post is a clinical educator for Ambulatory care division and previously I have worked in day case unit supporting planned care for orthopedic surgery, neurology, intravenous infusions and all care surrounding those who are admitted for day care.

My previous nursing career has allowed me to work with Multiple Sclerosis Specialist Nurses and I have also worked in private care supporting residents with brain injuries. I qualified and worked in Health care of the elderly rehab before progressing to other areas in health care.

Poster 3 | Adaptation of iSupport, a digital intervention for carers of people with Parkinson's and cognitive impairment using a Person-Based Approach

Tuesday, 10th September - 13:05: Poster tour A | Under-represented groups and inequalities in health - Poster - Abstract ID: 247

Dr. Joanna Slodkowska-Barabasz (University of Southampton), Prof. Annette Hand (Northumbria University), Mrs. Joy Milne (PPI), Mr. Andrew McCarthy (Northumbria University), Dr. Kate Greenwell (University of Southampton)

Abstract

Parkinson's is the second most common neurodegenerative condition in the UK[1]. Cognitive impairment (CI) is a well-recognised complication of PD with significant clinical impact. Most care needs of people with Parkinson's with CI (PwPCI) are met by informal (unpaid) carers[2]. This role is associated with reduced quality of life, and impaired physical and mental well-being. There is growing recognition of carers at policy level, but programmes that support training, or counselling are often insufficient or difficult to access, leaving carers unsupported to manage the emotional and financial burden of being a carer.

The aim of this NIHR funded study is to adapt a globally available World Health Organization (WHO) digital intervention for dementia carers (iSupport) to meet the specific needs of carers of people with PwPCI (iSupport-PD).

We are using the validated Person-Based Approach[3] (PBA) to intervention development, which focuses on ensuring that interventions are acceptable, engaging, and meaningful to target groups, especially those with low health and digital literacy. The adaptation process is guided by a stakeholder panel consisting of researchers, PPI, and health and care professionals.

Qualitative think-aloud interviews with 10 carers were conducted between December 2023 and March 2024 iteratively optimised the iSupport-PD content. Further interviews are planned. Carers felt the topics of the original iSupport were relevant and valued its focus on the carers' own needs. New content was added to address the complexities of CI in Parkinson's (e.g., causes, interacting symptoms). Some aspects of iSupport were deemed patronising and were swapped for more empathetic design features (e.g., stories). Carers requested that terminology used promoted inclusivity and recognised 'partnership'.

This study demonstrates how the PBA can be applied to digital intervention adaptation. The next stage is to explore the feasibility of a randomised controlled trial for iSupport-PD and the acceptability of the intervention. Ultimately, this resource could support carers of PwPCI around the world.

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Lead Presenter Biography

I am a clinical academic Professor in Nursing with over 27 years of clinical and research experience in the field of Parkinson's. My main focus of research is on care partner burden in Parkinson's with research to date leading to service and policy changes, and an Impact Case Study for Ref 2021. My role is to co-lead the iSupport-PD Project as the clinical/academic expert in the subject area and lead on the Work Stream 2 feasibility trial. I am also involved in building research capacity and capability across the NHMAHP+ community in the North East and North Cumbria region.

Poster 4 | Understanding what was missing from what was available to caregivers to inform more meaningful support.

Tuesday, 10th September - 13:05: Poster tour A | Under-represented groups and inequalities in health - Poster - Abstract ID: 280

Dr. Maria Drummond (University of Glasgow), Prof. Bridget Johnston (University of Glasgow), Prof. Terry Quinn (University of Glasgow)

Abstract

Introduction

Inadequate growth to health and social care services has increased the reliance on family members and friends to act as caregivers. The enduring and complex nature of caregiving puts caregivers at an increased risk of experiencing negative consequences. This three-year doctoral fellowship explored caregivers of people with life-limiting conditions and their experiences with services or interventions to inform recommendations for future support.

Methods

This fellowship was underpinned by the transformative paradigm and feminist theory. Three steps of data collection and analysis were undertaken. The steps included a literature review of outcome measures used in trials of interventions for caregivers to understand how success is measured. This was followed by a secondary analysis of caregiver needs assessments. Finally, focus groups and interviews with caregivers described their experiences with interventions and professional groups. Ethical approval obtained from the MVLS ethics committee.

Findings

This project identified that there is heterogeneity in caregiver intervention description and evaluation, which makes drawing conclusions about efficacy difficult. This variation is mirrored in the demographics of caregivers who require needs assessments. Speaking to caregivers identified that professionals often add to, rather than reduce caregiver burden and stress. Current support is inflexible and does not offer continuity and accessibility. Caregivers require support to manage their own health and wellbeing alongside the health of the person for whom they care. Consequently, an array of interventions and approaches to care and support for caregivers may be useful to caregivers. However, as many people who support people with life-limiting conditions do not recognise themselves as caregivers, access and visibility must be considered for any future interventions.

Conclusion

Future research should consider place-based interventions that address the unmet needs of caregivers. However, changes to existing services and professional conduct that offers caregivers continuity, opportunities to work in collaboration and respectfully communicate might reduce or remove the need for some caregiver interventions altogether.

Lead Presenter Biography

A registered adult nurse and district nurse with twelve years community nursing experience, I now work as Senior Clinical Studies Officer at ENRICH Scotland. I manage a team that seeks to improve the research infrastructure around care homes in Scotland. I have also been seconded to act as Primary Investigator to describe support for care staff who have an intention to leave and Post Doctoral Research Associate to understand bereavement support for residents of care homes as I develop into an independent researcher.

Poster 5 | Protected characteristics project

Tuesday, 10th September - 13:05: Poster tour A | Under-represented groups and inequalities in health - Poster - Abstract ID: 80

Mrs. Constance Shiridzinomwa (University Hospital Bristol and Weston NHS Foundation), Prof. David Wynick (University Hospitals Bristol and Weston NHS Foundation)

Abstract

Background:

Demographic data on protected characteristics (PCs) is not routinely collected in research trials. Anecdotal evidence suggest that people with PCs, caring responsibilities and people living in area of depravation are under-represented in research trials. This results in poorer health outcomes and widening gap in inequalities to health in access and provision.

Aim:

To provide an effective way of collecting protected characteristics data on research participants.

Method:

A questionnaire was co-designed with community groups through a series of focus groups.

Results

Phase 1 pilot: 391/582 (68.7%) return rate. Most reported characteristics: Age -31-40 years (N= 94, 24%), No disability (N=317, 83.6%), white background – 93.3% , No religion- (N=170, 44.8%), Female (gender) (N=208, 53.2%), Heterosexual (N=319, 84.1%), Married or in a civil partnership (N=217, 55.5%), no pregnancy (N=375, 95.9%), No caring responsibilities (N= 298,76.2%), IMD-68% least deprived area.

Phase 2 pilot (Preliminary results): 1699/4835 (35.1%) return rate. Most reported characteristics:

Age – 61-70 years (n= 327, 20.3%), No disability (887, 53.1%) White background (1531, 92.8%), Christianity(753, 46.6%), Female (gender) (884, 53.6%). Heterosexual (1456, 89.9%), Married or in a civil partnership (906, 56.1%), no pregnancy (1527, 95.1%),No caring responsibilities (1246, 77.4%).

The pilot provided factual baseline data on research participation of people with PCs, caring responsibilities and IMD. Key Performance Indicators (KPI) to monitor diversity in research participation were developed using the data.

Discussion:

All studies included in this pilot were vaccine studies, this could have possibly contributed to the high response rate. The main challenge in Phase 2 was to obtain email addresses on participants which was the most effective way of administering the questionnaire in Phase 1.

Conclusions:

The results showed under-representation in ethnicity, people with caring responsibilities and deprived areas (phase 1). The project provides baseline data of the research population and a means of measuring the effect of interventions implemented future to increase diversity of research participants.

Lead Presenter Biography

Adult nurse since 2001
Senior Clinical research nurse 2013-2022
Senior Project manager 2022-Present
2024 cohort of NIHR Senior Research Leader programme

Poster 6 | Factors associated with Alcohol Abstinence Among Patients with Alcohol Dependence in Mahasarakham Province

Tuesday, 10th September - 13:05: Poster tour A | Under-represented groups and inequalities in health - Poster - Abstract ID: 317

Dr. phadoongsit Chumnanborirak (Srimahasarakham Nursing College, Faculty of Nursing, Praboromarajchanok Institute.), Dr. Natthawut Suriya (Srimahasarakham Nursing College, Faculty of Nursing, Praboromarajchanok Institute.)

Abstract

Background : Alcohol consumption is a risk factor for both physical and mental health, and it also contributes to family-related issues. Individuals with alcohol dependence often exhibit erratic behaviors and emotional instability, such as aggressiveness, irritability, and the use of violence within the family context. Consequently, the significance of alcohol dependence treatment cannot be overstated, as it plays a crucial role in enabling individuals with alcohol dependence to reintegrate into normal life.

Objectives: To investigate factors associated with alcohol abstinence among individuals undergoing treatment for alcohol dependence.

Methods : A case-control study design, the study focused on individuals seeking rehabilitation at community hospitals and general hospitals in the province. The sample size, calculated using the WIN PEPI programme, comprised 204 participants (102 in the study group and 102 in the control group). The analysis of factors associated with alcohol abstinence among individuals undergoing alcohol dependence treatment utilised binary logistic regression statistics.

Results : The study revealed that the average age of the sample was 44 years, predominantly male (87.30%), with 60.80% having pre-existing medical conditions, 6.90% having a history of substance use, and 88.20% having family support. Factors significantly associated with alcohol abstinence included gender (adjusted odds ratio [OR] 0.229, 95% confidence interval [CI] 0.63 – 0.828), History of smoking (adjusted OR 2.736,95%CI1.33–5.627),engagement in rehabilitation activities (adjusted OR 16.968, 95% CI 2.342–122.920), social support (adjusted OR 3.638, 95% CI 1.430 – 9.254), and motivation (adjusted OR 0.026, 95% CI 0.007–0.104). Conclusion Achieving alcohol abstinence is influenced by a combination of rehabilitation activities, an emphasis on family-derived motivation, and societal support, particularly from those involved in the treatment process. Nurses play a crucial role as responsible individuals in promoting health, actively engaging in the integration of building intervention for enabling individuals with alcohol dependence to reintegrate into normal life.

Keywords: factors associated with alcohol abstinence, alcohol dependence treatment.

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Lead Presenter Biography

Lecturer at Srimahasarakham Nursing College, Faculty of Nursing, Praboromarajchanok since 2007

Poster tour B| Cancer

Poster 7 | Developing 'safe-to-fail' experiments to improve recruitment of teenage and young adults (TYA) with cancer to clinical trials

Tuesday, 10th September - 13:05: Poster tour B| Cancer - Poster - Abstract ID: 468

Dr. Rachel Taylor (University College London Hospitals NHS Foundation Trust), Ms. Tara Searle (University College London Hospitals NHS Foundation Trust), Ms. Amparo Domingo Lacasa (University College London Hospitals NHS Foundation Trust), Ms. Kylie Gyertson (University College London Hospitals NHS Foundation Trust), Dr. Lorna Fern (University College London Hospitals NHS Foundation Trust)

Abstract

In England, the inclusion of teenagers and young adults (TYA) in cancer trials is advocated in healthcare policy. The National Health Service (NHS) five-year Long-Term Plan sets an ambitious target of 50% of TYA entering trials by 2025 [1]. Despite this target, interventions to improve recruitment are lacking. We received funding from NHS London Leadership & Lifelong Learning to support the development of systems to support the 50% recruitment target.

We set out to design a series of 'safe-to-fail' experiments [2] at a large TYA Principal Treatment Centre and designated hospitals to improve TYA recruitment.

Methods

We worked with Cynefin, adopting novel SenseMaker® technology combining quantitative and qualitative data with personal experiences and stories [3]. A multidisciplinary professional group and patient group co-created a bespoke interactive survey capturing data utilising open ended, triad and dyad questions. Both groups were involved in analysis, interpretation, and constraint mapping to inform the safe-to-fail experiments.

Results

Multiple datasets were analysed, including SenseMaker® Surveys and workshop transcripts and outputs. Sixteen TYA, diagnosed with cancer aged 16-26 and 16 healthcare professionals (HCP) completed the SenseMaker® survey. Four themes emerged:

1. Mental health understanding and support, a volatile constraint which can change quickly with high impact.
2. Shared decision making in the clinical space, notably discrepancies between perceptions of decision-making influence, TYA versus professionals.
3. Wider support networks including the wider multidisciplinary team and peer support.
4. Affordance landscape for HCP working with TYA, particularly the current working environment (time, pressure and post pandemic waitlists).
5. Constraint mapping identified three safe-to-fail experiments around communication, education and embedding research within the wider hospital environment.

Discussion

Interventions to improve recruitment of TYA are required. In our centre, uptake of the survey was low for both TYA and professionals, therefore utilisation of the full SenseMaker® methodology was not possible. However, a number of safe-to-fail experiments were identified.

References

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2. https://www.england.nhs.uk/wp-content/uploads/2021/12/qsir-safe-to-fail-experiments.pdf

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Lead Presenter Biography

Dr Rachel Taylor is Director of the Centre for Nursing, Midwifery, Allied Health Profession Led Research (CNMAR) at University College London Hospitals NHS Foundation Trust (UCLH) and honorary associate professor at University College London. Rachel has worked in research since 1995. She provides research leadership across UCLH to build NMAHP research capability and capacity, develop clinical academic roles and to provide NMAHP research leadership. Rachel's portfolio of work focuses on the delivery of age-appropriate care to adolescents and young adults with cancer, psychosocial outcomes, development of patient reported outcome measures and improving access to clinical trials.

Poster 8 |Co-design of a communication training course for NAHPs in cancer services.

Tuesday, 10th September - 13:05: Poster tour B| Cancer - Poster - Abstract ID: 88

Dr. Elena Ivany (University College London Hospitals NHS Foundation Trust), Dr. Liz Dunn (Guy's & St Thomas' NHS Foundation Trust), Ms. Nikki Cannon (C the Signs), Dr. Verna Lavender (Guy's and St Thomas' NHS Foundation Trust)

Abstract

Background Individuals who are receiving care for a cancer diagnosis and healthcare professionals (HCPs) working in cancer care value empathic, compassionate communication. Communication skills training can support HCPs maintain and develop their communication skills, but current provision of formal communication skills training is heterogenous.

Objective To co-design and implement a blended communication skills training course for nurses and allied health professionals working across registrant to enhanced levels of practice in cancer services.

Design The Compassionate Communication in Cancer Care course was co-designed with patients and clinicians. It includes an online learning element and a face-to-face workshop that jointly address five learning outcomes. The online learning includes a mixture of theory, clinical scenarios and student-led activities. The workshop is structured around a clinical scenario that explores how HCPs can practice compassionate communication in real-life clinical settings. The course is evaluated according to the Kirkpatrick Model using an online questionnaire.

Setting A cancer alliance in England that provides strategic, operational, and clinical leadership for cancer services across a demographically diverse area of a large city.

Participants Nurses and allied health professionals working across a range of practice levels who engage face-to-face with patients who are receiving care for a cancer diagnosis.

Results The Course effectively addresses the existing gap in communication skills training provision for registrant to enhanced levels of practice and is aligned with the Aspirant Cancer Career and Education Development programme (ACCEND) Framework. The Course was successfully launched in April 2023 and has been positively evaluated by learners. To date, evaluations show that participants find the Course content relevant to their clinical practice and >80% of participants would recommend the Course to their colleagues. Future work includes the development and delivery of a longitudinal evaluation project that will assess the impact of the Course on participants' clinical practice.

Lead Presenter Biography

I am a registered nurse and a nurse researcher with an interest in how patients and clinicians discuss uncertainty. Clinically, my experience has focused on on critical and palliative care. Academically, I completed a PhD in 2023, for which I looked at patient and clinician attitudes to shared decision-making in stroke care.

Poster 9 | Teenager and Young Adults (TYA) with Cancer Clinical Trial Educational Project

Tuesday, 10th September - 13:05: Poster tour B| Cancer - Poster - Abstract ID: 327

Dr. Ben Hood (The Newcastle upon Tyne Hospitals NHS Foundation Trust), Mrs. Karen Hamlen (The Newcastle upon Tyne Hospitals NHS Foundation Trust)

Abstract

The Experimental Cancer Medicine Centre (ECMC) Network strategy (2023) has prioritized creating a roadmap to improve access to clinical research for TYAs aged 16-24 with cancer. National statistics indicate TYAs are less likely to participate in cancer research studies, and the ECMC strategy aims to improve this. TYA patients, are less likely to participate in clinical trials and there are low levels of samples available for research. There are many complex reasons for this and it prevents patients accessing new innovative treatments, and not as much research is happening in TYA cancers. This is one reason why TYA cancer patients often experience lower survival rates compared to children or older adults.

A pilot project started in 2022 aimed to better understand the challenges TYA patients experience when trying to access cancer research clinical trials, and then created professional and patient partnerships to come up with ideas and solutions to address this national challenge.

This work has shown that cancer TYA patients have very limited understanding around the basic concepts of clinical trial participation and as a consequence would not take part in one.

A TYA PPI group was created through this work, and an online educational intervention was developed though a PPI co-production approach. The project identified essential information that patients and their family members felt would be useful to know before an initial clinical trial appointment. Through this project the UK's first TYA cancer clinical trials online educational resource was produced, which will launch in April 2024.

References

Further information on the TYA road map:

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Lead Presenter Biography

Ben is a Cancer Research Nurse Consultant, based at the Sir Bobby Robson Cancer Trials Research Centre in Newcastle. As an autonomous practitioner, Ben provides visible leadership and expertise in the delivery of cancer clinical research, clinical trial management and service development.

Ben was the first Nurse Consultant to be appointed within a clinical research area within the UK and his role was showcased within the 2021 NIHR Chief Nursing Officer for England's strategic plan for research.

He has published an array of peer reviewed articles around patient experience, cancer research and patient and public involvement.

Poster 10 | A study of the follow up care priorities of seldom heard people treated for bowel cancer.

Tuesday, 10th September - 13:05: Poster tour B| Cancer - Poster - Abstract ID: 532

Ms. Claire Coughlan (Oxford Brookes University), Dr. Obrey Alexis (Oxford Brookes University), Prof. Eila Watson (Oxford Brookes University), Dr. Lauren Matheson (Oxford Brookes University)

Abstract

The aim of this study is to explore priorities for follow up care of seldom heard groups previously treated for colorectal cancer (CRC), to inform practice and policy. Seldom heard groups are those not commonly cited as responding to previous studies on CRC follow up; for the purposes of the study the groups whose views are sought are non-native language speakers, minority ethnic groups, newly arrived migrants.

Objectives

- To explore in-depth, the experiences of seldom heard CRC survivors.
- To explore in-depth the priorities for follow up care of seldom heard colorectal cancer survivors.
- To elicit what seldom heard survivors of CRC want from follow up care.

Preliminary Findings

- The importance of knowing your nurse – influencing positive experience.
- The importance of knowing what happens next.
- Need for information to manage the physical effects of treatment.
- Importance of faith.
- Perceived good communication influencing a positive outlook even when outcomes are poor.

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Lead Presenter Biography

Claire Coughlan is the Clinical Lead for Bowel Cancer UK focusing on provision of support for patients, health professional education and ensuring that the charity's clinical focus remains relevant. Claire is a Consultant Nurse in Colorectal Cancer at Lewisham and Greenwich NHS Trust, with expertise in symptom assessment and the suspected colorectal cancer pathway, family history and the late effects of cancer treatment. Claire is also undertaking a doctoral degree in the priorities of seldom heard bowel cancer survivors.

Poster tour C | Nursing, midwifery or support worker education

Poster 12 | An evaluation of simulated documentation in interprofessional education with students within different nursing fields, primary education. medicine and social work.

Tuesday, 10th September - 13:05: Poster tour C | Nursing, midwifery or support worker education - Poster - Abstract ID: 182

Mrs. Jane Callum (Northumbria University), Ms. Lynette Harper (Northumbria University)

Abstract

Interprofessional simulation events have been shown to promote team working and collaboration. In academic settings, they provide an opportunity for students to build professional and theoretical knowledge and to gain insight into their own and other professions roles and sphere of competence (Granheim et al., 2018). An interprofessional learning session was organised involving students and academics from two universities in England from across learning disability nursing, children's nursing, primary education, social work and medicine. The scenario provided to students aimed to increase the level of fidelity of the experience by using documentation templates that they use in their clinical practice areas. This provided familiarity and informed discussions where they shared information with peers and discussed areas of concern, protective factors and actions that would support the family in the future. 124 students completed the pre-survey and 64 students completed the post-survey. Students reported that their confidence in interprofessional working increased, on average from 3.6 to 7.5 on a scale of 1-10. Themes from the qualitative feedback included information sharing, the importance of working with others, clear communication across professionals and finally insight into the roles and perspectives of other professionals. The findings support and add to the plethora of research already available that shows the benefit of interprofessional education in academic settings. Furthermore, the benefit of including professions from outside of health and social care departments and the increasing fidelity of table-top simulated exercises through use of realistic documentation will be discussed in the poster.

References

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Lead Presenter Biography

Jane is an assistant professor at Northumbria University and subject lead for children and young peoples nursing covering BSc, MSc and Higher Apprenticeship. Jane qualified as a RGN before becoming a Registered Sick Children's Nurse. She has paediatric experience including medicine and oncology and as Research Nurse. Jane held matron roles within Newcastle Hospitals Trust and her greatest passion was working with children and young people with complex health needs and their families and developing the Community Children's Nursing and Specialist School Health Teams. Jane is now proud to work with CCN's again in the newly approved CCN SPQ pathway.

Poster 13 | A mixed reality–integrated acute coronary syndrome simulation for nursing students

Tuesday, 10th September - 13:05: Poster tour C | Nursing, midwifery or support worker education - Poster - Abstract ID: 375

Dr. Sun-Hee Moon (College of Nursing, Chonnam National University), Mrs. Hyeonjin Jeong (Clinical Research Center, Chonnam National University Hwasun Hospital), Dr. Mi Jin Choi (College of Nursing, Gyeongsang National University)

Abstract

Background: A nurse should be prepared for prompt and effective assessment and intervention, especially within the golden hour, to improve outcomes for patients with acute coronary syndrome. This requires an effective learning modality in nursing simulation education.

Aims: We aimed to develop a mixed reality–integrated nursing simulation for acute coronary syndrome and evaluate its impact on learners' performance, knowledge, self-confidence, and self-efficacy in learning.

Methods: One-group pretest-posttest design was implemented among thirty-nine senior nursing students from a university in South Korea in August 2022. We developed a simulation program that integrated mixed reality for acute coronary syndrome in nursing, ensuring its validity through a systematic approach. The students participated in four stages of the simulation program over six hours across two days. The mixed reality-based simulation utilized head-mounted displays. Performance assessment was conducted using a checklist. Pre- and post-education evaluations were conducted to measure changes in knowledge, self-confidence, and self-efficacy in learning.

Results: A mixed reality-integrated simulation for acute coronary syndrome care was developed, comprising four stages: didactic preparation, mixed reality-based simulation, team-based simulation with a mannequin, and debriefing. The overall mean performance was 57.39 ± 6.59 score out of 70. Specifically, higher performance scores were observed in electrocardiogram interpretation, patient safety, heparin administration, and infusion pump use. Knowledge ($t = 11.87$, $p < .001$), self-confidence ($t = 7.17$, $p < .001$), and self-efficacy ($t = 4.70$, $p < .001$) in learning significantly increased. Participants exhibited an immersion level of 76%. Compared to previous simulation, the satisfaction with this program was significantly higher ($t = 5.08$, $p < .001$).

Discussion and Conclusion: Mixed reality-integrated nursing simulation could serve an effective and beneficial method for enhancing students' acute coronary syndrome care performance, offering a replicable and immersive situational experience for nursing education for acute coronary syndrome. It encourages the adoption and investment in mixed reality technologies to advance clinical nursing practices.

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Lead Presenter Biography

Mi Jin Choi received her Ph.D. from Seoul National University and currently serves as an Assistant Professor in the College of Nursing at Gyeongsang National University. Her research focuses on high-risk pregnancies, postpartum complications, their prevention, and learner-centered education, particularly in simulation-based learning.

Poster 14 | Nursing Associate Apprentices Experiences of Non-Supernumerary Work-based Learning

Tuesday, 10th September - 13:05: Poster tour C | Nursing, midwifery or support worker education - Poster - Abstract ID: 302

Mrs. Ruth Smith (The University of Northamtpon)

Abstract

Aim:

To explore the experiences of nursing associate apprentices who learn using a non-supernumerary approach to practice learning as part of their apprenticeship.

Background:

Nursing Associates are a new role in nursing in England which were introduced following a pilot commencing in 2017 a role to bridge the gap between unregistered healthcare workers and registered nurse (Willis, 2013 and Cavendish, 2013). Nursing Associates are registered and regulated by the Nursing and Midwifery Council (NMC) publishing programme standards (NMC, 2018). A popular route to access nursing associate learning is via an apprenticeship. Apprenticeships have increased in popularity over the last decade for variety of reasons relating to widening participation, career pathways and financial incentive as access to the apprenticeship levy increases (Council of Deans, 2016). The number of individuals accessing apprenticeships is likely to increase given proposal in the NHS Long Term Plan. On NMC approved pre-registration programmes student nurses, midwives and non-apprentice nursing associates are 100% supernumerary in practice at all times (NMC 2018, NMC 2018a, NMC 2018b). Nursing associate apprentices are able to complete some of their learning while working in workforce establishments (NMC, 2018a).

Method

This longitudinal study presents the themes derived from purposive interviews with 6 nursing associate apprentices who have been learning using a non-supernumerary work-based learning model.

Results

Initial results suggest that teamworking, emotional support and sense of belonging can be critical when learning using a non-supernumerary model for pre-registration nursing associate apprentices. Although the mechanism of learning is different from other NMC pre-registration programmes, the participants report psychological factors more frequently than supernumerary/non supernumerary working.

Conclusion

This initial study into the experiences of nursing associate apprentices engaged in workbased learning indicates that psychological factors (such as belonging to a team) are more frequently presented than the concept of supernumerary learning itself.

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Lead Presenter Biography

Ruth is Deputy Subject Leader in nursing leading on Student Experiences and Apprenticeships at the University of Northampton. She is a part time professional doctorate student and completed her undergraduate BA(Hons) and MSc at Oxford Brookes University. She has had a varied clinical career working across acute and specialist general medicine, surgery and intensive care. After working as a Sister, she specialised in practice development and critical care outreach. Her interests are workbased learning particularly focusing on non-supernumerary learning for nursing associate apprentices and simulation learning.

P 15 | “We’re not teaching these nurses to be critical care nurses, critically thinking at the bedside, we’re teaching them to be safe at the bedside” A qualitative study exploring nurses’ experience of being redeployed to ICU during the COVID-19 pandemic

Tuesday, 10th September - 13:05: Poster tour C | Nursing, midwifery or support worker education - Poster - Abstract ID: 143

Dr. Barbara Whelan (University of Galway), Dr. Frank Fox (University of Galway), Dr. Jessica S Hayes (University of Galway), Prof. Máire A Connolly (University of Galway), Prof. Dympna Casey (University of Galway)

Abstract

Background

The COVID-19 pandemic put unprecedented pressure on healthcare systems globally leading to hospitals re-configuring their hospital services. To deal with the growing need for increased ICU capacity, nurses were redeployed from various departments to meet the increased demand in ICUs.

Aims

To explore Irish nurses’ experience of redeployment to ICUs during the COVID-19 pandemic and the training that they received.

Methods

Semi-structured interviews were conducted and audio-recorded with 19 nurses who had been redeployed (n=15) or were involved in organising nurses for redeployment (n=4) to ICU during the pandemic. Data were collected between January 2023 and February 2024 and analysed thematically (Braun & Clarke, 2006). Ethics approval was obtained from the Saolta Clinical Research Ethics Committee (Ref: C.A 2868).

Results

Five key themes were identified: ‘redeployment of staff to ICU’, ‘training’, ‘effective communication and valuing nurses’, ‘emotional impact’ and ‘planning for the next pandemic’. Nurses being redeployed had to overcome initial fears and challenges but played an important role in caring for critically ill patients. Training focused on essential knowledge over comprehensive education and clinical facilitators were key in delivering targeted, ad-hoc training based on the individual needs of the nurses. While redeployment took an emotional toll on many of the nurses it also provided an opportunity for professional development. Effective communication and recognition from nursing management was important and could affect the morale and overall wellbeing of nurses who were redeployed. Redeployment needed to be fair, prioritising those with the most relevant skills for working in ICU.

Discussion

The experience of nurses redeployed to the ICU during the pandemic highlights the importance of targeted training, effective communication, emotional support and strategic planning.

Conclusions

The insights gained from the experiences of nurses redeployed to ICU during the COVID-19 pandemic provide lessons for improving training, support systems and communication, thereby helping to prepare for any future pandemics.

References

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Lead Presenter Biography

Dr Barbara Whelan has over fifteen years' experience of conducting health research as a qualitative researcher. She is currently a Postdoctoral Researcher at the School of Nursing and Midwifery, University of Galway, on the VENPREP project, which is examining pandemic preparedness and exploring the experience of nurses who were redeployed to work in ICU during the COVID-19 pandemic and the training that they received.

Poster 16 | Dying to Care: A constructivist grounded theory study to identify factors that enable student nurses to feel prepared to care for dying patients.

Tuesday, 10th September - 13:05: Poster tour C | Nursing, midwifery or support worker education - Poster - Abstract ID: 170

Mrs. Helen Merlane (RCN)

Abstract

Background

Caring for dying patients is an inherent part of the nurse's role, however research suggests that student nurses convey negativity, reluctance, uneasiness, and fear when caring for dying patients, (Henoch et al, 2014; Jafari et al, 2015). Despite policies and guidelines which advocate that nurses should be prepared to care, there is ambiguity about the term prepared, and what factors constitute a prepared nurse (National End of Life Care Partnership, 2021).

Aim

To explore factors which enable student nurses to feel prepared to care for dying patients.

Research Objectives

- Identify how care of the dying education prepares student nurses to care for dying patients.
- Explore what socio-cultural factors prepare student nurses to care for dying patients
- Gain an insight of individual experiences of exposure to death and dying prior to commencing their nurse training.
- Explore individual experiences of caring for dying patients within clinical practice.
- Develop an emerging theory to understand student nurses' perceptions and the impact that this has on care delivered to dying patients.

Research Approach

First, second- and third-year students enrolled on an undergraduate nursing degree programme participated in the study. A constructivist grounded theory approach was used, guided by the theoretical perspectives of symbolic interactionism and social constructionism. Ethical approval was gained through the university ethics department. Using theoretical sampling, data was collected from 18 interviews. Data analysis employed initial, focused, and advanced coding methods, supported by constant comparative analysis.

Findings

Preliminary findings that emerged from the data are *Motivation to care*, *Having a sense of belonging*, the *Socialisation of dying* and *Having a sense of familiarity*. Theoretical insights have provided an understanding of influences that enable student nurses to feel prepared to care for dying patients, an understanding which will help develop education and practice support, and future research opportunities.

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Lead Presenter Biography

I am an assistant professor in adult nursing, with a clinical background working as a Macmillan Palliative Care nurse for 21 years. As admissions lead tutor, and module lead, I have a pivotal role in shaping nurse education. As well as teaching on the undergraduate BSc, Masters and Apprenticeship programmes, my teaching extends internationally, having contributed to programmes in Malta and Singapore. I am passionate about palliative care and end of life care, and actively research and publish article on topics in this area, such as advance care planning, end of life care and complex discharge planning.

Poster tour D |Public Health / Mental Health

Poster 17 |Research PRIorities of PeOple Who Have Been TReated for CovId-19- a CollaboraTIvE ProcesS[The “Priorities” Study]

Tuesday, 10th September - 13:05: Poster tour D |Public Health / Mental Health - Poster - Abstract ID: 10

Mr. Andrew Brian Smith (South Tyneside and Sunderland NHS Foundation Trust), Dr. Yitka Graham (University of Sunderland)

Abstract

Background and aims: This study aims to uncover Covid-19 survivors priorities for future research topics.

Methods: Qualitative interviews of 7 purposively sampled participants from one hospital trust. Inductive thematic analysis used to derive priorities of respondents. Approvals were granted by HRA and REC for research in accordance with UK Research practices.

Results: Four main themes were identified: “Being aware of research”, “Being motivated to participate”, “Valuing measures to prevent transmission of infection” and “Identifying future research topics”. Future research topics included mental health, influencing behaviour, Long-Covid and Vaccines and treatments.

Discussion: The study included 7 participants and the researcher stopped upon reaching what they thought was saturation. Even so, this is a relatively small number of participants and may impact upon the results.The researcher specifically sought out members of the Black, Asian and Minority Ethnic (BAME) community to take part but this was challenging due to language barrier.

Conclusions: The findings based upon the results are that research institutions should consider ways to engage patients and public with research whilst at the same time understanding that more needs to be done to make it accessible to all. The practice of large scale media outlets should be reviewed to ensure they are acting ethically and not perpetrating sharing disinformation. The topics identified above should be considered for future research funding based upon them being common themes amongst the participants interviewed, suggesting a perceived priority by the Covid-19 survivor community.

Lead Presenter Biography

Andrew Smith is a Clinical Research Nurse at South Tyneside and Sunderland NHS Foundation Trust, qualifying as a Nurse in 2011 and completing a Masters in Clinical Research in 2021. He has a particular interest in Stroke, Equality, Diversity and Inclusion as well as Patient, Carer and Public Involvement in research and priority setting.

Poster 19 | Childhood Vaccination Behaviour of Carers of Under-5 and Vaccine Hesitancy: Evidence from Systematic Literature Review of Relevant Studies

Tuesday, 10th September - 13:05: Poster tour D |Public Health / Mental Health - Poster - Abstract ID: 473

Dr. OLAJUMOKE ALADENOLA (University of Essex), Prof. Camille Cronin (University of Essex), Prof. Mariachiara Di Cesare (University of Essex)

Abstract

Background – Systematic Literature Review (SLR) is a systematic way of collecting, critically evaluating and presenting findings from multiple research studies on a research question of interest (Pati and Lorusso,2018). Systematic Reviews provide a more objective way to interpret and handle the enormous amount of available research data to inform rational decision making. SLR of studies on vaccine hesitancy could summarize what is already known about the phenomenon and identify any gaps in knowledge (Caldwell and Bennet, 2020).

Objective – The aim of the systematic review is to explore in detail the evidence around the predictors of vaccine hesitancy in the caregivers of under five children and how this affects their decision making with regards to their child's vaccination.

Methods –The systematic review was conducted based on criteria and protocol predefined by the Preferred Reporting Items for Systematic Reviews and Meta-Analysis (PRISMA). The 27-item checklist of PRISMA Statement was used. Relevant papers published within 2010 and 2023 were identified by searching academic databases, including the references of all included studies. Searching of databases was done between June 2022 and February 2023. The search focused on research investigating the reasons for vaccine hesitancy in caregivers of under-five children.

Results –Only 120 papers were found to be relevant after applying the inclusion and exclusion criteria. Data from the selected papers were extracted and categorized using the critical appraisal framework complemented with the JBI critical appraisal tool. 34 Papers were included in the study. The four themes identified from reviewing the 34 studies are Individual/group influences, contextual issues, vaccine and vaccination related issues, and existential issues.

Conclusion – This review has led to the identification of the domain referred to as "Existential issues" which captures welfare, concern and affection for the child. The outcome of this SLR will inform new studies that will provide new understanding into the vaccine hesitancy paradigm.

References

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Lead Presenter Biography

THE LEAD PRESENTER IS A MEDICAL DOCTOR WITH A CLINICAL EXPERIENCE OF CLOSE TO TWO DECADES.HER AREAS OF SPECIAL INTEREST INCLUDE PUBLIC HEALTH,PAEDIATRIC INFECTIOUS DISEASES, MATERNAL AND CHILD HEALTH ,CHILDHOOD VACCINATION AND PRIMARY HEALTH CARE

SHE HAS A MASTERS DEGREE IN PUBLIC HEALTH AND SHE IS CURRENTLY A PHD STUDENT IN PUBLIC HEALTH AT THE SCHOOL OF HEALTH AND SOCIAL CARE,UNIVERSITY OF ESSEX.

HER PHD RESEARCH IS FOCUSED ON VACCINE HESITANCY AND CHILDHOOD VACCINATION AND THE RESEARCH WORK IS BEING SUPERVISED BY PROFESSOR CAMILLE CRONIN.

Poster 20 | Unravelling Impact of Vaccine Hesitancy on Childhood Vaccination: Insights from a low-income country

Tuesday, 10th September - 13:05: Poster tour D |Public Health / Mental Health - Poster - Abstract ID: 460

Dr. OLAJUMOKE ALADENOLA (University of Essex), Prof. Camille Cronin (University of Essex), Prof. Mariachiara Di Cesare (University of Essex)

Abstract

Background –Vaccine hesitancy (VH) is a phenomenon that is complex and driven by behavioural patterns that are embedded in socio-cultural, emotional, and experiential factors (Kumar *et al*, 2016). These behavioral patterns determine positive and negative perceptions towards uptake of vaccine. However, despite the enormous benefits of vaccination, global immunisation coverage progress remained suboptimal in many countries (Nanji *et al*., 2021) with new cases of vaccine preventable diseases reported in developed countries. Vaccine hesitancy is receiving unprecedented global attention but major gaps in knowledge still exist since the evidence from research in high-income countries (HIC) cannot fully explain the vaccine hesitancy phenomenon in African countries because of the nature of its context-specificity (Cooper *et al*.,2021). This study therefore seeks to provide empirical evidence on vaccine hesitancy from low-income setting.

Objective – This study investigated whether vaccination knowledge of caregivers of under-5 children, their attitude and perception toward vaccination affects their practice towards childhood vaccination and how this determines their immunization uptake and vaccine hesitancy index.

Methods – A sequential mixed-method approach involving quantitative and qualitative methods was used. An interviewer-administered validated questionnaire was used to gather quantitative data in a health facility between November 24, 2023, to March 10, 2024. The participants were 450 carers of under-5 children in Ondo State, Nigeria. The quantitative data were analysed with SPSS version 28. The qualitative data collection (FGD) will commence in April 2024.

Results – Preliminary results indicated that the Vaccine Hesitancy Index in the study area is low while concerns about adverse effect of vaccines is a key reason for vaccine hesitancy. Trust is a major determinant of parental attitude to childhood vaccination.

Conclusion – The quantitative aspect of the research has provided interesting insight into why carers of under-5 children in developing countries may hesitate to assess lifesaving vaccines even though they are available for free.

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Lead Presenter Biography

The lead presenter is a medical doctor with a clinical experience of close to two decades. her areas of special interest include public health, paediatric infectious diseases, maternal and child health, childhood vaccination and primary health care

She has a masters degree in public health and she is currently a PhD student in public health at the School of Health and Social Care, University of Essex.

Her PhD research is focused on vaccine hesitancy and childhood vaccination and the research work is being supervised by Professor Camille Cronin.

Poster 21 | Supporting African Christian women survivors of intimate partner violence: service providers and African clergy perspectives

Tuesday, 10th September - 13:05: Poster tour D |Public Health / Mental Health - Poster - Abstract ID: 487

Dr. Pamela Shelley (University College London Hospitals NHS Foundation Trust)

Abstract

Background

Service providers offer formal support (Faith and VAWG Coalition, 2020), and clergy provide informal and formal support (Nason-Clark et al., 2018) to African Christian women survivors of intimate partner violence (IPV). However, there is scarce research on the experiences of social workers, psychotherapists, managers of women's aid agencies (service providers), and Cameroonian and Nigerian clergy (CN clergy) who support African Christian women survivors of IPV in England.

Aim

This study aimed to explore the experiences of service providers and CN clergy who support these women in order to provide insights for practice, policy development, and research.

Methods

The researcher used interpretative phenomenological analysis (Smith, Larkin, and Flowers, 2009) and remote, semi-structured interviews to collect data from purposefully selected service providers (N=9) and clergy (N=9) in England. The data was collected between June 2020 and March 2021. The interviews were audio-recorded, transcribed verbatim, and analysed.

Results and discussion

Clergy understood intimate partner violence as an intersection of IPV and Christian and cultural beliefs around marriage. They supported these women through Christian counselling, referred them to service providers, and worked with their spouses and other women to support these women. Service providers acknowledged that Christianity is part of a woman's identity and used an intersectional approach to address her spiritual needs. Service providers and CN clergy reported a lack of collaboration. A guide for collaboration was created to facilitate their collaborative work.

Conclusions

Service providers and CN clergy play a vital role in supporting African Christian women survivors of IPV. These findings highlight the need for service providers and clergy to collaborate to provide holistic support to these women and the African Christian community.

Keywords: Intimate partner violence, clergy, service providers, interpretative phenomenological analysis, semi-structured interviews

References

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Smith, J.A., Flowers, P., & Larkin, M. (2009) Interpretative Phenomenological Analysis: Theory, Method and Research. London, Sage Publications Ltd.

Lead Presenter Biography

Pamela Shelley is a Clinical Research Nurse at University College Hospital London. She has a PhD in Public Health and Health Promotion from Brunel University London, and she is particularly interested in the intersection of Christianity and intimate partner violence (IPV) in the African Christian community. She worked as a midwife for 12 years at Rosie Hospital, Cambridge and six years as a health and disability nurse assessor, where she assessed and supported women survivors of IPV. Her personal experience of IPV and professional experience inspired her to conduct this research to contribute to the knowledge of Christianity and IPV.

Poster 22 | Exploring perceptions and experiences of health care professionals towards maternal mental health

Tuesday, 10th September - 13:05: Poster tour D |Public Health / Mental Health - Poster - Abstract ID: 200

Mrs. Athar Alshammari (School of Health Sciences, University of East Anglia), Prof. Kenda Crozier (School of Health Sciences, University of East Anglia), Dr. Meghana Kamble (School of Health Sciences, University of East Anglia)

Abstract

Introduction: Pregnant and postnatal women in the Kingdom of Saudi Arabia face many challenges in accessing mental health services. This is despite the government's comprehensive Vision 2030 plan, which aims to improve healthcare infrastructure and increase the availability and quality of health services across the Kingdom.

Aim: This study aimed to explore the perceptions and experiences of health care professionals (HCPs) regarding the provision of maternal mental health care to understand the barriers faced by women.

Method: This study is part of a bigger mixed methods study that explores the barriers to maternal mental health care in Saudi Arabia, ethical approval was obtained from University of East Anglia by the FMH S-REC (ETH2122-1494) . This study used purposive sampling to recruit ten healthcare professionals from a public hospital in Hali, Northern Saudi Arabia. Individual semi-structured interviews were conducted over June-August 2022 and later analysed using thematic analysis.

Findings: four major themes emerged, limited knowledge, stigma, barriers to accessing services, and enhancing maternal mental health care. Themes indicated significant barriers, including societal stigma, lack of healthcare professional training in mental health, and inadequate integration of mental health services within maternal care protocols.

Conclusions: Enhancing healthcare provider training, improving awareness, and integrating mental health care into routine maternal health services are imperative steps towards mitigating these barriers.

Lead Presenter Biography

Athar Alshammari is a fourth-year PhD student at the University of East Anglia School of Health Science. She received a bachelor's degree in Nursing from Hail University in Hail, Saudi Arabia and a master's degree in Nursing from Queensland University of Technology in Brisbane, Australia. Her current field is with women's mental health. She is interested in women's mental health, healthcare professionals' perceptions regarding women's mental health, and public health.

Poster 23 | Experiences of Community Mental Health Workers in the Care Coordination of Patients with Mental Health Diagnoses Discharged from Hospital into community mental health integrated services. A constructivist inquiry

Tuesday, 10th September - 13:05: Poster tour D |Public Health / Mental Health - Poster - Abstract ID: 193

Mr. Samuel Ndoro (Lancaster University)

Abstract

Background: The importance of experiences of community mental workers in care coordinating patients with a diagnosis of mental illness is recognised as the key to facilitating a safe discharge process. Recent global health care reforms are encouraging mental health to be community-based (WHO, 2022).

Aim: The aim of the study was to explore experiences of community mental health workers engaged in the care coordination of the discharge of patients into the community.

Methodology and Design: The study was guided by the Constructivist inquiry Denzin and Lincoln (2017) through Normalisation process embedded in ecological social theory lens . This study used purposive sampling to recruit community mental health workers as participants. This research received ethical approval from Lancaster University Faculty of Health and Medicine Ethic Committee and NHS Integrated Research Application System.

Method of Data Collection: Using semi structured interviews 14 community mental health workers , between the ages of 18 years and above , were interviewed from one National Health Service in the North West of England. Semi-structured telephone, face to face and online interviews using MS Teams lasted up to 45 minutes to collect data. Interviews were recorded with participants' consent.

Data Analysis : Data analysis was guided by Braun and Clarke's (2018) reflective thematic analysis using Atlas ti software.

Findings: Four themes were developed from this study findings: experiences of collaborative working; barriers and facilitators; organisational system and culture; personal experience and professional growth.

Conclusion The findings, that emerged from reflective thematic analysis, revealed insights into collaborative working, identified barriers and facilitators, explored organisational systems and culture, and personal experiences and professional growth of community mental health workers..

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Lead Presenter Biography

I am a mental health research nurse with 11 years of working in the field. I am pursuing my fifth year postgraduate Ph.D. in Mental Health at Lancaster University. In terms of my philosophical stance, my ontological and epistemological position aligns with the constructivist paradigm, rooted in the interpretive paradigm. However, I maintain a pragmatic approach, which allows me to flexibly integrate both the positivist paradigm for quantitative research and the interpretivist paradigm for qualitative research. This approach enables me to engage with diverse research perspectives and methodologies to contribute to the broader understanding of mental health issues.

Poster tour E | Service innovation and improvement

Poster 2 | Development and implementation of an advanced practice research toolkit, working together to make a difference.

Wednesday, 11th September - 12:50: Poster tour E | Service innovation and improvement - Poster - Abstract ID: 248

Prof. Kerry Gaskin (Birmingham City University)

Abstract

Background:

Research is a fundamental pillar for those working at the level of advanced practice (HEE 2017; NHSE 2024). Research capability ensures that knowledge is translated into clinical practice, however, research is a less well-established pillar (Fielding et al 2022). Anecdotally this pillar is perceived as more difficult to achieve within the Advanced Practice (AP) role due to operational barriers. A common theme arising from communication with APs at Gloucestershire NHS Foundation Trust (GHNHSFT) was *'not knowing how or where to get started'*, which informed development of the toolkit.

Presentation Aim: to present the development and implementation of an AP Research Toolkit

Design: The AP Research toolkit was created in March 2023, with two sections:

Section A: *the research pillar framework* maps the research pillar capabilities against suggested individual and team activities, with example resources and training opportunities.

Section B: *the research pillar activity log* is designed to help APs to work with their research supervisor to plan and record research activities, considering their short and medium-term research ambitions.

Implementation: The toolkit was disseminated to GHNHSFT APs and presented at the One Gloucestershire AP Summit (March 2023). The concept gained interest via a blog (Gaskin 2023) [receiving 2118 views to date], and the National AP Conference. Requests to implement the toolkit have been received from individual APs and organisations across England and Scotland, resulting in invitations to present the toolkit at numerous local and regional AP events. A West Midlands CRN/NIHR webinar in January 2024 (n=297 delegates registered from England, Scotland, Northern Ireland, America) is available here https://www.wmrtc.org/research-seminars .

Evaluation:

Qualitative feedback received to date from APs in England will be presented, with details of a national evaluation of the toolkit implementation and impact.

Conclusion

This innovative toolkit, developed to meet the needs of APs in one Trust who were unsure *'where to start'* has gained interest nationally and internationally.

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Lead Presenter Biography

Kerry joined BCU in January 2024 as the first Professor of Congenital Cardiac Nursing in the UK. As a registered nurse, Kerry held leadership and education roles in the NHS within children's cardiac intensive care and cardiac high dependency care at several specialist children's hospitals in the UK. She moved into academia as a Senior Lecturer in children's nursing in 2005, developing the first entirely online international post-graduate programme in congenital cardiac nursing. Later she became Principal Lecturer in Advanced Clinical Practice (2016) and Associate Professor of Nursing jointly with the University of Worcester and Gloucestershire Hospitals NHSFT (2022).

Poster 3 | Empowering Nurses in Liver Patient Care: Bridging Knowledge Gaps through Tailored Training

Wednesday, 11th September - 12:50: Poster tour E | Service innovation and improvement - Poster - Abstract ID: 447

Ms. Amele Lomaloma (University Hospitals of Leicester), Ms. Antonella Ghezzi (University Hospitals of Leicester)

Abstract

Background:

Liver cirrhosis presents a multifaceted challenge in healthcare, leading to frequent hospitalizations and high mortality rates (Fabrellas, et al., 2023). Recent data from the Office for Health Improvement and Disparities revealed that liver disease-related admissions have surged by 47% over the past decade, with a remarkable 22% increase reported in 2022 alone (OHD 2023). Such statistics highlight the imperative to equip nurses with the appropriate knowledge and understanding to effectively care for liver patients and ensure optimal treatment outcomes.

Objectives:

- to address knowledge gaps.
- to provide tailored training focusing on nursing care for liver patients in a ward setting.
- to enhance nurse's proficiency through ongoing education, ultimately fostering better outcomes and a resilient workforce.

Methods:

The project was piloted in two gastroenterology wards at University Hospitals of Leicester. A questionnaire was distributed electronically to 80 members of staff including registered nurses, healthcare assistants, ward clerks and discharge coordinators. The questionnaire results prompted the implementation of focused training initiatives. Multidisciplinary teams (MDTs) will engage in specialized training covering topics such as nutritional needs of liver patients, deterioration symptoms recognition, nursing care pre- and post-interventions and investigative scans. A follow-up questionnaire post-training will measure the impact of the training on nurses' knowledge, understanding and confidence levels.

Findings:

The anonymized responses, constituting a response rate of 52%, provided an insight into nurses' proficiency in managing liver disease cases within gastroenterology settings. Based on the findings, focused training initiatives were implemented and measured. Recognizing the need for written contact referrals was a major finding and therefore a patient-focused leaflet will be created to guide patients towards healthy habits.

Conclusion:

As hospital admission continues to rise in this specific population, ongoing education and targeted training initiatives can empower nurses, leading to better patient outcomes and a resilient healthcare workforce.

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(Accessed: 18 March 2024).

Lead Presenter Biography

I am a registered nurse with five years of experience, dedicated to raising awareness of liver cirrhosis. I am currently transitioning from economics to healthcare. I hold a Bachelor of Arts in Economics and Finance, and a Bachelor of Science (Honours) in Adult Nursing. Currently I am pursuing a Chief Nurse Fellowship programme. My project aims to evaluate nurses' current knowledge in liver nursing and tailor training accordingly, contributing to the development of the liver nursing department. Committed to lifelong learning and giving back to my native Fiji heritage, I aspire to continue impactful work in liver nursing.

Poster 5 | Supporting Adults with Diabetes to Become Independent with their Insulin Administration

Wednesday, 11th September - 12:50: Poster tour E | Service innovation and improvement - Poster - Abstract ID: 381

Ms. Natalie Leggatt (Leicestershire partnership NHS Trust), Mrs. Tracy Yole (Leicestershire partnership NHS Trust), Mr. Andy Murtha (Leicestershire partnership NHS Trust), Mrs. Elena Relph (Leicestershire partnership NHS Trust), Mrs. Gemma Phillips (Leicestershire partnership NHS Trust)

Abstract

Background: The number of adults with Diabetes Mellitus (DM) is rising and is expected to reach >5.5 million by 2030. It is essential to explore and address challenges associated with supporting independent DM management, including insulin administration, to optimise the health and well-being of individuals and clinical service sustainability, prudent for an ageing population.

A quality improvement project was initiated to develop understanding of the issue locally and inform future research priorities.

Aims: To develop an understanding of factors affecting the confidence of community nursing staff in supporting adults with DM to independently manage their insulin administration and to systematically implement a series of changes within a community and mental health NHS trust to address them.

Methods: Baseline data was collected from electronic records and community nursing staff. Surveys were completed pre and post the implementation of identified improvement interventions over a 3-month period using a plan, do, study, act (PDSA) methodology. The interventions implemented included: educational materials, individualised goal setting and training.

Results: Staff's confidence in their knowledge and skills to support patients with independent insulin management increased from 14.28% to 100%. Provision of written education by nursing staff increased from 42.86% to 100%. The total number of patients on the caseload decreased overall, however total care plans and time spent increased.

Discussion: A reduction in the number of patients requiring community nursing input for insulin administration suggests increased independence; this correlated with the staff's self-reported increase in confidence to support independent DM management, including insulin administration. Nursing time may reduce once familiarity increases with the implemented interventions.

Conclusion: This project demonstrated the effectiveness of resources in supporting independent DM management. It highlighted barriers to independent DM management including motivation and a lack of resources. Further research is needed to understand and overcome these barriers on a larger scale.

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Poster 6 | Raising The Profile of The Research Team-A pilot to explore the current research culture and capacity & how do we build on this.

Wednesday, 11th September - 12:50: Poster tour E | Service innovation and improvement - Poster - Abstract ID: 178

Mrs. Anna Lartey (Norfolk Community Health & Care Trust), Ms. Stephanie Tuck (Norfolk Community Health & Care Trust)

Abstract

Case for Change: Evidence shows there is a positive association between engagement in research by healthcare organisations and improvements in healthcare performance and a reduction in patient mortality by those trusts who are research active (Boaz et al, 2015; Ozdemir, et al, 2015). However, embedding a research culture into practice is challenging, and this has been seen locally within our community trust, with only a few clinical teams supporting research studies. Our research team is a small and therefore we need to build capacity by ensuring that clinical teams can support studies, especially those in our rural and coastal areas, as this will widen access of research to all our patients and stakeholders.

Aims and Objectives:

- To establish the awareness of the research team within the Trust amongst HCPs.
- To understand the perceptions of the importance of research.
- To ascertain barriers for HCP's being research active within their own clinical area and to identify facilitators to them becoming research active.

Methodology: An anonymous online survey was sent to all occupational therapists and inpatient nurses within the trust asking for their experience and knowledge of the role of the research team, following a range of promotional events held within the trust.

Results: A response rate of 27% to the online survey. Over half the respondents did not know that the trust had a research team or were aware of their role, even less had heard of the National Institute of Health & Social care. None of the nurses and only 7% of the OT had had the opportunity to be involved in research, however 50% would want the opportunity to be involved. A whole range of barriers were potentially identified as to why it may not be possible for clinical teams to support research.

Next Steps: Working collaboratively with clinical teams to break down these perceived barriers.

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Lead Presenter Biography

I have been involved in research study delivery, for nearly twenty years, with a range of roles from delivering commercial research projects to research management. I have been the community research manager for the last 18 months at Norfolk Community Health and Care Trust, and manage a multi disciplinary research team.

Poster 7 | Engaging and supporting the community nursing workforce: an innovative approach

Wednesday, 11th September - 12:50: Poster tour E | Service innovation and improvement - Poster - Abstract ID: 479

Ms. Louise Jones (Northumbria Healthcare NHS Foundation Trust), Mrs. Rebecca Williams (Northumbria Healthcare NHS Foundation Trust), Ms. debera drew (Northumbria Healthcare NHS Foundation Trust)

Abstract

Community nursing is typically a non-research delivery setting and as such are an under-represented part of the research workforce. It is important to support community nurses to engage in research activity to maximise patient benefit, particularly as community nurses are the gatekeepers to an under-served research population. Over the past 3 years the community research team within an NHS Trust have developed an infrastructure to support the Chief Nursing Officer for England’s strategy for making research delivery happen, in this setting. This approach encompasses four out of the five themes from the CNOs for England’s strategic plan for research. This innovative approach to research delivery positions the community research team as a conduit between research study teams and the community nursing workforce. They provide specific study identification through the NIHR ODP and other networking opportunities, make initial links with study teams, undertake study setup and governance, and offer training to deliver studies; a research facilitator has been appointed on a 0.4WTE to support this work. An example of this is the recent participation of community nursing teams in the PALLUP study. The study was identified through ODP, an expression of interest submitted by the community research team. The team set up discussions with the community nurses and following site-selection offered support to the participating community teams liaising with the study teams and offering recruitment problem-solving. There are positive benefits to connections with the study team, providing immediate access to resources with full results of the study and impact for patient care eagerly anticipated. Being part of a national study has also provided increased networking opportunities.

The infrastructure created by the community research team improves research visibility for the nursing population through promotion of a newsletter, training and funding opportunities and showcase events to celebrate work undertaken in the community setting.

Lead Presenter Biography

I am a Community Research Nurse engaging and supporting community and specialist nurses and allied health professionals to become more research active, embedding research into practice for patient benefit.

At the core of my personal effectiveness is a passion for high quality patient care and a relentless desire to collaborate across our health and care system to embed research engagement and implementation of findings in practice. I continue to seek opportunities to develop as a research leader, completing the NIHR 70@70 Senior Nurse and Midwife Research Leader Programme and an NIHR ARC NENC Practice Fellowship award.

Poster 8 | Driving Action from Ideas

Wednesday, 11th September - 12:50: Poster tour E | Service innovation and improvement - Poster - Abstract ID: 505

Mrs. Abi Jose (University Hospitals Coventry and Warwickshire), Mrs. Subiatu Wurie (University Hospitals Coventry and Warwickshire)

Abstract

UHCW Research Council: Sharing Best Practice and Increasing Awareness, Capability, and Capacity by Creating an Inclusive Research Council.

Background: As part of the University Hospital Coventry and Warwickshire (UHCW) Trust's Pathway to Excellence program, the Research Council collaboratively shapes future research initiatives. A recent survey revealed that over 50% of staff were unaware of existing research teams or how to communicate research opportunities to patients and families. This underscores the need to enhance research visibility, staff engagement, and the value of evidence-based practices in improving patient care.

Aim: The Council aims to instigate positive change by initiating improvement projects and fostering staff development from diverse backgrounds and cultures. It seeks to cultivate a culture of empowerment and excellence, advocating that ***'Research is for All***.'

Methods: To enhance research visibility, engagement, and collaboration, the Council employs various strategies, the following strategies were employed,

- ***Health and Wellness Awareness Days*** are strategically synchronized with disease-specific awareness campaigns, aimed at heightening awareness of research initiatives.
- Conducting a ***Research Baseline Survey*** to assess engagement levels.
- Organizing ***Research in Your Area Events*** to showcase ongoing research.
- Disseminating information through UHCW Chief Officers' Bulletins, newsletters, and social media.
- Engaging UHCW ***Research Ambassadors*** to enhance patient involvement.

Results: Post-event evaluation surveys show strong support for the Council's efforts, with attendees expressing enthusiasm for research opportunities. Staff feedback includes descriptors like "***Informative***," "***Motivating***," "***Encouraging***," and "***Empowering***."

Discussions: These initiatives boost staff engagement and provide valuable data. The Council acknowledges the need to further enhance research visibility. Proposed strategies include educational sessions and increased visibility of research achievements.

Conclusions: The Council's commitment to shared decision-making sets a model for healthcare institutions, fostering a conducive work environment and improving patient care. Collaboration with stakeholders locally and internationally is crucial for advancing research agendas and enhancing healthcare outcomes.

Lead Presenter Biography

Abi Jose, a dedicated healthcare professional, serves as a Research Sister at UHCW's Clinical Research Facility since 2021, specializing in early-phase clinical research trials. Abi fosters strong collaborations with healthcare professionals, facilitating study participation and patient identification. Her role encompasses comprehensive assistance in commercial and academic trials, including assessment, planning, and implementation of nursing care. Proactively addressing recruitment barriers, Abi ensures effective trial execution. She advocates for patients, educates on treatments, and upholds ethical standards. Abi's commitment reflects in her active involvement in research council initiatives, emphasizing her dedication to enhancing patient well-being through advancing clinical research.

Poster 9 | Technologies to enhance patient discharge from hospital: A scoping review

Wednesday, 11th September - 12:50: Poster tour E | Service innovation and improvement - Poster - Abstract ID: 525

Dr. Valerie Brueton (Anglia Ruskin University), Dr. Naim Abdulmohdi (Anglia Ruskin University)

Abstract

Background: Patients are discharged from hospital every day. To inform the development of a new technology to enhance patient discharge from two wards in the Mid and South Essex NHS Foundation Trust we conducted a scoping review of the literature.

Aim: To identify technologies used to enhance patient discharge from hospital.

Methods:

Keywords from an initial search of CINAHL were used to build our search strategy for Embase, CINAHL+ Medline, and Cochrane library. We included qualitative and quantitative studies that examined the effectiveness and experience of using technologies to enhance patient discharge from hospital. Studies published in English between 2014-2024 were included.

Two authors discussed potentially eligible studies. Data on author, publication year, database, country, study aim, clinical area, patient group, sample size, research method, technology type, and key findings were entered into Excel for each eligible study. For quantitative studies, data on comparator/s, outcomes measured, and outcome measurement tools were recorded (Peters 2015). For qualitative studies, themes, method/s of data collection and analyses were recorded. Counts and descriptions of technologies, patient groups, number of participants, clinical area, outcomes measured and tools were complied.

Results

From 2023 abstracts, 64 eligible studies were identified from: Embase=4, CINAHL+Medline=9, Cochrane=51. Most studies were randomised controlled trial feasibility studies. Technologies identified were: mobile applications, telephone calls, websites, videos, tablets, wearable technologies, and phones. Technologies are used in Australia, Canada, China, Europe, UK, Africa and USA, in orthopaedics, cardiology, respiratory disease, cancer, eating disorders, and stroke. Outcomes measured included: quality of life, user experience and satisfaction, emergency department visits within 30 days after discharge, unplanned 30 day readmission, major adverse event/s, medication adherence, and cost effectiveness.

Discussion and conclusion

Technologies to enhance patient discharge from hospital have been developed and evaluated in some clinical areas during the past ten years. More research on patient and staff experiences of using these technologies is needed.

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Lead Presenter Biography

Valerie is a nurse, midwife,and demographer with 15 years clinical nursing experience in the operating theatre and 20 years experience in research and academia. Valerie's research experience includes coordinating data collection and report writing for large nationwide studies including randomised controlled trials (RCTs) and knowledge attitudes an practice surveys (KAP) in the UK and Africa. Her PhD identified ways to keep people engaged in RCTs and she has published widely in this area. Valerie peer reviews for several health care and nursing journals, is a member of the Cochrane methodology group, and serves on the RCN International Scientific advisory board.

Poster tour F | Patient safety / Rehabilitation / Acute Care

Poster 10 | Can greater patient involvement in care in hospital reduce safety incidents and readmission post-discharge for older people?

Wednesday, 11th September - 12:50: Poster tour F | Patient safety / Rehabilitation / Acute Care - Poster - Abstract ID: 141

Mrs. Sally Moore (Bradford Institute for Health Research)

Abstract

The World Health Organisation (2022) tells us that by 2050, the world's population of people aged 60 years and older will double (2.1 billion). With ageing comes a decline in physical and mental capacity that increases demand on healthcare services. In 2023 over a quarter of people admitted to hospital in England were aged 75 or over (NHS England, 2023); one in 6 of these was readmitted within 30 days of discharge (Age UK, 2023).

In 2003 Alan Foster identified that adverse events were occurring to patients in the transition period between hospital and home, many of which could have been prevented. In this paper we explore hospital readmission data and incidents as reported by patients over 75 with a planned discharge to their own home. Data was collected using a postal PACT-M questionnaire (Oikonomou, 2020) at 7, 30 and 90 days post discharge as part of a larger multi-centre trial.

We present, describe and discuss the frequency and type of adverse event that patients report occurring in their homes related to experience of 'sores','infections', 'falls', 'healthcare appointments', 'medication', 'healthcare supplies' and 'problems requiring GP contact'.

What can we learn from events that take place post discharge in order to make patients safer in their own homes and reduce readmission to hospital? Is it possible to improve this risky transition of care?

Approved by the North East Newcastle and North Tyneside 2 Research Ethics Committee, Confidentiality Advisory Group, and the Health Research Authority (references: 20/NE/0020, 21/CAG/0054).

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Lead Presenter Biography

Sally is a Research Nurse working with the Yorkshire Quality and Safety Research Group at the Bradford Institute for Health Research. She is a registered nurse who has worked as a Matron at a District General Hospital.

She has been part of research teams on projects including:

Patient Reporting and Action for a Safe Environment: developing an intervention and promoting organisational learning using patient reports of organisational safety and patient safety incidents.
Partners at Care Transitions: understanding and improving the experience and safety of care for older people as they move from hospital to home to reduce unnecessary hospital readmissions.

Poster 11 | How we introduced a governance structure for Clinical Research Practitioners across an Acute Trust.

Wednesday, 11th September - 12:50: Poster tour F | Patient safety / Rehabilitation / Acute Care - Poster - Abstract ID: 337

Mrs. Sandra Wellman (Oxford University Hospitals NHSFT), Prof. Helen Walthall (Oxford University Hospitals NHS Foundation Trust)

Abstract

Background

Clinical research practitioner roles have been introduced nationally to supplement the clinical research nurse delivery workforce (Faulkner-Gurstien et al, 2019), and developed at a local team level, to fill gaps in research delivery teams. The NIHR reports CRPs form 25% of the workforce, locally this is less than 10%. With the speed of the role evolution, there appears to be a lack of consistency in the role responsibilities and banding, both nationally and locally. This has been addressed by the introduction of the CRP scope of practice and voluntary registration in the national context (AHSC, 2024), however locally the introduction of the CRP role had been sporadic.

Following a scoping exercise of the Trust's CRP workforce, a risk paper was produced which identified risks to patients, CRPs and the organisation. Key areas were identified for action:

1. Lack of clarity around the role and responsibilities
2. Multiple job titles and job descriptions
3. 'Same as a nurse' – visibility and expectations of post holders
4. Scope of practice applicable to voluntary registrants only
5. No agreed induction and training

To support and develop the number of CRP roles locally the risks identified needed to be addressed.

Method:

All CRPs were invited to complete a questionnaire to gather baseline information regarding their roles. Following the analysis of the results, our CRP workforce were invited to attend a face-to-face workshop to explore topics raised in the questionnaire and risk register. A world-café methodology approach was used.

Content analysis of the workshop findings was undertaken.

Results:

Analysis of data from all three data collection methods informed the development of a governance and workforce plan for CRPs to embed the role within the clinical research delivery teams. The implementation plan has enabled the Trust to reduce the risks to patients, staff and the organisation

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Lead Presenter Biography

Sandra is the Lead for NMAHPs, clinical research delivery. Her role is to provide clinical advice and leadership to all NMAHP delivery staff and oversight for teams working in clinical research. She is responsible for ensuring frameworks for clinical governance, competencies and education are in place for research delivery staff. A key

aspect of her role is to work on the integration of clinical research across all areas of the Trust and NMAHP strategic plan.
She has worked in clinical research since 1999, mainly in cancer research and clinically within early phase cancer trials.

Poster 12 | THE ROLE OF MEDICINE LINK NURSE IN REDUCING MEDICATION OMISSIONS

Wednesday, 11th September - 12:50: Poster tour F | Patient safety / Rehabilitation / Acute Care - Poster - Abstract ID: 359

Mrs. Angela Eze (Nottingham University Hospitals NHS trust), Dr. Louise Bramley (Nottingham University Hospitals NHS trust)

Abstract

Background, Aims and Objectives: Medication errors are any Patient Safety Incidents where there has been an error in the process of prescribing, preparing, dispensing, and administering, monitoring or providing advice on medicines. There can be many unwanted consequences of medication errors for both patients and the hospital trust, which could potentially cause harm to the patient thereby delaying recovery and in turn resulting in increased length of hospital stay with additional healthcare cost. Medication omissions account for 2% to 79% of all medication incidents, which is the most frequent medication incident. Nurses are considered to be in the best position to recognise and prevent medication errors before patient safety is compromised. Therefore, their contributions can provide valuable guidance for the development of interventions aimed to mitigate errors. Thus, this study aimed to explore how medication omission affects continuum of patient care and safety, the limitations to complete documentation and strategies to facilitate improvement on medication omission and patient safety.

Method: Focussed group discussion sessions, structured questionnaire to identify nurses' demographics, reasons and strategies for medicines omissions, Engagement of stakeholders at ward, divisional and Trust levels to gain support for the pilot of selected strategy.

Result: The reasons for omissions and strategies for improvement suggested by the nurses were similar to what we have available in the literatures. The strategy piloted in selected wards was appointment of Medicine Link Nurses. This strategy enhanced the capacity of pilot areas in taking ownership and articulating internal quality improvement measures to address medication omission and other types of medication administration errors.

Conclusion: The issues around omission of medications remain an area of concern for hospitalized patients. The reasons for these omissions require the continued attention of nurses and a robust line of communication between medical, nursing and pharmacy teams, thus the need for implementation of the Medicine Link Nurse role to harness existing strategies.

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Lead Presenter Biography

Hello, my name is Angela Eze, I am an Internationally Educated Nurse who is always keen on the continual improvement of patient’s care through learning new skills, developing existing ones and transferring these skills to colleagues in practice.

I am an advocate of Quality Improvement through Evidence-Based Nursing, Research and Innovation, I am currently participating in the NIHR Integrated Clinical Academic programme and undertaking a project on Interventions to reduce medication administration errors by nurses in hospitalized acute adult patient settings.

Poster 13 | Quality and Extent of Informed Consent for Patients Undergoing Surgical Procedures in territory hospital in Oman

Wednesday, 11th September - 12:50: Poster tour F | Patient safety / Rehabilitation / Acute Care - Poster - Abstract ID: 157

Mrs. Ruqaiaya ALJardani (Royal Hospital)

Abstract

Background

Obtaining valid consent is an essential ethical and legal right for patients in healthcare. However, informed consent faces global challenges. Surgeons and pre-operative nurses sometimes lack training and responsibility (Aldossari et al., 2017) {1} leading to consent issues. Another study done by Samaranayake, Banagala, (2018){2} found that the surgeon did not have the time to provide sufficient information to the patient which makes the process more complicated.

the aim :

The aim of the study is to assess the quality and extent of the informed consent process for patient undergoing operative procedures

Methods:

A cross-sectional study was conducted at The Royal Hospital from May to October 2023 (6 months) using investigator questionnaire. The participants of this study were mainly pre-operative patients from Surgical Unit, Obstetrics and Gynaecology . The sampling frame used was the OT schedule list that was obtained from the hospital records. The participants eligible for this study were approached by the data collectors and informed consent was taken. The study was approved by the hospital ethical committee. A convenient sampling method was used to recruit participants and the data was analyzed using SPSS version 25. Descriptive Analysis and Pearson Correlation were performed.

Results/Findings:

The total of 239 participants This study results indicate that 18% of the participants did not receive sufficient surgery explanation. 21.9% of them were not informed about the risk of the surgeries and were not given time to understand more about the details of the surgical procedure. 28.3% of the patients were not fully involved in the decision of the surgeries.

Conclusion/Recommendations:

In conclusion, the patients undergoing a surgery should be well informed about all the details concerning the surgery including the risks and complications allowing them enough time to think about the surgery pros and cons.

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Lead Presenter Biography

Ruqaiya ALJardani: silentwisdom80@hotmail.com, Muscat (Nursing Department, Operation Theatre, Royal Hospital, Saltant of Oman)

Poster 14 | Trans women and cardiac rehabilitation. A literature review.

Wednesday, 11th September - 12:50: Poster tour F | Patient safety / Rehabilitation / Acute Care - Poster - Abstract ID: 363

Ms. Marcia Blake (University of Wolverhampton)

Abstract

Background: Cardiac rehabilitation programmes' core components, such as physical activity, exercise, dietary advice, blood pressure monitoring and body max index, are interventions designed based on evidence derived primarily from research and clinical trials conducted with a cisgender (cis) binary population of men and women (National Audit of Cardiac Rehabilitation, 2021). The specific needs of transwomen are rarely considered by clinical trials and guidelines (Connelly *et al*., 2019).

Methods: A literature review was conducted between February and June 2023, exploring cardiac rehabilitation guidelines and peer-reviewed articles focusing on trans women's cardiovascular health and rehabilitation.

Results: Trans women may experience unique cardiovascular risks due to hormone replacement therapy and other factors (Caceres *et al*., 2020). Results revealed that in the United Kingdom (UK), there is a lack of cardiac rehabilitation guidelines and clinical trials informing healthcare practitioners and nurses about the best evidence-based interventions that should be offered to trans women attending cardiac rehabilitation programmes.

Discussion: Given the lack of clinical trials, the cardiovascular risk factors of trans women are poorly understood, although there is some evidence indicating a significantly higher cardiovascular risk in comparison to cis patients (Connelly *et al*., 2021). Failure to capture and report data regarding trans women's health could unintentionally lead to missed opportunities for implementing evidence-based practice when conducting cardiovascular health screening in primary care and when offering evidence-based interventions, which could undermine inclusion drives and the implementation of the Equality Act (2010).

Conclusion: Cardiac rehabilitation guidelines and healthcare settings must improve the visibility of inclusive practices. Trans women should be invited to participate in the design of cardiac rehabilitation services and clinical trials. Acknowledging and including trans women when reporting research data and commissioning services can promote inclusion and remove barriers to health promotion and delivery. Further research is necessary to inform nurses and clinicians and encourage inclusivity in cardiac rehabilitation programmes across the UK.

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Lead Presenter Biography

MSc in Cardiovascular Health and Rehabilitation -University of Chester.
PG Cert Ed, BSc (Hons), BNurs (Hons)- University of Wolverhampton
FHEA, RN, Independent Nurse Prescriber and Lecturer in Adult Nursing

Poster tour G | Clinical Research Nursing

Poster 15 | The role of the Clinical Research Nurse (CRN) enhancing the wellbeing and mental health of patients undergoing renal denervation.

Wednesday, 11th September - 12:50: Poster tour G |Clinical Research Nursing - Poster - Abstract ID: 321

Mrs. Eva Fraile (Registered Nurse), Ms. VRINDA HARIDAS (Registered Nurse)

Abstract

In 2015, 2.1 million people under 45 in England had high blood pressure (BP) (PHE, 2017).The Global Burden of Disease 2015 (Collaborators, 2015) identifies high BP as the second-largest global risk factor for disease, following poor diet. In the UK, high BP ranks as the third most significant risk factor for disease and the leading contributor to cardiovascular disease and related disability (PHE, 2017).

Chronic conditions can have a lasting emotional impact due to medication regimens, health monitoring, habit changes, and other factors. (BHF, 2023)

Therapeutic renal denervation effectively reduces heightened sympathetic nervous system (SNS) activity by disrupting the nerves connecting the kidneys to the central nervous system. (Mancia G, 1999).

During the trial, the CRN focus on the safety, efficacy, and durability of the procedure in subjects with varying severity of hypertension and associated comorbidities.

The cohort of patients currently been involved in the trial are patients who lived with very high hypertension for a long time and either they have unpleasant side effects from medications, or they are resistant to those, therefore living with high BP.

After the renal denervation procedure, patients have reported feeling lightheaded despite having normal levels of BP, not knowing what to do.

We believe that looking after the mental health of those patients is very important after such a procedure, helping them to deal with the changes and to teach them about healthy life changes to ensure the treatment remains successful. The CRN can guide them through their recovery journey ensuring their wellbeing.

Currently, renal denervation is only offered via Clinical trials, therefore the CRN becomes the specialist nurse in the area, by developing the CRN in that field we believe we could provide a much better service, which ultimately have an effect in nurse retention, patient retention, improved healthcare service and best patient outcomes (Robinson, 2022).

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Lead Presenter Biography

With a background as Research Scientist (BSc Hons Biomedical Science) and experience as a Clinical Research Nurse (MSc Adult Nursing), I've cultivated a passion for research that I aim to instil in my colleagues and patients. Over the past six years, I've worked to create a better working environment, raise awareness of research, and enhance patient care. As a Principal Investigator in numerous trials, I'm currently advancing toward becoming an Advanced Clinical Practitioner in clinical research to elevate nursing research within my trust and beyond.

Poster 16 | Can clear and empathetic leadership goals influence the development and retention of Clinical Research Nurses?

Wednesday, 11th September - 12:50: Poster tour G |Clinical Research Nursing - Poster - Abstract ID: 401

Mrs. Eva Fraile (Registered Nurse), Mrs. Ellie Corps (Registered Nurse)

Abstract

The World Health Organisation (WHO) predicts a significant shortage of registered nurses (RNs) worldwide by 2030, making RN retention a global priority, including for the NHS (National Audit Office, 2020). The Nursing and Midwifery Council (NMC) code emphasizes professionalism, trust, and development, promoting teamwork and improving patient care quality, which positively impacts retention (NMC, 2018).

Leadership within our Cardiology Research Team focus is on inspiring engagement through clear team goals, providing direction and purpose for Clinical Research Nurses within our team. We emphasize identifying strengths and offering guidance for development, aiming to enhance job satisfaction and retention (Robinson, 2022).

Regular one-to-one meetings address sources of stress and burnout, personal goals, and development areas, mitigating burnout and improving retention. We offer clear pathways for progression, including:

- Progression into Nurse Researcher for CRNs with academic pursuits. We are aiming to progress one of our CRN towards her PhD and developing her as a mentor for the academic pathway.
- Progression into Advance Clinical Practice in Clinical Research for CRNs to develop clinical practice and leadership, progressing into CRNs as Principal Investigator.
- Hybrid roles, integrating research into clinical practice. Research engagement could improve the processes and outcomes of care. Bringing research as a standard way of patient care, making it a choice for everyone.

Close collaboration and individualized meetings will ensure nurses choose suitable pathways, fostering satisfaction and progression while prioritizing their well-being.

In summary, clear and empathic leadership goals are vital for Clinical Research Nurse development and retention, enhancing engagement, professional growth, team cohesion, and patient care quality (Jonker, 2020). Greater research participation leads to improved clinical outcomes, infrastructure development, and resource allocation for better patient care (Ozdemir, B. A. et al, 2015).

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Lead Presenter Biography

Having a background as a Research Scientist (BSc Hons Biomedical Science) and experience as a Clinical Research Nurse (MSc Adult Nursing), I have developed a strong passion for research that I strive to share with my colleagues and patients. Over the last six years, I have dedicated myself to improving the work environment, promoting research awareness, and enhancing patient care. Serving as a Principal Investigator in several trials, I am currently pursuing further advancement as an Advanced Clinical Practitioner in clinical research to elevate nursing research within my institution and beyond.

Poster 17 | Equity of Access with the Research Champion Role

Wednesday, 11th September - 12:50: Poster tour G |Clinical Research Nursing - Poster - Abstract ID: 328

Mrs. Ishtaah Persand (South London and Maudsley NHS Foundation Trust), Ms. Carrie-Ann Black (South London and Maudsley NHS Foundation Trust)

Abstract

Background:

In November 2021, Dame Ruth May, the Chief Nursing Officer for England, launched the national strategic plan for research, consisting of five key themes, one of which is releasing nurse-led potential. One way in which we have looked to respond to this theme is through the creation of a Research Champion Network.

Aim:

The Research Champion programme aims to provide an opportunity for members of our nursing workforce to take a leadership role within their teams by being the key contact between their clinical service and the trust's Research and Development Team.

Methods:

Through offering Research Champions protected time (the equivalent of 7.5 hours a month), we have been able to:

1. RCs create a feedback loop between service users and researchers, which helps share public priorities for research and disseminate findings meaningfully.
2. Build a research ecosystem where the impact of research can be directly fed into care provision. We are creating a continuous quality improvement system that places the community we serve at the heart.
3. Develop our future research leaders by providing research-focused resources and opportunities.
4. Empower our staff and service users to be more research-active, using digital technology to filter through studies by conditions, in their own time and self-refer.

Conclusion

Currently, 50% of our research champions are from the nursing workforce. At South London and Maudsley, we are passionate about developing our nurses as future research leaders. The RC's network is one example of how we are realising the National CNO research strategy at a local level and taking steps towards growing a clinical and academic pathway for our nurses.

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Lead Presenter Biography

Ishtaah Persand is a Mental Health Research Nurse within the Research and Development Team and the Research Champion Lead at South London and Maudsley NHS Foundation Trust. She assists in trial delivery and has a remit to support research awareness across the Trust alongside building the research capacity and capability of our clinical workforce.

Ishtaah has experience working with service users suffering from a range of Mental Health Disorders in inpatient and outpatient settings.

Poster 18 | Motivators for Participating and Supporting Paediatric Clinical Research

Wednesday, 11th September - 12:50: Poster tour G |Clinical Research Nursing - Poster - Abstract ID: 109

Ms. Sarah Jordan (Birmingham Women's And Children's NHS Trust), Ms. Kate Hong (Birmingham Women's And Children's NHS Trust)

Abstract

Background: Paediatric research is essential, however recruiting to clinical trials can be challenging. Insight into perceptions may inform research design and methods for research recruitment, and healthcare professionals' engagement to benefit study delivery.

Aim: To understand the strongest reasons for families and staff to engage with clinical research in a tertiary paediatric hospital and compare these findings with existing literature.

Method: An anonymous survey on 25/05/2023 captured the most common reasons for patients/caregivers to want to participate in research, and for staff to support research. Participants selected their 3 strongest reasons from a list collated using common themes identified from existing literature.

Perceptions of research importance were measured using a Likert scale. Previous involvement in research was also captured to see whether this had an impact on motivators or valuation of research.

Results: A total of 44 anonymous survey responses were analysed.

- The top 3 reasons for research participation for patients/caregivers were: Help children in the future, better treatment options, hope for clinical improvement.
- The top 3 reasons for staff supporting research were better treatment options, help children in the future, help advance science.

There was no relationship between previous involvement in research and ratings of importance.

Discussion: Our results support literature from other populations in which altruism has been identified as a common theme. Further research with a larger sample size or a mixed methods study could further explore qualitative measures of perceptions of research and its acceptability in paediatrics.

Conclusions: Findings indicate that patient information and consent discussions should highlight how future patients may benefit as this is important to families. Staff motivators indicate that focusing on direct benefits to patients, and how research contributes to the advancement of science will encourage staff to support research studies.

Lead Presenter Biography

I am a Clinical Research Sister at Birmingham Children's Hospital. I lead and coordinate pediatrics research projects across numerous specialties and research methodologies (CTIMPs, observational trials). I have a clinical background in paediatric cardiac and respiratory nursing. My interests include digital healthcare, understanding patient experience and research delivery.

Poster 19 | Bridging the gap between clinical services & research: Launching a trust-wide ‘Research Link’ initiative

Wednesday, 11th September - 12:50: Poster tour G |Clinical Research Nursing - Poster - Abstract ID: 252

Ms. Nicola Manning (University Hospitals Bristol and Weston NHS Foundation), Mr. Oliver Griffiths (University Hospitals Bristol and Weston NHS Foundation)

Abstract

Background

Encouraging a research-positive culture in healthcare organisations is vital in providing patients access to clinical research and improving care and treatment options.

The ‘releasing research potential’ theme of the Chief Nursing Officer for England’s strategic plan for research (NHS England, 2021) focuses on developing ways for all nurses, to participate in research whilst supporting organisations to understand the benefits of research as an essential part of care.

This theme inspired the development of a trust-wide research link (RL) initiative. Launched in October 2023, individuals were identified to act as champions for research in their clinical areas. The purpose of their role being to raise the profile of research, ensuring patients have the best opportunity to take part whilst also working with teams to embed research into clinical care.

Aim

Establish RL roles in clinical areas to bridge the gap between research and clinical services.

Method

A working group comprising of research matron, research educator and two lead research nurses was formed and a role description developed. Interviews with teams supporting other link roles across the trust were undertaken ensuring the research role aligned with other link roles regarding support, commitment and resources. Engagement activities took place with senior nursing teams across the organisation and the first cohort of RL training commenced in October 2023.

Results

85 RLs have registered across the organisation. The RL training programme includes an introductory study day covering the role and basic research training followed by two-monthly webinars covering different topic areas.

Conclusion

The RL initiative could be replicated in other organisations and will prove valuable in developing staff, particularly those with an interest in research whilst increasing research opportunities for patients. Work is ongoing to encourage more individuals to register and to maintain engagement with those undertaking the role whilst working under immense clinical pressures.

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Lead Presenter Biography

Nicola Manning, has worked in clinical research for 20 years, previously as lead research nurse in cardiology and now as UHBW’s Deputy Director of Research Nursing. In this role, Nicola supports research delivery teams across the trust, ensuring they have the necessary skills and training to deliver high quality care to UHBW’s research participants.

In addition, Nicola works closely with the chief nurse team to increase the visibility of research across the organisation. Nicola is lead nurse for the NIHR Bristol Clinical Research Facility (CRF) and is in the first cohort of the NIHR Senior Research Leaders programme.

Poster tour H | Clinical Research Nursing

Poster 21 | Integrated and varied research-focused placements for student nurses

Wednesday, 11th September - 12:50: Poster tour H | Clinical Research Nursing - Poster - Abstract ID: 9

Dr. Daniel Da Costa (Kent Community Health NHS Foundation Trust)

Abstract

Background: Despite increased attention, challenges remain to establish research as a core component of nursing roles [1]. Student placements have potential to contribute to nurses' education in this area [2,3], however they have traditionally focused on patient-facing clinical specialities. Kent Community Health NHS Foundation Trust (KCHFT) provide an academy training programme for nurses, which include student placements.

Aims: KCHFT Research & Development (R&D) team to develop/host integrated and varied four-week research-focused placements for trust academy nurses.

Methods: Introduction of these placements included the development/provision of:

- **Bespoke handbook for students** - provided in advance of placements, including induction/information about research
- **Integrated/varied timetable** - involving multiple collaborations to provide students with a range of experiences via: meetings/day placements with research-active and divisional non-patient facing trust staff/services (e.g. Chief Nurses; Sexual Health, Adult Learning Disability, Infection Prevention teams); shadowing of research delivery colleagues (e.g. for NIHR portfolio studies); attendance at external and trust-based events (e.g. Research Ethics Committees, conferences, specialist meetings, discussion groups); access to online research training (e.g. Good Clinical Practice); time for self-reflection/learning
- **Supported learning/activities** - including a placement project focusing on research skills/best practice, a research vocabulary quiz
- **Signposting future research opportunities** - including participation in current studies, training/education, networking/support groups, mailing lists
- **Evaluation** - involving students' completion of an anonymous pre/post placement survey.

Results: Placements have been positively evaluated in terms of exceeding students' expectations and enhancing their experiences, knowledge, awareness, confidence, intentions to engage, and overall perceptions of research (e.g. a non-burdensome component of clinical roles). Favourable reflections were also received from participating clinical staff/services, and trust divisional level.

Conclusion: Integrated and varied research-focused placements can contribute to student nurses' education in line with the national strategic direction and modern expectations of professional healthcare roles. Positive evaluation of such placements has informed future local plans, which will additionally involve providing similar opportunities for students from Allied Healthcare Professions.

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Lead Presenter Biography

Daniel has a wealth of experience in different Healthcare settings within the UK and overseas, including mental health nursing, learning disabilities, prison substance misuse and overseas development, where he served for two years in conflict and tsunami affected Sri Lanka through VSO. Daniel qualified as a Mental Health Nurse in 1999 and has achieved MSc with Distinction. He has also completed a mixed-methods PhD which focused upon the delivery of person-centred care in the context of pharmacists' consultations with stroke survivors. Daniel has varied experience of supporting research within the NHS & currently works at KCHFT as a Research Assistant.

Poster 22 | Increasing research capacity and capability in community nursing: A shared Principal Investigator model of delivery with a community clinical lead nurse and NIHR RDN clinical research nurses.

Wednesday, 11th September - 12:50: Poster tour H | Clinical Research Nursing - Poster - Abstract ID: 164

Ms. Donna Clements (Norfolk Community Health & Care Trust), Ms. Joanne Moore (Norfolk Community Health & Care Trust)

Abstract

Aims: This paper presents a shared Principal Investigator model of research delivery

Design: This is a reflective account paper

Data sources: The development of this paper is based on shared reflections of a clinical lead community nurse and a NIHR RDN clinical research nurse. These nurses worked together to deliver a research study through shared Principal Investigator responsibility, involving an interventional device, prioritising patient safety, clinical need, research protocol direction, research governance and credible and valid data collection.

Implications for nursing practice: This collaborative approach of research delivery is a model that can be replicated. The model increases the opportunities for community nurses to gain research experience and skills with expert support. This will expand the reach of research delivery to areas historically invisible in healthcare delivery.

Key learnings: Working with a research delivery expert makes the process less daunting and the protocol less intimidating. Identifying strengths and understanding roles early on made progress smoother. Frequent and open communication meant simple questions were answered maximising learning and avoiding mistakes.

Conclusion: Collaboration between a clinical expert and a research expert meant successful and efficient delivery of a research study and experience gained by both nurses. Knowledge gained by community nurses when supported by a clinical research nurse can increase confidence, create advocacy and encourage interest in community nursing research.

Impact: This model of research delivery creates a sustainable research delivery model and increases capacity and capability of community nurses to build research into their jobs and become research leaders themselves. It enables community nurses to take opportunities, such as the NIHR Associate Principal Investigator Programme with local expert support.

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Lead Presenter Biography

In 2007, 6 months after becoming a registered nurse, I coordinated an international drug study with a neurologist at our hospital. This was my first lesson in systematically collecting clinical data and realising that one day, that evidence would be in the BNF. I have disseminated my experience and scientific data to specialist nurses in the UK and the Middle East. I completed a MSc in Clinical Research, moved into Primary and Community Care research delivery in 2017. As NIHR Senior Research Leader (2023-2026) I sit on the national Working Group for the Community Healthcare Alliance of Research Trusts (CHART).

Poster 23 | Evaluation of the diversity of research screening and recruitment in the Emergency Department.

Wednesday, 11th September - 12:50: Poster tour H | Clinical Research Nursing - Poster - Abstract ID: 502

Ms. Nimca omer (Barts Health NHS Trust), Ms. Raine Astin-Chamberlain (Barts Health NHS Trust), Mr. Jason Pott (Barts Health NHS Trust)

Abstract

Introduction: Clinical trials provide much of the evidence that underpins clinical guidelines[.1] People of ethnic minority backgrounds are typically under-represented in clinical trials. [2] Understanding the barriers to research engagement and recruitment is important to increase representation of underserved populations and address health inequalities.

Aim To evaluate the age, sex and ethnicity of patients screened and the proportion recruited into research within the Emergency Department (ED) at the Royal London Hospital focusing on screening proportions and recruitment likelihood.

Method: Routinely collected demographic data (age, sex, ethnicity) was prospectively recorded for patients screened or recruited by the ED research team from June 2021- January 2023. Local Trust approval was sought for the collection and analysis of this information. Patients recruited to COVID-19 trials were excluded due to research staff capacity. Using R programming language in statistical analysis.

Results 930 patients were screened (n=328) and recruited (n=602) to 11 trials by the ED research team over 18 months. Overall, fewer female patients were recruited (37.4% [n= 225]) than male patients (62.6% [n=377]). Patients who identified as White or White British background were the largest group recruited (53.0%) This ethnic group has a significant positive effect on recruitment ($p < 0.001$), (odds ratio of 0.64913), suggesting higher odds of being recruited in comparison to other ethnicities. In trials requiring participants over the age of 50, a substantial ethnic gap was observed, 75% being White or White British. Additionally, language hindered recruitment for 7.9% of screened individuals, predominantly Bengali speakers, who represented 70% of this group. There are many factors to consider in the discrepancy between recruitment and the demographic of local population.

Conclusion: This evaluation of screening and recruitment to clinical trials did not reflect our local demographic. Additional work is necessary to fully understand barriers to accessing research within the ED to deliver a proportional representation of our community within our trials.

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2. Hussain-Gambles M, Atkin K, Leese B. Why ethnic minority groups are under-represented in clinical trials: a review of the literature. Health Soc Care Community. 2004 Sep;12(5):382

Lead Presenter Biography

Nimca currently works as a clinical research nurse in the emergency department at the Royal London Hospital. She has a background in emergency medicine and has worked in a district hospital for 6 years. With an interest in change and academia, she transitioned into a research role during the pandemic. This transition has enabled her to contribute

to COVID research, alongside engaging in various commercial research projects.

In her spare time she has a key interest in community HIV support centres also volunteering her time in providing support to Muslim LGBTQI projects within London.

Poster 24 | From Research Nurse to Chief Investigator

Wednesday, 11th September - 12:50: Poster tour H | Clinical Research Nursing - Poster - Abstract ID: 299

Dr. Gabriella Lindergard (University of Manchester), Prof. Michelle Briggs (Liverpool University Hospitals NHS Foundation Trust), Prof. Andrew Ustianowski (Manchester University NHS Foundation Trust)

Abstract

As research delivery nurses we can gain a thorough understanding of the clinical research process and acquire a wide range of skills needed for conducting studies with human participants. Nurses also spend more time interacting with patients and might therefore become aware of different areas of problems than their medical colleagues. Why is it then, that so few research nurses take on a Principal Investigator role or prepare to lead research as clinical academics?

This presentation aims at describing the path from clinical research nurse to chief investigator and the development of a patient focused research project.

The research question itself originated from conversations and observations by patients living with HIV-infection and undergoing changes with their antiretroviral drug therapy. They often described changes to their gut health and unexplained weight gain when switching from one drug regimen to another and but the underlying mechanisms for this is unknown. Together with a PPI group we developed a protocol for investigating if the symptoms they experienced would corelate with changes in the gut microbiome; the hypothesis being that antiretroviral drugs effect the gut virome and, in extension, the bacterial gut flora (IRAS ID 333914, REC 24/NW/0009).

Current policies for deciding on the best drug treatment regimen for an HIV-infected individual is based on virologic efficacy, resistance test result, pill burden, dosing frequency, potential drug interactions and side effects, childbearing plans, cost and if the person has other comorbidities to consider. We are hoping to add to this list of considerations to lessen the negative effects of being on a lifelong drug treatment and positively provide tools for a better gut health for the benefit of both body and mind of our patients.

Lead Presenter Biography

I recently joined the University of Manchester after 9 years in clinical research delivery at North Manchester General Hospital, Infectious Diseases Research Department.

I am one of the first nurses appointed on the NIHR Integrated Clinical Academic Training programme with an honorary contract with Manchester University NHS Foundation Trust Research and Innovation.

I would like to encourage and support more nurses to develop their academic research skills. My research interest is the interaction between HIV infection and the gut microbiome; how the infection itself and the antiretroviral medication affects the individual’s health.

Poster tour I | Public and patient involvement / Patient experience and education

Poster 1 | Nurse led diabetic foot prevention services and educational programs for patients with Type 2 diabetes in Sub-Saharan Africa- a scoping review.

Thursday, 12th September - 13:00: Poster tour I | Public and patient involvement / Patient experience and education - Poster - Abstract ID: 322

Mrs. Rincy Sajith (University of Salford), Dr. Melanie Stephens (University of Salford), Prof. Louise Ackers (University of Salford), Dr. Daniel Parkar (University of Salford), Ms. Simona Ackers (University of Salford)

Abstract

Background: The rising burden of type 2 diabetes in sub-Saharan Africa imposes a heavy burden on the health services and calls for frugal approaches to improve the treatment and management of diabetes and the prevention of its complications. Foot complications often progress to sepsis or gangrene, resulting in prolonged hospital stays, amputation and death. Early identification of at-risk patients and empowering them with self-management skills is crucial in preventing amputations. While there are various diabetes self-management education (DSME) interventions and specialist diabetes foot clinics available in high income countries, the availability of such programmes is limited in Africa.

Methods: A scoping review was conducted to establish what we already know about nurse- led diabetic foot prevention services and educational programs for patients with Type 2 Diabetes in Sub-Saharan Africa. A systematic keyword and subject heading searches were conducted on four electronic databases (CINAHL, ProQuest, MEDLINE and Scopus) and google scholar to identify relevant English language publications between August 2013 and August 2023.

Preliminary Results-The preliminary analysis shows very few nurse-led diabetes self-management educational programmes in SSA, however, the review could not find any nurse-led services or educational interventions to prevent diabetic foot complications. The results also show that while many providers adopt programmes from high income countries, the need to consider cultural differences, beliefs, perceptions, or resource limitations is important for the effectiveness and sustainability of such programmes.

Conclusion - This review indicate the heightened need to create a culturally congruent, frugal, and sustainable education intervention co-designed by service users and health care professionals involved. There is also a need for diabetic foot screening and foot ulcer prevention services that can run sustainably along with these educational interventions using task shifted, simple, and frugal initiatives. The insight from this study will inform the co-creation of a feasible and effective nurse-led diabetes self-management educational intervention and a diabetic foot prevention service.

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Lead Presenter Biography

I am an aspiring, competent and dedicated nursing professional educated to master’s Level with 22 years of clinical, managerial, teaching and research experience. Resourceful, flexible, and responsive to the changing needs of nursing, enjoy learning new skills and knowledge and working in a challenging environment. My journey so far includes expertise in acute medical nursing, specialist knowledge and skills in diabetes as a diabetes specialist nurse and research nurse manager. I am currently working as a lecturer at University of Salford, since 2019, with the ambition to develop my research knowledge and skills for the benefit of people with diabetes.

Poster 2 | Exploring how we obtain informed consent prior to research

Thursday, 12th September - 13:00: Poster tour I | Public and patient involvement / Patient experience and education - Poster - Abstract ID: 254

Dr. Helen Aveyard (Oxford Brookes University), Prof. Helen Walthall (Oxford University Hospitals NHS Foundation Trust), Mrs. Nancy Hopewell (NIHR)

Abstract

Background

The importance of informed consent is well established within health care; prior to both research and clinical procedures. Informed consent requires that the patient is informed about the research or procedure, has the ability to consent and that their consent is voluntary. The principles of informed consent apply in both contexts but the application in practice is often vastly different, with consent prior to research receiving more detailed implementation than consent prior to clinical procedures. In this session we will explore the assumptions and regulations that underpin this.

Aim

To outline the principles of informed consent that apply to clinical practice and research. To explore the timeline of events that influence how consent is obtained prior to research. To provide guidance on how nurse researchers should navigate the processes of obtaining consent in clinical research.

Methodological discussion

We will explore the ethical and legal principles of informed consent and how these are applied prior to both clinical practice and research, exploring the possible differences in application given the different aims of clinical practice and research. We will then explore the timeline of events and policy that has shaped the way informed consent is obtained prior to clinical research and how these are implemented in practice. Finally we will discuss how nurse researchers should navigate the principles that govern consent prior to research in practice. We will discuss whether, despite the differences in application, there are more similarities than differences in the application of the principles of informed consent, and how an understanding of the underlying principles is essential for nurses who work in both clinical practice and research.

Conclusion:

At the end of the session, participants will have a clearer understanding of the principles of informed consent and their appropriate application prior to both clinical practice and research.

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Lead Presenter Biography

Dr Helen Aveyard is a Principal Lecturer and Programme Lead for the Professional Doctorate in Nursing and Midwifery. Following her nursing degree, Helen completed her MA Medical Law and Ethics and PhD. Helen has published widely on nursing ethics and education in research methods. Helen is an experienced supervisor for doctoral students and is the author of ‘ Doing a literature review in health and social care’ which is in its 5thedition. Other co-authored texts include ‘A postgraduate’s guide to doing a literature review’ and “A beginner’s guide to evidence based practice’ and ‘How to read and critique research’ .

Poster 3 | Supporting Adults with Independent Insulin Administration in the Community: Impact of a Quality Improvement Project

Thursday, 12th September - 13:00: Poster tour I | Public and patient involvement / Patient experience and education - Poster - Abstract ID: 384

Ms. Natalie Leggatt (Leicestershire partnership NHS Trust), Mr. Andy Murtha (Leicestershire partnership NHS Trust), Mrs. Tracy Yole (Leicestershire partnership NHS Trust), Mrs. Sara Lowe (Leicestershire partnership NHS Trust), Mrs. Elena Relph (Leicestershire partnership NHS Trust), Mrs. Gemma Phillips (Leicestershire partnership NHS Trust), Dr. Lizelle Bernhardt (Leicestershire partnership NHS Trust)

Abstract

Introduction:

Enabling independent diabetes care is imperative to optimise the health and well-being of individuals and clinical service sustainability, prudent for an ageing population. A quality improvement project addressing factors affecting the confidence of community nursing staff in supporting adults to independently manage their insulin administration was undertaken in a community and mental health NHS trust.

Aim:

To describe the impact and reach of a nurse-led quality improvement project at local, organisational and system level.

Method:

A quality improvement project utilising plan, do, study, act methodology was undertaken. The project was co-designed with a patient partner. Change ideas and project interventions included accessible educational materials in paper and digital format, individualised goal setting and training for staff and patients. Project findings demonstrated an increase in staff confidence to support independent diabetes management, including insulin administration in the community.

Findings

The project had impact and reach at clinical service, organisational and integrated care system level. At clinical service level, project interventions were implemented across relevant community nursing hubs and care home teams, supported by community hospital matrons and the transformation quality improvement delivery group. At organisational level, transferability of project interventions is being explored within other clinical directorates, including adult and children's mental health services. At system level, project interventions are being cascaded across social care, primary care, and the acute care system partners. Plans for system wide adoption is underway.

Conclusion:

A quality improvement project that supports patient independence and autonomy with insulin management in the community setting and improve staff confidence, have shown to have system wide reach and likely benefit. Co-design with a patient partner and accessibility of educational materials and effectiveness of training were key elements to the success of the project.

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Lead Presenter Biography

After consolidating my knowledge, skills, and experience as a community staff nurse, I transitioned to being a team leader. Graduating from the Director of Nursing and Allied Health Professionals (AHP) Fellowship It has significantly contributed to my professional development. The learning, support, opportunities, and exposure I gained from the fellowship have been invaluable and continue to contribute to my continuous professional growth. My passion for delivering high-quality, evidence-based care aligns with the skills I have developed and will continue to develop. I am currently studying the Specialist Practice Qualification in District Nursing and hope to develop a career in research.

Poster 4 | The importance of the patient voice in research: Results from patient experience surveys

Thursday, 12th September - 13:00: Poster tour I | Public and patient involvement / Patient experience and education - Poster - Abstract ID: 445

Ms. debera drew (Northumbria Healthcare NHS Foundation Trust), Ms. Louise Jones (Northumbria Healthcare NHS Foundation Trust), Mrs. Rebecca Williams (Northumbria Healthcare NHS Foundation Trust)

Abstract

Nursing research provides evidence-based knowledge that informs the development of best practices, policies, and interventions in health and care settings It is essential that research studies include people with a variety of lived experiences, living conditions along with diverse demographic characteristics. By incorporating these research findings into practice, nurses can enhance the quality of the patient care they deliver.

The Community Research Team within an NHS Trust use the participant research experience survey (PRES) as an opportunity for patients to share experiences of research participation and the care they received. Results from the surveys can be grouped into four main themes, the first that patients enjoy participating in research for the benefit of others. The second theme was that patients felt their voice had been heard, with 91% feeling valued due to the person-centred-care approach taken by the team. Theme three focussed on increased communication, whereby patients understood why the nurse was suggesting a plan of care and that using tools such as photographs and wound reduction visuals helped them understood wound status. The final theme was patient advocacy, with the research nurse acting as advocate with other healthcare professionals for the patient.

These results have allowed the community research team to shape their approach with positive impacts for patient care. It has provided an understanding of what is important to the patient to enable tailored planning of care, whilst ensuring aligns with the study aim. This has helped shape initial study discussions with patients to ensure the right person goes into the right study. It allows inclusion of the house-bound elderly population who are often excluded from research which aligns with the NHS constitution. The result of this approach is that patients are happy to leave their contact details for further recruitment into suitable future studies.

Lead Presenter Biography

I am Senior Community Research Nurse working with and supporting research across a number of different community-based teams. I have many years' experience of research delivery as a TVN however after successfully securing an NIHR Greenshoots and later a Research delivery award, I have been able to develop my knowledge and skills to take on both PI and CI roles. I am passionate about research and how it shapes clinical practice which continues to drive me as I pursue further research opportunities.

Poster 5 | Involving people with lived experience within NRS Neuroprogressive and Dementia Network and ENRICH Scotland.

Thursday, 12th September - 13:00: Poster tour I | Public and patient involvement / Patient experience and education - Poster - Abstract ID: 301

Mr. Andrew Gibson (ENRICH Scotland), Dr. Rosie Ashworth (ENRICH Scotland and Neuroprogressive and Dementia Network)

Abstract

Over the past year, the amount of involvement people with lived experience have had within the NRS Neuroprogressive and Dementia Network and ENRICH Scotland has grown rapidly with the creation of 'Partners in Research' and 'Research in Care Homes (RICH) Voices' groups. Our poster explores the types of activities the two 'patient and public involvement' groups have chosen to be part of; the implications of this type of work; and the learning we have gained. In particular, we will show a co-written book about the experiences of people living with dementia; the co-creation of a podcast and film about care home research, as well as an accessible research platform that focuses on lay summaries of research for care home staff. As well as the highlights from the past year, we will also reflect on some of the challenges that come from creating and maintaining patient and public involvement.

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Lead Presenter Biography

I am a senior research nurse based out of NHS Highlands and a Clinical Support Officer for the ENRICH Scotland research Network. I have been working in Research since 2010 both in England as a Lead Research Nurse for the NIHR and latterly for NHS Scotland. I have an MSc in Health Research, I have coordinated multiple research studies and managed teams in both Scotland and England.

Poster 6 | The importance of research in interpreting the value of introducing RESTORE2(™)Mini and pulse oximetry training for caregivers of people with learning disability, during the COVID-19 pandemic in Leeds CCG

Thursday, 12th September - 13:00: Poster tour I | Public and patient involvement / Patient experience and education - Poster - Abstract ID: 312

Dr. Greaves, P.J. (Northumbria University), Mrs. Dilupa Samarakoon (Northumbria University), Prof. Steven, A (Northumbria University), Ms. Emily Davison (Leeds & York Partnership NHS Foundation Trust), Ms. Julie Royle-Evatt (Leeds & York Partnership NHS Foundation Trust), Ms. Julie Alderson (Northumbria University), Dr. Samantha Browning (Leeds & York Partnership NHS Foundation Trust)

Abstract

Background

Those with learning disabilities are a disadvantaged population who experience worse outcomes than expected from acute care (NCEPOD, 2020). Their carers face challenges when seeking urgent help from health professionals, and report being snubbed, and that the voice of the person for whom they care, is habitually ignored (Dinsmore,2012).

RESTORE2^{TM}Mini (Anderson & Douglass, 2021) is an early warning tool used to identify soft signs of early deterioration. It is designed for use in situations of care outside hospital.

Aim

To explore whether training in RESTORE2^{TM}Mini and pulse oximetry assists carers to negotiate better access to care at early stages of acute deterioration.

Methods

Convenience sampling was used to recruit carers in learning disability who had participated in RESTORE2^{TM}Mini training between December 2021-July 2022. Two focus groups, and four one-to-one interviews were conducted online. Thematic analysis of the interview data was undertaken, and SPSS was used to conduct descriptive analysis of the survey data. Ethical approval was granted by Northumbria University Research Ethics Committee.

Results

10 participants were interviewed, and 21 surveys were analysed. Carers reported that training improved their understanding of the signs of deterioration and gave them confidence to be proactive in discussions with health professionals. They gave examples of how RESTORE2^{TM}Mini and pulse oximetry gave them appropriate terminology and helped them to select relevant information for discussions with health professionals.

Discussion

This study confirms that carers feel unable to communicate urgent situations to health professionals because they lack a technical vocabulary, and cannot prioritise the physical signs of deterioration in the way that professionals expect. Improved health outcomes were reported to be achieved by enabling carers to enlist timely help.

Conclusion

Research illuminates the underlying reasons for observed behaviour and assists the search for solutions that improve the patient's experience. Further research can identify the impact of appropriate training for carers who advocate for under-served populations.

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Lead Presenter Biography

Dr Jane Greaves is an Associate Professor at Northumbria University. She has 16 years experience of Intensive Care Nursing up to Sister Grade H. Subsequently Lecturer Practitioner between Northumbria University and Northumbria Trust as well as Portfolio Manager in investigations of serious untoward clinical incidents at the former Strategic Health Authority.

Poster 7 | The experience of training to perform Intermittent Self Catheterisation from the perspective of the patient and the nurse.

Thursday, 12th September - 13:00: Poster tour I | Public and patient involvement / Patient experience and education - Poster - Abstract ID: 456

Mrs. Marion Haskin (Department of Nursing, Midwifery & Health, Northumbria University)

Abstract

This research focuses on exploring the experiences of patients and nurses regarding Intermittent Self Catheterisation (ISC), a widely accepted method for managing bladder dysfunction (NICE, 2023). Despite its recognition as the ‘gold standard,’ there’s a lack of qualitative literature exploring patient and specifically nurse experiences regarding ISC training.

Aim

The aim of the study is to gain insights into the ISC training process from both patient and nurse perspectives to inform better patient care and nurse education.

Method

Ethical approval was obtained (IRAS 2375230; REC 21/NW/0077).

Purposeful sampling was used to recruit 9 nurses and 21 patients from two hospital trusts in the Northeast of England specialising in ISC training. Data collection involved non-participant observation of training sessions using Spradley’s observation matrix (1970) and individual interviews with nurses and patients using phenomenological interviewing technique (Bevan, 2014).

Results

The results reveal various challenges faced by patients, including physical limitations (visual impairment, mobility issues, manual dexterity), psychosexual concerns (intimacy of the procedure, past experiences of sexual assault), and social aspects (managing ISC at home, work, and maintaining a social life). For nurses, time constraints emerged as a significant challenge, impacting their ability to adequately prepare for teaching sessions, allocate sufficient time for teaching, and provide support to patients in overcoming the identified challenges.

Discussion

Nurses expressed a desire for more formal training on teaching ISC and allocating more time for each appointment. They also highlighted that they require specific training to equip them to support patients who have endured sexual assault This suggests a need for improvements in nurse education and healthcare system support to address the complexities associated with ISC training and patient care effectively.

In summary, the research sheds light on the multifaceted challenges inherent in ISC training from both patient and nurse perspectives, emphasising the importance of addressing these challenges to enhance patient outcomes and nurse preparedness.

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Lead Presenter Biography

Marion is an Assistant Professor in the Department of Nursing, Midwifery and Health at Northumbria University, UK. She has a career spanning over twenty-four years in the NHS working in the specialism of urology where she worked as a ward manager and Clinical Nurse Specialist in Urology Stoma Care and Continence. She currently teaches in pre-registration nursing and is undertaking her PhD where her research focus is on the experience of Intermittent Self Catheterisation from the patient and nurses perspective. Marion is a member of the Royal College of Nursing and British Association of Urological Nurses.

Poster tour J | Workforce and employment

Poster 8 | Demonstration of departmental research engagement: development of the EVIDENCE tool

Thursday, 12th September - 13:00: Poster tour J |Workforce and employment - Poster - Abstract ID: 285

Dr. Julie Menzies (University Hospitals Bristol and Weston NHS Foundation), Ms. Catherine Renwick (Royal Brompton and Harefield Hospitals, Guy's and St Thomas' NHS Foundation Trust), Dr. Polly Livermore (University College London), Mrs. Clinical Academic Working Group (Matron, Health and Social Care Leader Research Toolkit)

Abstract

Background:

Research active organisations offer improved patient outcomes[1] and benefit from increased staff satisfaction and retention[2]. Operationalisation of the Chief Nursing Officer (CNO) for England research strategy[3] includes the launch of the Self-Assessment Organisational Readiness Tool (SORT), to evaluate research engagement at Trust-wide level. Gathering evidence from across organisations to facilitate evaluation is currently challenging as metrics to capture research engagement/activity are lacking.

Aim: To develop a tool to support Matrons/Health Social Care (HSC) leaders to capture evidence of departmental research engagement/activity and facilitate objective setting for future growth.

Method:

Building on an impact assessment framework, we developed a seven-domain tool (clinical academic, research culture, knowledge exchange, staff recruitment/retention, service provision/workforce, patients, economic), with an accompanying guidance document. Key elements were the ability to set objectives, assess baseline status and track longitudinal changes with visual Red-Amber-Green (RAG)-rating. The tool and guidance were piloted by a working group within the Matron/HSC Leader Research Toolkit (April-July 2023). Feedback was gathered through an anonymised e-survey, composed of Likert scales, with additional free-text, collating views on ease of completion, tool utility, challenges, and valuable features.

Results

Seven Matrons/HSC leaders working across acute/community NHS health care settings completed the pilot and survey. All respondents rated the tool 'Excellent', with 100% agreement on the clarity of the tool's purpose and layout. Further benefits reflected the ability to set locally prioritised objectives, track changes over time and inspire growth. Improvements reflected additional guidance on completion, relevant information signposting, inclusive approach to achievement/success and changes to tool functionality.

Conclusion

To date the EVIDENCE tool has evaluated positively, with the potential to offer a structured approach for Matrons/HSC leaders to evaluate research activity/engagement across departments and strive towards achieving the CNO research strategy. Further work is required to review how the tool can support the SORT tool implementation and organisational evidence-gathering.

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Lead Presenter Biography

Dr Julie Menzies is a Registered Children's Nurse, with 27 years of paediatric nursing experience. Julie is currently employed as a Clinical Academic Nurse Researcher in Paediatric Intensive Care, Bristol Royal Hospital for Children, UK, past member of the UK Paediatric Critical Care Society (2018-2021) and elected Chair for the Paediatric and Neonatal Section, European Paediatric Critical Care Society (ESPNIC). She is a Principal Investigator for several multi-centre studies, a co-applicant on several NIHR-funded grants and recently completed an NIHR Senior Nurse/Midwife Research Leadership programme (2019-2022), designed to help build capacity and capability of nurses/midwives to engage with research.

Poster 9 | Significance of Restorative Clinical Supervision for internationally educated nurses working in the National Health Service, United Kingdom

Thursday, 12th September - 13:00: Poster tour J |Workforce and employment - Poster - Abstract ID: 467

Mrs. Mary Abiona (Kettering general Hospital NHS Foundation Trust)

Abstract

There is a global shortage of nurses which became worsened after the Covid-19 pandemic. Nurses had been known to suffer baseline stress and burnout but during the pandemic, these issues were exacerbated with many qualified nurses leaving the profession, while others battle constantly with increased stress, high sickness rate, increase workload with resultant effect on inadequate quality of health care rendered. To salvage the shortage of nurses working in the National health Service (NHS), internationally educated (IENs) nurses were recruited massively from different countries to increase workforce in the NHS. Unfortunately, unmet expectations of IENs, culture shock, racism, discrimination, lack of support, and many others negative experiences were discovered to have a huge effect on their integration, retention and mental wellbeing.

The professional Nurse Advocate was initiated by NHS England in 2021 near the end of the third wave of Covid-19 using the Advocating and educating for quality Improvement model(A-EQUIP) to deliver training and restorative supervision for nurses in England. Restorative Clinical supervision (RCS) embedded in the A-EQUIP model offers nurses the space and time to process events around them, helps build their resilience, improve positivity and retention. Restorative Clinical supervision had been proven to have a significant impact on emotional wellbeing, reduction in stress and anxiety, decrease in staff sickness, burnout prevention and higher job satisfaction. Studies have also shown that implementation of A-EQUIP model creates supportive, inclusive and collaborative workplace resulting in happy professionals who regularly STOP, THINK AND REFLECT.

Restorative clinical supervision provided to IENs can therefore support them in the use of diverse coping tools in prioritizing their wellbeing, contribute to career development and progression and improve the international nursing workforce's retention

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Lead Presenter Biography

Mary Abiona is a registered Nurse and a Professional Nurse Advocate Kettering General Hospital, Kettering. Being an internationally educated nurse trained in Nigeria and a Practice development Nurse, she is passionate about supporting other IENs in their career progression.

Mary is a researcher with articles published in peer-reviewed journal. she is also one of the resource persons for Institute of Nursing Research, Nigeria.

Poster 10 | ’Full to the Brim.” Taking an ethnographic stance in evaluating the supportive nature of safeguarding supervision in health visiting practice.

Thursday, 12th September - 13:00: Poster tour J | Workforce and employment - Poster - Abstract ID: 396

Mrs. Michelle Moseley (RCN Wales)

Abstract

Background: Safeguarding supervision involves providing specialist support and advice to practitioners who are involved in the safeguarding of children. Health visitors (HV) work with children and their families aged 0-5 years and are regularly involved in safeguarding situations where children have been placed at risk of significant harm by their parent or carer. They need the opportunity to critically reflect and feel supported in their decision making processes.

Aim: To critically explore and interpret how health visitors are supported within their safeguarding work, investigating the role of safeguarding supervision and the relationship with the safeguarding supervisor, in developing proficient safeguarding practitioners.

Methods: An ethnographic approach was used which involved observing health visitors in practice, observing group supervision, interviews with HVs and safeguarding supervisors, HV focus groups and safeguarding record keeping reviews. Sample size included a total of 49 participants across three health boards in Wales.

Results: Health visitors felt supported by their peers and the supervisor most of the time, in a group supervision situation. The majority of participants would like access to detailed one to one supervision at least once a year. HVs need to prepare for supervision. Safeguarding supervisors require safeguarding supervision training.

Discussion: Safeguarding supervision provides a structured discussion between supervisee and supervisor to support and advise on specific complexities and challenges within their caseloads. A recommendation for the supervisors is to take a person centred, restorative approach to safeguarding supervision. Safeguarding supervision training is essential to allow the supervisor to engage authentically ad share decision making. The supervisor and supervisee are required to be sympathetically present with an ecological approach applied to a child-centred discussion where the supervisee/supervisor beliefs and values are considered.

Conclusion: For safeguarding supervision to enhance safeguarding practice effectively placing the child at the centre of practice, accountability and responsibility is targeted to the organisation, the supervisor and the supervisee.

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Lead Presenter Biography

Michelle is the Education and Lifelong Learning Adviser at RCN Wales. Michelle is registered nurse (Adult and Child) SCPHN (Health visitor), and nurse educator. Her specialist area of teaching and learning is associated with public health nursing and safeguarding children and young people.

In 2020 Michelle was awarded Senior Lecturer at Cardiff University and Senior Fellow of the Higher Education Academy. Michelle commenced a PhD in 2018 and has explored how supportive safeguarding supervision is for health visitors. Michelle's portfolio within RCN Wales covers education, lifelong learning, CYP nursing, safeguarding, women's health, clinical supervision, healthcare support workers and students.

Poster 11 | Experiences of Nurses and Midwives who support bereaved parents during perinatal deaths in Ghana: A descriptive phenomenological study.

Thursday, 12th September - 13:00: Poster tour J |Workforce and employment - Poster - Abstract ID: 261

Mx. Latifa Mohammed (Bongo District Hospital), Mr. Gideon Dzando (Torrens University), Mr. Kwame Awiagah (Edinburgh Napier University)

Abstract

Introduction

Globally, perinatal death presents a profound challenge for healthcare and healthcare professionals, requiring enormous clinical expertise and mental fortitude. The intricacies involved in balancing professionalism, empathy and the human face pose significant emotional challenges for nurses and midwives. Perinatal deaths in Ghana remain high and have adversely impacted the achievement of the Sustainable Development Goal 3. Nurses and midwives play a central role in the Ghanaian healthcare system and understanding their experiences in providing care to grieving mothers can provide valuable data for enhancing bereavement support as well as promote quality improvement in clinical care.

Objective

To explore the experiences of Nurses and Midwives who support bereaved parents during perinatal deaths in a Ghana.

Methodology

A descriptive phenomenological approach was used to explore the lived experiences of the participants. Twelve participants were purposively recruited from the Neonatal and Intensive care unit of (redacted) in northern Ghana. Interviews were conducted using a semi-structured interview guide. Data was analyzed iteratively using the thematic analysis approach. The ethical clearance for this study was obtained from the Institutional Review Board of the 37 Military Hospital, Ghana.

Findings

Six (6) themes emerged from the interviews with the study participants. The six themes were personal experience of perinatal death, emotional impact on the Nurses and Midwives, parental reactions, and coping, blame and guilt, the impact on work and long-lasting psychological impact. The themes reflect the emotional and practical experiences encountered by the Nurses and Midwives when supporting bereaved parents, and the impact of such experiences on their well-being.

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Lead Presenter Biography

Kwame is an Adult Nurse lecture at Edinburgh Napier University, Scotland. Before joining the University as a lecturer and an early career researcher in March, 2023, He worked as a critical care nurse at the Royal Berkshire NHS Foundation trust in England for 18 months. Kwame also worked as an Accident and Emergency Nurse in Ghana's number one Teaching Hospital, Korle-Bu for over six years before migrating to the United Kingdom. He is both a registered nurse in Ghana and UK, and holds an Associate Membership with the Higher Education Academy.

Poster 12 | Development of a research output metrics tool on a hospital wide Ulysses reporting system

Thursday, 12th September - 13:00: Poster tour J |Workforce and employment - Poster - Abstract ID: 452

Dr. Sheera Sutherland (Oxford University Hospitals NHSFT), Dr. Louise Strickland (Oxford University Hospitals NHSFT), Mr. Craig New (Oxford University Hospitals NHSFT), Prof. Helen Walthall (Oxford University Hospitals NHS Foundation Trust)

Abstract

Background

Research outputs from Nurses, Midwives, Allied Health Professionals, Pharmacists and Health Care Scientists (NMAHPPS), are ever increasing (Newington et al., 2023). Research outputs include oral or poster presentations at conferences, publications and successful applications to research funding or personal fellowships. The Council of Deans of Health Clinical Academic Roles Implementation Network (CARIN) established a framework to capture research activity, including outputs from Trusts across the United Kingdom (Newington et al., 2023). It is important that a mechanism to capture this information is embedded in the organisational infrastructure to improve data collection (Tinkler and Pope, 2024).

Aim

This process-based project aimed to develop a tool to capture research outputs from NMAHPPS across our organisation. Our objectives were to (i) develop a tool to capture research outputs through an already existing reporting tool (ii) pilot the newly developed research metrics tool and (iii) review and analyse the recorded research outputs submitted by staff.

Methods

An adapted 6 step approach was followed (Reaiche & Papavasiliou, 2022). (i) identifying the process to ensure operational success with departments providing necessary expertise to fit within the organisational structure (ii) defining indicators to evaluate the process (iii) analyse the performance process, project goals and sustainability (iv) iterative pilot review confirming appropriate metric collection (v) plan for metrics tool improvement and (vi) review metrics tool on an ongoing basis.

Results

In the 10 months from conception (February 2023) until launch (December 2023) the tool was piloted and evaluated twice. To date, 47 staff submissions have been recorded with most research outputs: publications (n=49), oral presentations (n=41), poster presentations (n=33). Data collation and process review is ongoing.

Conclusion

Our Ulysses based research output metric reporting system has been well received by staff and our informatics colleagues; provides accurate reporting data to meet our organisational needs and provide national data to CARIN survey.

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Lead Presenter Biography

Sheera has a background in renal dialysis nursing for over 15 years and during her time in renal dialysis, worked in research delivery for 14 years. Sheera completed her PhD in Health Care Studies in 2020 at Oxford Brookes University which looked at the design, development and evaluation of a physical exercise program for renal dialysis patients suitable for use in both clinical and domestic environments. Sheera has expertise in qualitative research methods and have collaborations with University of Exeter Clinical rehabilitation group and currently works at Oxford University Hospitals NHSFT as Divisional Research Lead.

Poster 13 | Assessing Psychometric Properties of Shortened WES, Job Satisfaction, and Job Demand-Resources Scale in the Omani Context”

Thursday, 12th September - 13:00: Poster tour J |Workforce and employment - Poster - Abstract ID: 504

Mrs. Hiba AL Farsi (Ministry of health), Mrs. Aisha Al Saadi (MOH), Mrs. Lamees Al Kiyumi (MOH), Dr. Hind Al Mamari (Al Dhahira Directorrate of health affairs), Mrs. Muna Al Shukri (Musandam Hospital), Mrs. Saadiya Al Haddabi (Royal Hospital), Mrs. Mudhar Al Adawi (Royal Hospital)

Abstract

Background

In Oman, there is a diversity in cultural and languages among the healthcare professionals, with variability in qualifications, which is challenges in the utilization of standardized measurement tools. The context of non-native English speakers raises a need to adjust tools which linguistically accessible and culturally sensitive to accurately assess constructs like work engagement, job satisfaction, and dynamics within the Job Demand-Resources (JDR) model.

Aim

The aim of the study was to validate the measurement tool which was designed for nurses working under the Ministry of Health in Oman. The purpose was to assess work engagement, job satisfaction, the JDR model, ensuring the tool’s comprehensibility and effectiveness across diverse nursing populations in Oman.

Method

A pilot study was conducted with 40 participants to evaluate the instrument’s initial performance. Feedback highlighted language barriers, which led to a comprehensive restructuring of the questionnaire. This version reviewed by experts researchers to confirm content validity. Statistical analysis focused on assessing the tool’s reliability, with specific attention to Cronbach’s Alpha and item mean scores, to measure the tool’s psychometric properties.

Results

The tool’s content validity was unequivocally confirmed, with all items displaying a reliability score above the threshold of 0.757 which is reasonable. Cronbach’s Alpha revealed robust internal consistency, underscoring the tool’s reliability for its intended purpose. Additionally, the analysis of item mean scores and standard deviations shed light on the scale’s comprehensibility and the extent to which respondents understood the questions, reinforcing the tool’s effectiveness.

Conclusion

Through thoughtful adaptations and enhancements, the tool’s linguistic accessibility and simplicity were improved, which effective instrument for assessing key workplace constructs among nurses in Oman. Its validation has the potential for broader application, within contexts involving Arabic-speaking populations. This study highlights the role of preliminary testing and expert review in developing reliable and valid measurement tools capable of capturing multidimensional constructs, particularly in culturally and linguistically diverse environments.

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Lead Presenter Biography

Hiba Khamis Rashid AL Farsin, BSN, HSMP, is Head of Quality Management and Patient Safety at the Ministry of Health Directorate of Nursing Affairs. With strategic leadership, she drives quality improvement initiatives, develops SOPs, and advocates for patient safety. Hiba fosters a culture of learning, collaborating with teams to implement evidence-based solutions. Committed to professional development, she stays current through workshops and conferences. Hiba's dedication to excellence and passion for improving healthcare outcomes make her a valuable asset, positively impacting patient care delivery. She is driven by a genuine desire to make a meaningful difference in healthcare.

Poster tour K | Nursing, midwifery or support worker education

Poster 15 | Involvement of experts by experience in academic assessments for undergraduate nursing students.

Thursday, 12th September - 13:00: Poster tour K |Nursing, midwifery or support worker education - Poster - Abstract ID: 78

Ms. Lynette Harper (Northumbria University), Mrs. Suzanne Taylor (Northumbria University)

Abstract

The Nursing and Midwifery Council standards for education (2018 and updated in 2023) requires that assessment of student nurses is fair, reliable and valid and involves contribution from a range of people who use services. This is evidenced by service user engagement becoming prominent within Higher Education Institutes. Within preregistration nursing programmes people with learning or intellectual disabilities have previously been included in curriculum design, student selection, teaching and practice-based feedback (Scammell et al., 2016). However, including service users in assessments to support authenticity and fidelity has proven more problematic (Haycock-Stuart et al.,2016). This is particularly pertinent within learning or intellectual disability nursing where preparedness of service users with a learning or intellectual disability is vital to the success of such an endeavour.

This will be the third year of involving a service user in the final assessment of learning disability nursing students. Involvement included supporting the writing of scenarios, role playing the scenario in an observed structured clinical exam (OSCE) and providing narrative feedback to assessors. This poster will report on the perceptions and experiences of the OSCE from the perspective of an individual with a learning disability or the student nurses involved in the OSCE at one university. The presentation will illustrate the initial analysis of the responses to the online survey and provide recommendations for future involvement of service users within preregistration nursing assignments.

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Lead Presenter Biography

Lynette qualified as a learning disability nurse over two decades ago and for 9 of these years has worked in academia raising awareness about the needs of people with learning disabilities. Lynette's main interests are working in collaboration with people with learning disabilities to promote their health and well-being. Lynette is currently the programme lead for learning disability nursing and field lead on the skills module for final year students on the programme.

Poster 16 | Phenomenological research exploring the lived experiences of students on the Blended Learning Nursing Programme at the University of Sunderland

Thursday, 12th September - 13:00: Poster tour K |Nursing, midwifery or support worker education - Poster - Abstract ID: 135

Mrs. Catherine Graham (University of Sunderland), Mrs. Edel Mattocks (University of Sunderland)

Abstract

The Blended Learning Nursing programme at the University of Sunderland is one of seven blended learning nursing programmes in the country (3). The theoretical content of the course is delivered online, so students can access learning at a time that is convenient to them. Just over half of the course is clinical placement.

The programme design makes the clinical placement more accessible for students with family, caring or work commitments. Students spend 25-hours per week on placement during their clinical modules.

The reduced hours are made up to full-time using university-based Simulated Practice Learning (SPL) days approved by the Nursing and Midwifery Council (4). The SPL days include public carer patient involvement (PCPI) members. PCPIs are all people who have experience as patients or carers. The time spent with PCPIs practising communication and clinical skills under the supervision of practice assessors registered counts towards clinical placement hours.

The aim of this research was to explore the lived experiences of students on this innovative programme. This was achieved students by exploring the students' successes and challenges, how the course impacted personal life, how online asynchronous work was managed and the experiences of clinical practice and SPL sessions.

An interpretive phenomenological approach was utilised (5), data was collected using semi-structured interviews (2), and thematic analysis was used to analyse the data (1). Thirteen participants were purposively recruited (1) from the cohort of students. Nvivo12PRO software was used to analyse the data and establish the salience and commonality of emergent themes.

Findings reveal all students voiced that they would not have been able to become nurses without the flexibility of Blended Learning. All students continued to have family, caring or employment responsibilities whilst enrolled. Students found ways to manage their time and learning and became independent learners. Disorganisation in the course was experienced as extremely difficult for students with existing significant responsibilities.

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Lead Presenter Biography

After qualification in 2008 I gained experience in colorectal surgical nursing as a general ward nurse, a post-operative critical care nurse and a colorectal/ stoma specialist nurse. In 2015 began working at Marie Curie Hospice in Newcastle upon Tyne in the field of specialist palliative care nursing and clinical nurse education. In 2021 I began working in academia at the University of Sunderland where I am now employed as a senior lecturer.

Poster 17 | Exploring care homes as a learning environment for nursing students: the perspective of nursing students and care home nurses

Thursday, 12th September - 13:00: Poster tour K |Nursing, midwifery or support worker education - Poster - Abstract ID: 137

Ms. Oluwakemi Adeboye (Northumbria University), Dr. Annesley, S.H. (Northumbria University), Dr. Young-Murphy, L. (Northumbria University), Dr. Greaves, P.J. (Northumbria University), Prof. Steven, A (Northumbria University)

Abstract

The ageing population in the UK highlights the significance of understanding nursing workforce issues to ensure high-quality care for older adults in care homes. The challenge of staff shortages, arising from recruitment and retention difficulties among nursing staff is well documented (Cousins et al., 2016; Devi et al., 2021). Many students lack placement opportunities in care homes, often concentrating on acute, community, or primary care settings instead. The underutilisation of care homes for students learning results in newly registered nurses being unfamiliar with the career prospects in this sector.

Evidence demonstrates that care homes offer a valuable learning environment, providing experience in person-centred care and the complexity of caring for the most vulnerable individuals (Molema et al., 2014; Bjørk et al., 2014). Nevertheless, students encounter challenges when learning in care homes which require further investigations.

Aim: To share the initial findings from interviews with nursing students, care home nurses, and managers regarding their perspectives on care homes as placement learning environment.

Method: In the initial phase of this PhD research, qualitative research methods have been employed. Data were collected through in-person semi-structured interviews. Nurses and care home managers were recruited from five care homes in North-East of England using convenience and purposive sampling approach. Nursing students were recruited from one UK university. Interviewed data were transcribed and analysed using thematic analysis.

Findings: A total of 30 interviews were conducted (15 nursing students and 15 care home staff). Initial analysis has identified three emerging themes. (i) Beyond the ward – enriching learning environment, highlighting the various learning opportunities encountered by students outside of acute settings (ii) Barriers to learning including shortage of practice assessors, poor collaboration and negative attitudes among students linked to stereotyping associated with elderly care (iii) Facilitators of learning included effective supervision training for nurses, collaboration between care homes and universities.

Keywords: Nursing students, care homes, placement learning.

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Lead Presenter Biography

Oluwakemi Adeboye is a postgraduate student at Northumbria University, currently pursuing a PhD in the Department of Nursing, Midwifery and Health. In addition to her academic endeavours, she serves as a registered nurse at the RVI in Newcastle upon Tyne.

Her research focuses on exploring care homes as learning environments for pre-registration nursing education and finding ways to enhance these settings to better accommodate student placements. This contribution aims to improve the preparation and recruitment of the future nursing workforce.

In addition to her professional responsibilities, she finds pleasure in listening to music and going for walks in the park.

Poster 18 | Identifying extent, range and impact of coaching activity in practice for healthcare students: A scoping review

Thursday, 12th September - 13:00: Poster tour K |Nursing, midwifery or support worker education - Poster - Abstract ID: 484

Mrs. Kirsten Thomas (Edinburgh Napier University), Prof. Alison Machin (Department of Nursing, Midwifery & Health, Northumbria University), Dr. Sandra Sharp (Edinburgh Napier University), Dr. Ruth Paterson (Edinburgh Napier University)

Abstract

Background

The Nursing and Midwifery Council requires pre-registration nursing students to develop knowledge and clinical skills in practice, with supervision from appropriately prepared registrants (NMC, 2023). Given current workforce shortages this is increasingly challenging. Other established support methods such as coaching, a facilitative approach to identifying individual learning needs (Whitmore, 2017), may provide alternatives. Knowledge on the extent, range and impact of coaching in healthcare is limited.

Aim

We conducted a scoping review to address this gap and sought to answer the research question. Using Arksey and O'Malley's (2005) 5 step process, the review was undertaken in August 2023 by a Scottish university team.

Methods

Systematic searching of CINAHL, MEDLINE, PubMed, Ovid Emcare, ASSIA, MA Healthcare, Cochrane library, Joanna Briggs Institute, and Google Scholar including citation and reference lists was undertaken, with a search range of 1991 to 2023. Abstracts were assessed against inclusion and exclusion criteria, followed by full paper review for extent, impact and range. Paper conflicts were discussed within the team.

Results

Searching yielded 2,506 records with 39 papers meeting criterion. Evidence included conference presentations, reports, service evaluations and original research. Findings revealed five different coaching theories and seventeen coaching approaches spanning nursing, midwifery, medicine and physiotherapy. Placements ranged from 3 to 52 weeks across 5 countries.

Students reported increased confidence, autonomy and development, notably dependent upon supervisor compliance. Within the approaches reported, no single model was proven to meet the needs of all students. A trend towards bespoke approaches using blended models was observed.

Conclusion

Pre-registration coaching is not new, although the lack of agreed coaching models could limit its widespread implementation. There is limited global evidence highlighting effective coaching for nursing students. Furthermore, none of the included studies explored the lived experience of student nurses receiving coaching as part of their education in practice, indicating a need for further research.

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Lead Presenter Biography

Kirsten Thomas trained as an adult registered nurse in England, where her passion for facilitating quality student education was ignited, and employment as a clinical educator in high fidelity simulation, and an MSc in Health Care Education soon followed.

Moving to Scotland presented further opportunity for immersion in all things education, holding posts in both practice and academic settings, working with pre and post registration nursing and midwifery students and staff.

Kirsten is currently a Full Time PhD student with Edinburgh Napier University, researching the lived experience of student nurses who are receiving coaching whilst in the practice setting.

Poster 19 | Exploring Nursing Faculty Staff’s Perceptions of High Fidelity-Based Mannequin Simulation as a Teaching Modality: A Constructivist Grounded Theory Approach

Thursday, 12th September - 13:00: Poster tour K |Nursing, midwifery or support worker education - Poster - Abstract ID: 228

Mrs. MAHA ALHAJLAN (University of Manchester)

Abstract

Background: Simulation as a powerful tool for developing practice-orientated curricula (WHO, 2009). High Fidelity Mannequin Based Simulation (HFMBS), can produce realistic physiologic effects using simulated patients without needing human actors. This type of simulation is beneficial for healthcare students but may not be effectively used by educators. There is currently no theory which explains social processes influencing nursing educator use of HFBMS.

Aim: To develop a theory which explores nurse educator perceptions and experiences towards HFMBS as a teaching modality.

Methodology: The study employed a Constructivist Grounded Theory (CGT). Using purposive followed by theoretical sampling, 27 nursing educators took part in semi-structured interviews in one Saudi Arabian University between March 2023 and February 2024. Data were analysed using Charmaz’s constant comparison method.

Findings: A theory emerged which integrated both organisational and nurse educator related categories as these were found to have influenced the full use of HFMBS as a teaching modality.

Discussion: HFMBS was defined by participants as having educational, clinical and technological dimensions; proficiency in all of these areas were required to demonstrate expertise. Nursing educators differed in their level of expertise a factor influenced by their personal attributes and organisational-level factors. Organisational bureaucracy created confusion, leading to staff lost, resistant due to their lack of confidence, culminating in low-levels of HFMBS experience and expertise.

Conclusion: Subject to further verification through undertaking case studies or further grounded theory studies in other countries, the emergent theory could be used by managers and staff to inform the effective implementation and subsequent development of HFMBS in education.

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Lead Presenter Biography

Phd Students

Poster 20 | Nurse Preceptors' Perspectives of an assessment tool for clinical practice during internship

Thursday, 12th September - 13:00: Poster tour K |Nursing, midwifery or support worker education - Poster - Abstract ID: 420

Mrs. Watin Alkhelaiwi (Queen's University Belfast & Jouf university), Prof. Marian Traynor (Queen's University Belfast), Dr. Katherine Rogers (Queen's University Belfast), Dr. Iseult Wilson (Queen's University Belfast)

Abstract

Title: Nurse Preceptors' Perspectives of an assessment tool for clinical practice during internship

Background

Evaluating nursing competency during training is a crucial capability needed to determine whether nurses have developed an adequate level of competence to deliver safe nursing care. In Saudi Arabia, preceptors use the Competency Tool to assess competence, however, there are challenges in using this tool.

Aim:

To explore the preceptors' perspectives of competency and how this is interpreted, and their use of the Competency Tool in the following domains: Preceptorship, Assessment, The Assessment Tool, The Nursing Curriculum, and The Grading System.

Methods

Nurse Preceptors and Newly Graduated Nurses in the clinical sites in Aljouf hospitals in Saudi Arabia were invited to participate in focus group interviews conducted in the English language. A semi-structured group interview guide was used to focus the discussions.

Results

Sixteen participants contributed in four focus groups. The audio recordings were transcribed verbatim and verified by the research team. NVivo12 software was used to organise, examine, and manage the data. A thematic analysis approach was used. The main theme to emerge was the complexity of the preceptors' role in preparing for the placement, and supporting and assessing the students during placement. There were three sub-themes: Organisational structure and its role in supporting the competency assessment process; Interpretive variability in the competency tool; and Impact of students' language and attitudes on the preceptorship process. Findings suggest that the competency tool is useful, and the language within the tool is clear, but requires amendments.

Lead Presenter Biography

Watin Alkhelaiwi
Lecturer at Jouf University in Saudi Arabia
PhD candidate at. Queen's University Belfast in UK
Nursing Education

Poster 21 | It matters to me, it matters to all: key contributions to the initiation and launch of the Institute of Excellence in Healthcare Research. A multi-partners model.

Thursday, 12th September - 13:00: Poster tour K |Nursing, midwifery or support worker education - Poster - Abstract ID: 458

Ms. Antonella Ghezzi (University Hospitals of Leicester), Mr. Anthony Locke (University Hospitals of Leicester)

Abstract

Background:

Making patients and staff' contributions count is of paramount importance when establishing a new service. The overarching themes within the three national strategies for research nursing, midwifery and allied health professionals (NHSE 2021, 2022, 2023) highlight the importance of building a supportive environment for the benefits of all stakeholders, staff and patients. Aligning health and care practitioners led research with public needs, releasing potentials, building the best research systems, developing and supporting future leaders in research and enabling digital transformation are all essential components of any future endeavour involving patients and staff.

Objectives:

- To use the feedback received from patients and staff to constructively initiate the establishment of the Institute of Excellence in Healthcare Research (IEH) at University Hospitals of Leicester.
- To maintain stakeholders' engagement and involvement in the IEH strategic and operational plans.

Methods:

A number of stakeholders including patient representatives and members of staff from NHS Trusts and academic institutions were invited to an initial consultation event. A total of forty-three participants contributed to table discussions. The feedback was systematically collected with the use of Mentimeter and sub-sequentially analyzed. Additional dissemination events are planned.

Results:

Themes highlighted were: fair and accessible healthcare for all, a need for "culture change", research visibility, accessing data across systems, reporting on impact, clearer career pathways, support for writing for publication, celebrate success, aim for "excellence in everything we do", be more inclusive and offer equal opportunities.

Conclusion:

The contribution of stakeholders in building research capacity and capability is a key priority. The IEH will bring together NHS partners and academic institutions and will be based on a multi-partner model - bringing together health and care practitioners and patients. It will support the development of clinical academics and clinical researchers with in mind the goal of optimising health care which is aligned to the need of the population.

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Lead Presenter Biography

I have 23 years experience in the NHS. I started my career as a HCA, then moved on to become a RGN. In 2009, I joined the NIHR Nottingham Biomedical Research Unit and settled into this field of practice. I loved my role as a research nurse. After obtaining a Master I moved to Cambridge and joined the NIHR CRF as a Research Matron. I learned valuable skills in first in human trials and leading a large team of health professionals. I then moved back to the Midlands where I continued to lead research operations and workforce development.

Poster tour L | Leadership and management

Poster 22 | The Personal and Professional Development of Children's Nurses

Thursday, 12th September - 13:00: Poster tour L | Leadership and management - Poster - Abstract ID: 84

Mrs. Leah Rosengarten (Northumbria University)

Abstract

Traditionally, workforce development strategies in the NHS have been focused on areas of nursing which have problems with retention or recruitment such as learning disability and primary care nursing (Buchan et al, 2019). Children's nurses are a unique subset of nurses as the area is traditionally well recruited and staffed, though nursing as a career is now facing barriers with recruitment and retention in all nursing specialities
Studies which consider the personal and professional development of children's nurses are often not transferable as they focus on newly qualified staff who are yet to experience significant varied post-registration development, or they focus on staff who have already experienced career progression and are working at advanced nursing levels. This reasearh focuses on the personal and professional development of Band 5 nurses, who make up the majority of the workforce, and whose development is key, for improved recruitment and retention, as well as achievement of the NHS' Long Term Workforce Plan goals.

This presentation will share the findings of a piece of research which used a phenomenological methodology to explore the perceptions of Children's Nurses working in the NHS. 15 Children's Nurses were interviewed twice, over a period of several months. The findings demonstrate that development is vital to the Children's Nurses' role and identifying that improved support from employers, managers, and colleagues is key to ensure that there are resources and the culture necessary to support children's nursing careers. The findings of this study provide an opportunity to understand the experiences of children's nurses in their personal and professional development and provide insight into future workforce development strategies for this essential nursing group.

Lead Presenter Biography

Leah Rosengarten is an Assistant Professor of Children's Nursing and PhD Student at the University of Northumbria in Newcastle. Having previously worked as a Staff Nurse in the NHS, Leah developed an interest in Practice Development for NHS Staff and achieved her MSc in this area in 2017. This interest has continued to grow and led to Leah choosing her PhD focus of personal and professional development of children's nurses, where she seeks to understand more of the experiences and perceptions of Band 5 Children's Nurses working in the NHS.

Poster 23 | Transitioning experiences of internationally educated nurses in host countries. A Narrative Systematic Review

Thursday, 12th September - 13:00: Poster tour L | Leadership and management - Poster - Abstract ID: 125

Mrs. Aasia Rajpoot (Oxford Brookes University), Dr. Clair Merriman (Oxford Brookes University, Oxford School of Nursing and Midwifery), Prof. Anne-Marie Rafferty (King's College London), Prof. Catherine Henshall (Oxford Brookes University, Oxford School of Nursing and Midwifery)

Abstract

Background: The shortage of nurses worldwide is a well-known issue that has changed the health and social workforce picture. Increased recruitment and migration of internationally educated nurses in the health and social care workforce pose many risks to successful integration into the healthcare system. It is imperative to understand the barriers and enablers affecting their integration in their host countries.

Aim: To critically and systematically review the current literature to explore the transitioning experiences of internationally educated nurses to understand the enabling influences affecting their workforce integration into their host countries.

Design: A narrative systematic literature review was conducted. This study was registered in the International Prospective Register of Systematic Reviews (Registered Number: CRD42023401090). The study results were reported as per the Preferred Reporting Item for Systematic Reviews and meta-analysis guidelines.

Methods: A comprehensive literature search using the search engines CINAHL, MEDLINE, PsycINFO, Academic Search and PubMed was conducted. Only peer-reviewed papers written in the English language were included. Primary research studies published between 2019-2023, which explored the lived experiences of internationally educated nurses, were considered for review.

Results: Seventeen studies (16 qualitative and one quantitative) were included in the review. Three main themes were developed: 1) push and pull factors that mediated internationally educated nurses' migration experiences, (2) one-way integration logic, and (3) expectations versus reality.

Conclusions: There is a need for a comprehensive and collaborative organisational approach to enhance the integration experiences of internationally educated nurses into their host countries. This can also ensure their contribution is recognised and will help them fulfil the responsibilities of their role and become influential team members within their organisations. This comprehensive and collaborative approach is also required to tackle discrimination, racism, communication and language barriers. Addressing these challenges can improve internationally educated nurses' job satisfaction and, thereby, improve retention.

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Lead Presenter Biography

Aasia Rajpoot is an internationally educated nurse(IEN). She has been registered as an adult nurse in the United Kingdom for the last 18 years and has gained extensive experience in both clinical settings and academia. Aasia is pursuing her PhD from Oxford Brookes University. Her PhD research involves conducting an appreciative inquiry to explore the experiences of internationally educated nurses working in England. Aasia also works with British Pakistani Nurses and Midwifery Association (BPNMA) to support nurses of Pakistani origin to help them integrate successfully into the host country, which can lead to long-term healthcare workforce retention.

Poster 24 | Developing nurse and AHP research capacity and capability in children's hospital: evaluation of the first year

Thursday, 12th September - 13:00: Poster tour L | Leadership and management - Poster - Abstract ID: 221

Prof. Lyvonne Tume (Alder Hey Children's NHS FT), Mr. Nathan Askew (Alder Hey Children's NHS FT)

Abstract

Background: There is a growing awareness of the need and a national drive to develop non-medical health care professionals (NM HCP) research capacity and capability.

Aim: To evaluate the first year of the new clinical development research program (CDRP) for non-medical healthcare professionals at a specialist children's NHS trust.

Methods: Review of the first year of the CRDP after a nursing professor was appointed (0.4 WTE) in 2023.

Results: To decide on trust important and relevant topics for trust-funded Masters by Research (MRes), a research prioritisation exercise was undertaken, generating 10 top topics, with 3 MRes were appointed to study 3 of these topics. A formal research mentorship scheme was established, and 3 (different) mentees were matched with mentors. Research specific education was established with an 'Introduction to Research Day' (attended by 40 staff) for staff from basic to post-doctoral level (with parallel workshops). Targeted lunchtime workshops for Advanced Clinical Practitioners to encourage publication of their MSc dissertations were set up and lunchtime workshops for staff interested in applying for internships, PCAFs and DCAFs. A research capture survey was used [1] to begin capturing the impact on non-medical HCP research related activities in November 2023. Fifty-one responses were received showing evidence of income generation of £157 from 11 (21.5%) staff, 29 peer reviewed publications and significant amounts of leadership of clinical audit and quality improvement activities.

Conclusions: Work continues to capture research related activities of NM HCPs more comprehensively, expand the education around research and work with human resources and senior management to allow for clinical academic careers and job plans for NM HCPs in the future. A re-prioritisation of important trust related topics will feed into 2 funded PhDs in 2024.

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Lead Presenter Biography

Edge Hill University and Alder Hey Children's NHSFT

Lyvonne Tume is Professor of Critical Care Nursing at Edge Hill University and Alder Hey Children's Hospital, Liverpool. She is associate editor of Nursing in Critical Care. She is an intensive care nurse with over 30 years' experience and maintains some clinical practice. She has over 160 peer reviewed publications and is currently the chief investigator for an NIHR HTA-funded multicentre trial of no routine gastric residual volume measurement in critically ill children (GASTRIC-PICU). Her research interests focus on de-implementation of low value clinical care practices, optimising nutrition and respiratory critical care.

Poster 25 | Building a regional Senior Research Leaders network: 'These research capacity building roles can be lonely'.

Thursday, 12th September - 13:00: Poster tour L | Leadership and management - Poster - Abstract ID: 341

Dr. Julie Menzies (University Hospitals Bristol and Weston NHS Foundation), Dr. Sharon Grieve (Royal United Hospitals Bath NHS Foundation Trust, Bath, UK), Mrs. Helen Pluess-Hall (University Hospitals Bristol and Weston NHS Foundation), Ms. Nicola Manning (University Hospitals Bristol and Weston NHS Foundation), Prof. anne-marie russell (University of Birmingham), Prof. Kerry Gaskin (Birmingham City University)

Abstract

Background

As organisations operationalise the Chief Nursing Officer Research Strategy[1], new research capacity and capability building roles are increasing aiming to promote research delivery, facilitate growth of clinical academics and foster a positive research culture[2]. In February 2023 we established a group for SRLs with a capacity/capability building remit, employed in four NHS Trusts within National Institute of Health and Care Research (NIHR) West of England Clinical Research Network (WoE CRN). Our remit: to promote sharing of ideas/innovations, support networking/collaboration and provide peer-support.

Aim

To identify existing group members and organisational stakeholders' views on the challenges of capacity/capability building roles, benefits of group membership and expectations for future growth and development.

Method

An anonymised survey was developed in Microsoft Forms, informed by a review of published literature on research capacity/capability roles within Nursing/Midwifery. The questionnaire was composed of 16 items, predominantly Likert scale and pre-populated options, with the opportunity for additional free-text. The survey was piloted, distributed by email (Feb-March 2024) and analysed using descriptive statistics.

Results

Respondents were group members(n=6) and stakeholders(n=5) from four NHS Trusts. All respondents (n=11) rated research capacity/capability building as very important. All group members (n=6) reported: insufficient funded time, experiencing professional isolation, lack of role-understanding (by others) and felt under-valued by the organisation. Membership was felt to be beneficial personally and for the organisation for: information-sharing, resource awareness, networking and peer-support. All respondents (n=11) felt the group should continue, with the next steps being to promote membership from across all seven NHS Trusts within WoE CRN, continued CRN links, defined purpose and terms of reference.

Conclusion

A regional group to support SRLs with a capacity/capability building role has provided a valued network for peer support and delivery of the CNO research strategy. Further development should focus on expanding membership, with representation from allied health professionals and other WoE CRN NHS Trusts.

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Lead Presenter Biography

Dr Julie Menzies is a Registered Children's Nurse, with 27 years of paediatric nursing experience. Julie is currently employed as a Clinical Academic Nurse Researcher in Paediatric Intensive Care, Bristol Royal Hospital for Children, UK, past member of the UK Paediatric Critical Care Society (2018-2021) and elected Chair for the Paediatric and Neonatal Section, European Paediatric Critical Care Society (ESPNIC). She is a Principal Investigator for several multi-centre studies, a co-applicant on several NIHR-funded grants and recently completed an NIHR Senior Nurse/Midwife Research Leadership programme (2019-2022), designed to help build capacity and capability of nurses/midwives to engage with research.

Poster tour M | Qualitative approaches

Poster 26 | Family caregiver' perspectives of coping strategies in caring for people living with dementia in the Asian context

Thursday, 12th September - 13:00: Poster tour M | Qualitative approaches - Poster - Abstract ID: 315

Dr. Natthawut Suriya (Srimahasarakham Nursing College, Faculty of Nursing, Praboromarajchanok Institute.)

Abstract

Background

The prevalence of dementia in Thailand is rising. In 2015, it was estimated that there were 600,000 people with a diagnosis of dementia, and the number of people with dementia is expected to reach approximately 1.2 million in 2030. Filial responsibility could influence the family caregivers into accepting the responsibility to care for their parents. There is a need to recognise the importance of taking a family caregiver perspective when considering dementia caregiving

Objectives

This study aimed to explore family caregivers' perspectives of coping strategies in caring for people living with dementia in the Asian context.

Methods

A qualitative methodology was adopted. Eight participants were recruited at a hospital's primary care unit (PCU) in Northeastern Thailand, and they were interviewed from April 2022 to August 2022. The data was collected using in-depth interviews, field notes, and non-participatory observation. Data were analysed using interpretative phenomenological analysis. All the interviews were audio-recorded and transcribed verbatim for the analysis. An interpretative phenomenological analysis (IPA) was conducted.

Results

The results reveal a total of two major themes and seven sub-themes emerged that highlighted family caregivers' perspectives of coping strategies in caring for people living with dementia: Including: 1. focusing on the person ('understanding a situation,' 'encouraging,' and 'mutual agreement); 2. being in health relationship ('cultural responsibility,' a sense of 'Karma,' 'avoiding causes of conflict,' and 'being overwhelmed with responsibility.

Conclusion

Caring for a parent with dementia while maintaining a sense of filial piety can be a controversial issue. Filial responsibility could influence the family caregivers into accepting the responsibility to care for their parents.

Significance

The study results could aid healthcare providers in developing interventions to support the family caregiver who cares for a parent with dementia.

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Lead Presenter Biography

Lectuter in gerontology since 2007 at Srimahasarakham Nursing College, Faculty of Nursing, Praboromajchanok Institute finishing Phd in Nursing studied at the University of Edinburgh, UK

Poster 27 | Examining health care professionals’ experiences of undertaking autism assessments for children with complex needs.

Thursday, 12th September - 13:00: Poster tour M | Qualitative approaches - Poster - Abstract ID: 155

Mrs. Carol Morgan (Northumbria University)

Abstract

Background:

The number of children being diagnosed with an Autism Spectrum Disorder (ASD) is increasing in the UK and demand for autism assessments has risen over the past decades. But diagnostic procedures for ASD are not consistent across practice and uncertainty regarding a child’s diagnosis could lead to under-identification or prolonged diagnostic pathways (McDonnell et al, 2023).

Clinical decision-making is a fundamental aspect of the autism diagnostic pathway, but diagnostic and assessment procedures vary in practice. the literature reports of the complexities involved in the diagnostic decision-making for children with complex needs due to the overlapping characteristics brought about by other conditions including sensory, genetic, or other neurodevelopmental conditions.

The current autism diagnostic pathway (NICE, 2017) relies on expert clinical judgement, from health care professionals who assess, identify, and interpret a collection of specific symptoms, set against the core diagnostic domains of social communication, social interaction and restrictive and repetitive behaviours. However, navigating towards a consensus among healthcare professionals with diverse training, professional roles, experience, and knowledge bases can pose challenges and consume considerable time.

Aims:

This study examines the lived experiences of health care practitioners undertaking autism diagnostic assessments for children with complex needs, by investigating decision-making processes.

Methods:

The study was conducted using a qualitative interpretative phenomenological methodology, and the study sample consisted of a cross section of 12 healthcare practitioners currently involved in diagnostic assessments for children with complex needs. The data was collected using in-depth semi-structured interviews, reflective journals, and field notes. Van Manen’s (1990) 6-step process for hermeneutic phenomenology was used to analyse the data. Full ethical approval was granted.

Findings

The preliminary findings show that decision-making within a team can be impeded and enabled by factors inherent to the team’s culture, both intrinsic and extrinsic. The data reveals the relationship between intrinsic and extrinsic factors and highlights how decision-making dynamics are influenced.

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Lead Presenter Biography

Carol Morgan is an Assistant Professor in Nursing at Northumbria University, and teaches on a range of undergraduate nursing programmes. With a clinical background in Learning Disability nursing and Health Visiting, Carol has a passion for reducing health inequalities and improving healthcare access for people with learning disabilities and neurodevelopmental differences.

Carol is a PhD candidate investigating autism diagnosis, and her doctoral research focuses on exploring the Health Care Practitioner's experience of autism diagnosis in children with complex needs.

Poster 28 | Using qualitative comparative analysis in clinical research.

Thursday, 12th September - 13:00: Poster tour M | Qualitative approaches - Poster - Abstract ID: 513

Dr. Stuart Barker (RCN)

Abstract

Background:

Experimental evaluation follows the logic of randomised controlled trials, measuring the effect of an intervention by comparing affect on exposed and control groups. However, Rhioux and Lobe (2013) argue experimental design neutralises complexity, meaning the net effect of a programme may disguise subgroups of a population for whom an intervention is ineffective. The realist approach to evaluation asks “why a program works for whom and in what circumstances” (Pawson and Tilley, 1997); however, the researcher aims to identify causal factors that transcend the individual case (Byrne, 2013). Qualitative Comparative Analysis can help the researcher bridge this gap between these different aims.

Qualitative Comparative Analysis:

QCA is a case-orientated method that compares the configuration of case features, using truth tables, Boolean logic, and logical minimisation, to identify which configurations of case features consistently lead to a specific outcome. It can identify configurations that are sufficient for the outcome to occur, and those which are necessary, without which the outcome *never* occurs. It is able to accommodate causal complexity, and allows for *equifinality*: that entirely different configurations of features may lead to the same outcome.

Aims:

This poster aims to introduce QCA to the audience, and explain its usefulness in clinical research. It will specifically highlight its ability to identify subgroups of a population for whom an intervention either works, or does not work, while using a relatively small sample size. Some limitations in meeting the realist understanding of causation will also be demonstrated.

Conclusion:

QCA is a valuable analytic tool in identifying *what works for who* within a single cohort of respondents. It can also identify variations in practice of a complex intervention that may have a positive or negative effect upon the outcome. However, establishing *why* an intervention works can require supporting QCA with another method, such as process tracing.

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Lead Presenter Biography

Stuart Barker qualified as a nurse in 2001, and worked in coronary care, cardiothoracic surgery and interventional cardiology before joining Northumbria University in 2015 as a graduate tutor. He was awarded his PhD in 2022.

In addition to cardiology, Stuart has an interest in the expanded role of the nurse, and nurse-delivered sedation practices in particular. He hold a previous degree in English Literature and Philosophy, and has subsequently developed an interest in research methodology, particularly mixed-methods and case-orientated research.

Poster 29 | People with intellectual disabilities perspectives on interventions for sleep problems.

Thursday, 12th September - 13:00: Poster tour M | Qualitative approaches - Poster - Abstract ID: 77

Ms. Lynette Harper (Northumbria University), Dr. Rob Burton (Northumbria University), Dr. Ann Ooms (Kingston University), Dr. Ian Walshe (Northumbria University)

Abstract

People with intellectual disabilities are more likely to have problems with their sleep, than people who do not have an intellectual disability (Browne et al., 2024: Shanahan et al., 2023). Given that sleep is important for health, happiness, and brain performance, interventions to support sleep that are viewed as acceptable and feasible are needed. However, research on sleep typically excludes the voice of people with intellectual disabilities, relying on proxy reports or more objective measures of sleep (Harper et al., 2023). Therefore, talking mats were used as a communication tool to support interviews to gain insight into the perspectives of six participants with intellectual disabilities about different sleep interventions. Results indicated that participants had tried several different strategies to help them to sleep well. Despite there being a wide variation on the preferences participants had towards interventions that they would be willing to try, taking sleeping tablets appeared to be the least preferred method. As an alternative participants gave more positive comments relating to relaxing music, aromatherapy, going for a walk in daylight, dietary interventions and a bedtime routine. In conclusion, individuals preference relating to sleep interventions varied across the group. Highlighting how individuals preferences, needs and wishes need to be considered prior to designing care plans aimed at improving sleep.

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Lead Presenter Biography

Lynette qualified as a learning disability nurse over two decades ago and for 9 of these years has worked in academia raising awareness about the needs of people with learning disabilities. Lynette's main interests are working in collaboration with people with learning disabilities to promote their health and well-being. As a current PhD student Lynette is completing research looking at people with learning disabilities perceptions and experiences of sleep problems.

Flash talks

An exploration of the mental health lived experiences of Polish migrants, who access Mental Health Services, while resident in Leicester, Leicestershire, and Rutland.

Tuesday, 10th September - 16:15: Flash talks - Flash Talk - Abstract ID: 43

Dr. lois dugmore (Leicestershire partnership NHS Trust), Prof. Raghu Raghavan (De Montfort University), Prof. Nadia Svirdzenka (De Montfort University)

Abstract

Background: Polish migrants are the second largest and growing Eastern European minority population in the UK (ox.ac.uk). However, their representation within mental health services remains disproportionate to the population census. Little is known about Polish migrants' experiences of access and treatment from mental health services in the UK.

Aims and Objectives: The aims of this study were to explore the lived experiences of Polish migrant's mental health. A key objective of this study was to inform practice and improve visibility and care for Polish populations within the NHS mental health services by making recommendations to local mental health services.

Methods: Qualitative methodology focused on narrative inquiry for data collection and analysis was used. Twenty-four narrative interviews with twelve Polish migrant mental health service users, six local Polish community leaders, and six NHS statutory leads were conducted.

Results: Five narrative themes were identified in the interviews of the service users: (i) Day-to-day lived experience of migration, (ii) Identity negotiation for seeking help, (iii) Two-fold mental health (UK vs. Poland); (iv) the NHS system as a Polish migrant, (v) redefined support system (belonging vs health need). Themes are discussed in the context of power and control, cultural differences, and boundaries – breaking stereotypes and identity, and expectations and knowing. These views are supplemented with insights about context, cultural dynamics from community and NHS statutory leads.

Conclusions: The study contributes new perspectives from the view of the Polish migrant service user on how Polish migrants negotiate their access to mental health services in the context of their community in the UK and the NHS service system. Findings highlight dynamic identity and attitude negotiations for seeking appropriate support and the need for services to reflect this in their provision. The findings make recommendations for development in four principal areas including (i) future Research, mental Health Policy, mental health practice, and Polish migrant service users.

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Lead Presenter Biography

Dr. Lois Dugmore RMN BA (hons) MSc MBA PhD

Lois is currently Nurse Consultant in Co-occurring mental health and substance use at Leicestershire Partnership NHS Trust. Lois's specialises in substance use and mental health and is a keen supporter of mainstreaming research into mental health settings, and mentoring staff in research practice. and being a principle investigator on other studies. Lois has been a long-standing supporter for specialist veterans services. Lois completed here PhD on Polish migrants mental health. Lois has published 7 papers and contributed chapters for two books related to risk, sexual abuse, dual diagnosis and substance misuse.

Norfolk Antenatal Pathway for Women and Birthing People with Learning Disabilities

Tuesday, 10th September - 16:20: Flash talks - Flash Talk - Abstract ID: 295

Mrs. Anca Manea (Norfolk Community Health & Care Trust;)

Abstract

Background

Pregnant individuals with Learning Disabilities (LD) are more likely to have difficulties accessing antenatal care that meet their needs. Evidence from practice suggests that the needs of some parents with LD were considered too late during their pregnancy journey, leading to negative outcomes for parent and the baby. This project is answering the research question *How can we improve the antenatal care for Individuals with LD?*

Methods

A range of health and care stakeholders, with direct input during the antenatal journey of individuals with ID, were identified within Norfolk, and invited to a focus group to work collaboratively. After initial brainstorming sessions, using the driver diagram (NHS England, 2022) primary and secondary drivers were identified, to include Patient Identification, Education, and Appropriate Referrals to the Community LD Team. For the facilitation stage of this project, the Plan, Do, Study, Act improvement tool (NHS England, 2022) was selected, because it provides an evidence-based framework for implementing changes. The focus group produced an antenatal pathway tool, with clear expectations from each stakeholder.

Findings

Midwives may not always feel confident in recognising women and birthing people with LD accessing their clinics. Targeted training sessions and collaboration between different agencies could increase the Midwives' confidence identifying and supporting prospective parent with LD. This is key, as not recognising the needs of a prospective parent would delay the referral to specialist input and would delay any reasonable adjustments required.

Conclusion

Health and care providers should be offering to women and birthing people with LD appropriate antenatal care, reflective of their individual needs, using an antenatal pathway tool to include Specialist LD Teams' expertise. This pathway it is pioneering the road towards close collaboration amongst social and care stakeholders.

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Lead Presenter Biography

Anca Manea is a NICHE Research Embedded Fellow and a Community Learning Disabilities Nurse working in the Norwich Adult Learning Disabilities Team for Norfolk Community Health and Care. Anca holds a Masters in Advanced Professional Practice and a BSc (Hons) RNLD.

Anca is an advocate for people with Learning Disabilities, and she is very enthusiastic about improving the care of mothers and birthing people with Learning Disabilities antenatally and postnatally. Anca is also a member of the Shared Professional Decision-Making Council for CNO Research and she enjoys raising awareness about research in the learning disabilities field of nursing.

COS-RN: Developing a core outcome set for capturing and measuring nurse wellbeing.

Tuesday, 10th September - 16:25: Flash talks - Flash Talk - Abstract ID: 335

Dr. Naomi Klepacz (University of Southampton), Prof. Jane Ball (University of Southampton), Prof. David Baldwin (University of Southampton), Prof. Peter Griffiths (University of Southampton), Dr. Gemma Simons (University of Southampton)

Abstract

Background & Aim

Nurse wellbeing is an important indicator of the state of the nursing workforce. Poor nurse wellbeing negatively impacts patient care quality and satisfaction, leading to poor job satisfaction and workforce retention issues. There is currently no agreed definition of nurse wellbeing or how it should be captured and measured, despite calls for evidence-based policies and interventions to address nurse wellbeing. We used a salutogenic and consensus approach to develop a core outcome set (COS) for capturing and measuring nurse wellbeing.

Methods

Nurses and stakeholders in nurse wellbeing completed two rounds of an online Delphi survey. Participants were recruited from nurse wellbeing conferences/meetings delegates, professional bodies, and recommendations. Participants used a 9-point scale to rate 42 previously identified wellbeing outcomes from five domains. Consensus was reached when <75% of participants agreed that an outcome was critical for inclusion in the Core Outcome Set.

Results

Forty-five participants (18 nurses; 27 stakeholders) completed both Delphi rounds. Thirteen wellbeing outcomes met the *a-priori* threshold for inclusion in the Core Outcome Set: General Wellbeing, Health, Sleep, Positive Relationships, Personal Safety, Psychological Needs Satisfaction, Psychological Safety, Job Satisfaction, Morale, Life Work Balance, Compassion Satisfaction, Satisfaction with Patient Care, Good Nursing Practice. Feedback from participants and mapping to existing measurements (i.e. NHS staff survey) suggests relevance and acceptability.

Discussion & Conclusion

This is the first study to develop a Core Outcome Set for measuring and capturing nurse wellbeing. Its use has the potential to reduce heterogeneity and standardise the capture and measure of nurse wellbeing, making comparisons at organisational, local and national levels easier, and providing decision-makers with the evidence-base needed to inform staff well-being strategies and interventions. Its use in research and workforce planning will ensure wellbeing outcomes important to nurses and stakeholders are reported. Further research is needed to identify agreed measurement tools.

Lead Presenter Biography

Dr Naomi Klepacz is a Health Services Researcher at the NIHR ARC Wessex Mental Health Research Hub, and the School of Health Sciences, University of Southampton. Her research focuses on improving the wellbeing of the NHS workforce by understanding the contexts in which healthcare professionals experience work-related mental ill-health.

Nursing and climate change: A multi-country exploratory survey

Tuesday, 10th September - 16:30: Flash talks - Flash Talk - Abstract ID: 347

Mr. EBENEZER Akore Yeboah (Coventry University), Prof. Amanda Rodrigues Amorim adegboye (Coventry University), Prof. Rosie Kneafsey (Coventry University), Dr. Laura Wilde (Coventry University)

Abstract

Climate change is a global emergency and if not addressed, threatens the survival of life on this planet. Healthcare systems have the wellbeing of humanity at their core. However, together they account for approximately 5% of global net CO2 emissions. Analysis has shown that if the healthcare sector was a country, it would be among the first five largest emitters of greenhouse gases (Harm, 2019). Considering the significant healthcare carbon footprint, this study explored knowledge, perceptions and attitudes regarding climate change and sustainable healthcare practices amongst nurses and midwives.

A mixed-method cross-sectional 58-items online survey was conducted from June to November 2023. The survey was hosted on a range of sites such as Nursing Now Challenge website and disseminated via social media platforms including Twitter. Analysis included; descriptive and linear regression analysis for quantitative data and thematic analysis for qualitative data. Ethical approval was sought from Coventry University, UK (P146591).

543 participants from 56 countries worldwide responded to the survey. Only 33% (n=132) of nurses were aware of the term 'Net-zero healthcare'. Ninety percent (n=358) reported that mandatory training on climate change and nursing practice was not provided. Educational level and continent were predictors of climate change awareness, perception and attitude (*p-value<0.05)*. Common barriers to environmentally sustainable practices were inadequate implementation of environmental policies (n=296), work overload (n=278), lack of organisational support (n=232), and less time to think about environmental impact during patient care (n=215). Four themes were identified from qualitative data; (i) sources of healthcare carbon footprint, (ii) actions toward net-zero healthcare, (iii) factors influencing nursing role and (iv) wider scalable means.

These findings report the inadequacies in climate actions and calls for organisational assessment of policies in line with nursing empowerment hence development of organisational assessment tool. It also calls for the inclusivity of sustainability in curriculum and infusion of carbon literacy project in hospital training.

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Lead Presenter Biography

Ebenezer is a PhD candidate at Coventry University, UK. His research interest is in sustainable healthcare practices. He is a registered UK and Ghanaian nurse. He is an Associate Fellow, Higher Education Academy and serve as a guest lecturer for the MSc Global healthcare management, Coventry University. He is also a visiting lecturer at the University of Chester. He completed his bachelor's degree in Nursing at KNUST-Ghana. Ebenezer is a sustainability subject expert group member, Florence Nightingale Foundation. His clinical interest is accident and emergency care. Previous experiences includes; Research and Teaching Assistant, research study nurse on a clinical trial.

Perspectives and explanation of successful executive nurse leadership on English NHS Trust Boards

Tuesday, 10th September - 16:35: Flash talks - Flash Talk - Abstract ID: 506

Dr. Sally Bassett (Oxofrd Brookes Unversity)

Abstract

Executive Nurses hold complex roles pivotal in securing high-quality patient care and are often identified as responsible for failing care standards. Understanding and explaining the way executive nurses ‘lead nursing’ in the boardroom, influenced by the cultural context could also shed light on the leadership of nurses at all levels.

The study aim was to examine the perception of successful executive nurse leadership from the perspective of executive nurses, chief executive officers, medical directors, and senior health leaders and explain the potential forces that contribute to successful leadership.

A critical realist narrative design was used to understand and explain executive nurse leadership practice; 19 semi-structured interviews were conducted. Snowballing through ‘super recruiters’ formed a sample reflective of the board demographic. Using critical realist and narrative thematic analysis a meta narrative was created.

Executive nurses’ leadership experiences can be characterised as a liminal space in which they transition from being unprepared for the executive role and the risk of being seen as to ’nursey’ to confidently providing nursing advice through securing professional credibility and visibility, knowledge of nursing practice and policy.

Executive nurses lead using a relational approach using therapeutic skills used in clinical practice. This aides navigating the invisible cultural influences of unconsciously biased perceptions of nursing, a managerial dominating agenda that may compromise safe compassionate nursing. This phenomenon has been framed as the concept of ‘nurs-ism’.

Pertinent for all nurses to understand how the cultural context can influence the perception of nurse leadership. The existence of nurs-ism suggests that nursing does not speak for itself in contrast to the more authoritative social status of medics and medicine. Using therapeutic relationship skills informs successful relational leadership that can create collaboration and partnerships in challenging contexts to achieve a common goal of providing safe patient care.

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Lead Presenter Biography

Sally is a Senior Lecturer and subject coordinator at Oxford Brookes University, her thesis Perspectives and explanation of successful executive nurse leadership on English NHS Trust Boards was submitted for examination for the Professional Doctorate in Nursing in January 2024.

Sally's senior career has involved working in clinical effectiveness, governance, policy, and as a director of nursing. As a nurse advisor at the DoH, she led the development and implementation of the community matron policy. As a director in the Forensics Practice at PwC professional services, she was involved in the review of Mid-Staffordshire, Winterbourne View, and the Keogh Reviews.

Best abstract presentation

‘No decision about me without me’: Using arts-based research approaches to understand the barriers to involvement and participation in research among women from the South-Asian population

Tuesday, 10th September - 16:55: Best abstract presentation - Oral - Abstract ID: 268

Mrs. Lorenza Nwafor (Sheffield Teaching Hospitals NHSFT), Prof. Julie McGarry (University of Sheffield, & Sheffield Teaching Hospitals NHSFT), Prof. Parveen Ali (The University of Sheffield, & Doncaster and Bassetlaw Teaching Hospitals), Mrs. Gail Mills (Sheffield Teaching Hospitals NHSFT, & Yorkshire and Humber Clinical Research Network), Mrs. Abida Nazir (Sheffield Teaching Hospitals NHSFT), Mrs. Amy Webster (University of Sheffield, & Sheffield Teaching Hospitals NHSFT)

Abstract

Background:

The NIHR ‘INCLUDE’ project (2020) identified the importance of including under-served groups in clinical research to ensure results are generalizable to a broad population. The principle of ‘no decision about me without me’ (Department of Health and Social Care, 2010) also provides a powerful moral justification for ensuring the diverse population is represented within the clinical research undertaken by NIHR. However, the traditional approaches to engaging with under-served groups have often failed to amplify the voices of those who are “seldom heard”.

Aims:

Using Art-Based Research (ABR) to understand better the barriers to involvement and participation in research among women from the South-Asian population.

Methods:

Participants (n=20) were recruited through a specialist community organisation.

Using an accessible community venue, data was collected across 3 ABR workshops through co-production of artefacts e.g., persona, cut-up poem, and about me drawing. Data was collected between February 2024 to March 2024.

In keeping with ABR (McGarry and Hinsliff-Smith, 2021), the analysis was informed and key themes were identified through the unedited personal stories, rather than formalised researcher’s accounts. The women told their stories from their perspective.

Findings and Discussion:

The presentation will focus on the use of arts-based approaches, on the artefacts (representing voices and experiences), and on the findings (key themes identified). The project’s main outcome was the development of an animation resource for research professionals. This resource aims to enhance the understanding of the barriers and enablers to research engagement among women from the South-Asian Communities, ultimately contributing to greater equity in research access and delivery. The animation will form part of the presentation and will be accessible to conference attendees via a QR code.

Conclusions:

The art-based methods, successfully used in the study, offer possibilities for similar approaches to be used with other under-served communities.

This research was supported by NIHR Clinical Research Network; and North-East and Yorkshire Leadership Academy.

References

NIHR (2020) Improving inclusion of under-served groups in clinical research: Guidance from the NIHR-INCLUDE project. UK: NIHR. Available at: www.nihr.ac.uk/documents/improving-inclusion-of-under-served-groups-in-clinical-research-guidance-from-include-project/25435 (13/03/2024)

Department of Health and Social Care (2010) Liberating the NHS white paper. https://www.gov.uk/government/publications/liberating-the-nhs-white-paper.

McGarry, J. and Hinsliff-Smith, K. (2021) ‘Silent Voices: exploring narratives of women’s experiences of health care professional responses to domestic violence and abuse,’ The Journal of Medical Humanities, 42(2), pp. 245–252. https://doi.org/10.1007/s10912-020-09621-x.

Lead Presenter Biography

Lorenza O. Nwafor is a Research Sister at NIHR Sheffield Clinical Research Facility.

She holds an MPH from the University of Sheffield and a Bsc Nursing cum laude from Universita’ Politecnica delle Marche.

She is a recipient of the prestigious Mary Seacole Award and the inaugural recipient of the Chief Nurse Fellowship for Sheffield Teaching NHSFT.

Her first steps as a researcher began as a Chief Nurse Fellow. With a passion for advancing women’s health and promoting equity in healthcare access, she aspires to influence local, national and international policies and interventions.

Best CRN presentation

Exclusion by age to clinical trials for young people with cancer: a multi-stakeholder approach to lowering age limits of cancer trials

Wednesday, 11th September - 09:15: Best CRN presentation - Oral - Abstract ID: 287

Ms. Tara Searle (University College London Hospitals NHS Foundation Trust), Ms. Quincy D'Souza (University College London Hospitals NHS Foundation Trust), Dr. Rachel Taylor (University College London Hospitals NHS Foundation Trust), Ms. Kylie Gyertson (University College London Hospitals NHS Foundation Trust), Ms. Lauren Booker (University College London Hospitals NHS Foundation Trust), Dr. Lorna Fern (University College London Hospitals NHS Foundation Trust)

Abstract

Background

Teenagers and young adults (TYA), aged 15-24 years, are often excluded from cancer clinical trials due to age exclusion criteria based on whether the study has been designed by a children's or adult group. This limits access to novel therapies and has slowed progress in survival rates[1].

Aims:

- Review current, in-set up and planned cancer trials in England, identifying TYA-relevant cancer clinical trials with an inappropriate age criteria (>18 years).
- Interview key stakeholders to investigate the rationale for the >18 limit and potential for lowering to >16.

Methods

We accessed the National Institute for Health and Care Research (NIHR) database on 23/01/2024, extracting data on commercial and academic, open and in set-up trials. GlobalData extracted planned cancer studies from databases in Europe, the United States, Australia and New Zealand and will engage with commercial/academic sponsors and regulatory bodies to determine if amending age-eligibility criteria is possible and what resources this would require.

Studies were screened for relevance to TYA (lymphoma, leukaemia, brain, cervical, ovarian, testicular, germ cell, sarcoma and melanoma); and colorectal and breast to cover early onset cancers. Trials were reviewed by disease-specific medical consultants to finalise a list for interview.

Results

A total of 1917 NIHR studies were screened, 1479 were excluded (duplicates/not relevant to TYA/observational study). Of 413 relevant trials, 309 studies (75%) had an age eligibility criteria of >18 years.

GlobalData identified 505 trials recruiting patients >18 years, 221 were relevant to TYA.

3/15 international interviews have been completed. Preliminary findings on the rationale for >18 include historical adult/children's research boundaries, insurance/indemnity and lack of expertise in dealing with <18s regulatory frameworks.

Conclusions

TYA are routinely excluded from cancer trials based on age despite no biological basis. This severely impacts treatment options available for young people with cancer. Data collection and analysis are ongoing and will be completed by 30.04.2024.

References

1. Fern LA, Lewandowski JA, Coxon KM, Whelan J; National Cancer Research Institute Teenage and Young Adult Clinical Studies Group, UK. Available, accessible, aware, appropriate, and acceptable: a strategy to improve participation of teenagers and young adults in cancer trials. Lancet Oncol. 2014 Jul;15(8):e341-50. doi: 10.1016/S1470-2045(14)70113-5. PMID: 24988937.

Lead Presenter Biography

Tara is a Senior Research Nurse and Team Lead in the Cancer Clinical Trials Unit at University College London Hospitals NHS Foundation Trust. She works in the Paediatric, Teenage and Young Adult (TYA), and Sarcoma research teams. Tara has been a paediatric and TYA cancer nurse for 7 years with 5 years of experience in clinical research.

Best student abstract winner

Two crises crashing into one another”: midwives’ views about the potential implications of the Nationality and Borders Act (2022) for pregnant women seeking asylum

Thursday, 12th September - 13:45: Best student abstract winner - Oral - Abstract ID: 165

Mrs. elizabeth leeming (Newcastle University), Prof. Judith Rankin (Newcastle University Population Life Sciences Institute), Dr. Lem Ngongalah (Newcastle University Population Life Sciences Institute)

Abstract

Background: The Nationality and Borders Act (2022) does not exempt vulnerable groups from being housed in accommodation centres, such as former military barracks (APPG, 2021). Such living conditions have been equated with ‘quasi-detention’ (APPG, 2021). Currently women and children, who are seeking asylum, are not housed in such conditions long term.

Aim: To ascertain midwives’ views about the potential impact of ‘quasi-detention’ on the health and wellbeing of pregnant mothers and neonates, if the Home Office decided to house families in accommodation centres long term.

Methodology and Methods: Sixteen midwives were purposively recruited from across NENC. Midwives were band 6-8, White British, and had a range of experience: community, management, and education. Semi-structured interviews were conducted between April and June 2023. Interviews were transcribed. Critical Realism (Walsh, 2014), the Conceptual Framework for Action on the Social Determinants of Health (Solar and Irwin, 2010) and Structural Violence (Galtung, 1969) informed thematic analysis of inductively derived codes and themes. A secondary layer of deductive analysis utilised Goffman’s (1990) theory of stigma, and Da Matta’s (1991) concept of house and street.

Results: Housing pregnant women in accommodation centres could increase their risk of adverse perinatal outcomes. Accommodation centres could overstretch rural health services, and rural midwives might be unfamiliar with migrant health issues. The health inequality gap could be widened by increased barriers to healthcare, safeguarding risks, the exacerbation of mental and physical health problems.

Discussion and Conclusions: There is misalignment between Home Office and NHS priorities. Midwives, obstetricians, and their governing bodies need to be aware of the serious implications of recent changes to migration legislation upon forced migrant families if we are to avoid increases in adverse perinatal outcomes. The Home Office and NHS objectives should be coordinated to honour international agreements to protect the health and welfare of refugees (UNHCR, 2022) and provide universal access to healthcare (WHO, 2022).

Lead Presenter Biography

Beth qualified as a midwife in 2003. She worked in a rural hospital in the Solomon Islands from 2006-2009, before moving to Newcastle upon Tyne, where she has worked as a Community Midwife since 2016. She is interested in Forced Migrant Maternal Health. In 2022 she was awarded a scholarship from NIHR ARC NENC to study a Masters in Public Health and Health Services Research at Newcastle University. Her area of research interest is about how the recent changes to migration legislation could increase the health inequality gap for families seeking asylum, and increase their risk of adverse perinatal outcomes.

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